



Dignity in Residential Care Training Programme

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Introduction

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

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

In November 2006, Ivan Lewis MP, then Parliamentary Under Secretary of State for Care Services, gave a speech to launch a 'Dignity Campaign' 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 choice to be able to participate or not.

The aim of the campaign was to raise the awareness of health and social care staff of the importance of providing dignity in care. The challenge was to provide them with examples of best practice, as a means of inspiring them to change their procedures to ensure residents receive the respect and dignity they deserve.

Ivan Lewis MP launched a 'Dignity Challenge', to ensure people who use care services know what to expect from a service that respects dignity. He also expected evaluations by providers, commissioners and residents 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)ⁱ. The Guide explains how to improve standards of dignity and is aimed at anyone involved in delivering care, including those who use the services and their carers, care assistants in all care settings, other staff, managers and commissioners.

Some care homes are doing a very good job and see dignity in care as an integral part of their service. Similarly, some care homes aspire to provide a dignified care service but are unable to do so because of commissioning practices, ie. a lack of funding means there may not be enough care assistants to help people with washing and dressing in a timely manner, which can compromise dignity. Managers of care homes must be proactive in negotiating contracts that enable them to provide a dignified service.

This dignity training programme has been developed for the residential care sector, to enable managers and staff to provide services in a dignified and respectful manner and to assist care homes meet the Department of Health's Dignity Challenge. The training programme also complements SCIE's *Dignity in Care Practice Guide* (9).

Preparation

Preparation for training

The dignity training programme consists of eleven modules. The training can be run on a session basis or as individual modules. However, if modules are run separately, you will need to recap the last session at the start of the next.

Prior to running this course in-house, it is important that the care home has a number of policies in place to support dignity such as an equality and diversity policy, a whistle-blowing policy, a confidentiality policy and a communication policy.

Trainers and managers should read the training programme first to understand the modules contained within it, and to appreciate how these relate to one another and to the policies of the care home. The accompanying Dignity Resource Guide gives additional background information, as to the referenced documents and additional resources. If you read around the subject, you will become more able to answer difficult questions.

It is important to know which module of training is to take place so that the correct resources and materials needed for that session can be made available.

If the training is run as individual modules sessions, ensure the correct staff attend the correct part of the training programme.

Give staff plenty of notice of where and when they must attend.

Arrange refreshments if required. Ensure an overhead projector, data projector or A3 ring binder easel is available.

Photocopy the relevant exercises and handouts before the session starts. It might be an idea to provide pens and paper for those who do not bring these.

Before the training session starts

Ensure you arrive before the session starts so that you can prepare the room to your liking. Check the equipment is working and make sure all the resources and materials are available.

Lay out the programme, exercises, handouts and acetates in order of need.

Welcome delegates on arrival and give out any materials you might want them to have before the session starts.

You may want the delegates to sign in. If so, get them to do this as they arrive.

During the training session

Try to keep to the timings within the programme, otherwise your module may over-run resulting in an incomplete session.

Encourage questions but ensure you keep the timings in mind.

Try not to read the text, you will look more professional if you can talk around the subject.

When doing group work or exercises in pairs, encourage delegates to work with different groups or pairs during the session.

Encourage quieter members of the audience to participate.

After the training session

Ensure delegates know who they should contact if they have further questions that need answering after the session has finished.

Refer delegates to the Dignity Resource Guide (which accompanies this training programme) so they can refer to it later.

Ask delegates to complete an evaluation form so that you can update the course if needed.

A nice idea is to give each delegate a certificate of attendance at the end of the session.

The dignity training programme

This dignity training programme covers much of the content of the Dignity Resource Guide with the difference that the training programme contains a training pack with tutor's 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. This design will allow for its use in four different ways:

1. The training can be provided module by module. Each module can be used independently to allow you to build up the dignity training in small chunks allowing for short, sharp sessions that will leave the participant anticipating the next module. These can range from 15 minutes in length up to 90 minutes.
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 (3½ hours).
4. The training pack can be used as a full-day training session (6 hours).

For the longer training sessions, the matrix on page 7 will assist you to determine which modules you will need to complete depending on whether the training is a two-hour session, a half-day session or a full day's course. However, you can mix and match these to suit your care home and change the timings of the course accordingly.

The training programme is made up of four sections:

1. Tutor's guide

This is a comprehensive guide containing lesson plans with timings and material requirements and a corresponding set of tutor's course notes, to enable the trainer to run a complete Dignity in Care training session.

2. A set of acetates for use with an overhead projector

A set of acetates is included for use within the training programme.

3. Exercise sheets

Some of the training modules contain exercises. Exercises break up the training and check the understanding of delegates. Exercise sheets are numbered and these correspond to those referred to in the tutor's course notes.

4. Handouts

A set of handouts accompany the training programme. Copy these beforehand and give out to delegates when instructed in the tutor's course notes. They are used to assist the exercises and as a future reference.

Training matrix

This matrix gives information about the modules to select for a 2-hour session, a half-day session of 3½ hours and a full-day session of 6 hours.

Look for the tick (✓) under each training session to determine which modules to run.

If you think different modules would better suit the needs of your care home, select the modules you prefer and add up the time for each of your chosen modules to give you the full length of the session.

Dignity Training			2-hour session	Half-day session	Full-day session
Module 1	Welcome and introduction	10 minutes	✓	✓	✓
Module 2	Definitions of dignity	15 minutes	✓	✓	✓
Module 3	Legislation	30 minutes			✓
Module 4	Poor practice	50 minutes		✓	✓
Module 5	Discrimination	20 minutes		✓	✓
Module 6	Best practice	90 minutes	✓	✓	✓
Module 7	Caring for people from specific user groups	20 minutes		✓	✓
Module 8	Commissioning	20 minutes			✓
Module 9	Implementing change	75 minutes			✓
Module 10	Policies required by care homes	15 minutes			✓
Module 11	Conclusion	5 minutes	✓	✓	✓
	Total		2 hours	3½ hours	6 hours

Module 1 - Welcome and introduction

Content Welcome and introduction
Domestic arrangements
Learning outcomes

Duration 10 minutes

Materials Required Acetate 1
Flipchart and pens
Blue tack

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 1

Timing	Content	Materials
5 Minutes	Welcome Tutor to welcome delegates formally to the workshop and give a brief overview of what the workshop will cover. Domestic arrangements Tutor to give information regarding the domestic arrangements for the workshop, including: <ul style="list-style-type: none">• Fire exits and tests• Evacuation meeting points• Designated smoking areas• Breaks• Refreshments	
5 Minutes	Learning outcomes Acetate 1 Learning outcomes Tutor to introduce the workshop by going through the learning outcomes Tutor to invite delegates to comment	Acetate 1 Tutor's Course Notes: Module 1

Tutor's Course Notes

Module 1

Welcome and introduction

Links with acetate 1

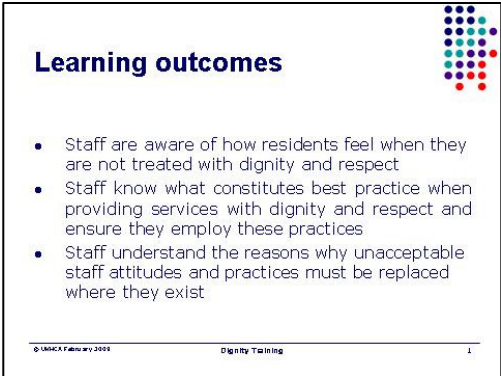
In this module, delegates will be welcomed to the workshop and will be introduced to the Dignity training.

Give the delegates information regarding the domestic arrangements for the workshop, including:

- Fire exits and fire alarm tests
- Evacuation meeting points
- Where smoking can take place
- Times of breaks
- Refreshments

Before continuing on to the learning outcomes, give delegates an outline of what the dignity training will cover. This will depend on the type of session you are to run, check with your matrix, as this will indicate which modules to cover.

Display acetate 1 Learning outcomes



Learning outcomes

- Staff are aware of how residents feel when they are not treated with dignity and respect
- Staff know what constitutes best practice when providing services with dignity and respect and ensure they employ these practices
- Staff understand the reasons why unacceptable staff attitudes and practices must be replaced where they exist

© UKHCA February 2009 Dignity Training 1

Go through the acetate and elaborate on each of the learning outcome points as follows:

Staff are aware of how residents feel when they are not treated with dignity and respect

Many people who have participated in research about dignity have said that they know when they have not received dignity and respect from staff. Some of the feelings expressed include feeling undervalued, patronised, not listened to, discriminated against and unsafe.

Staff know what constitutes best practice when providing services with dignity and respect and ensure they employ these practices

Many simple measures can be adopted to demonstrate good practice. Something as simple as a smile or taking the time to sit and listen to someone can make them feel valued and respected.

Tutor's Course Notes

Module 1

Welcome and introduction

Links with acetate 1

Staff understand the reasons why unacceptable staff attitudes and practices must be replaced, where they exist

There are many reasons why unacceptable staff attitudes must change. These include requirements in standards, regulations and local authority contracts. Poor staff attitudes may damage the reputation of the care home, resulting in contracts being withdrawn and staff possibly losing their employment.

Ask the delegates whether they have any additional learning outcomes they wish to achieve for the day. If they do, write these on a flipchart and pin the paper to the wall with blue tack to remind you to include these points throughout the training.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have outlined the issues that need addressing when providing care with dignity and respect and have gone through the learning outcomes. Explain that you are now going to move on to the next module.

Module 2 - Definitions of dignity

Content Definitions of dignity

Duration 15 minutes

Materials Required Exercise 1
Pens and paper
Acetates 2 and 3
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of acetates

Tutors Course Notes: Module 2

Timing	Content	Materials
15 minutes	Definitions of dignity Exercise 1 What is dignity? Acetate 2 Definitions of dignity Acetate 3 Illustrative slide	Exercise 1 Pens and paper Flipchart and pens Acetates 2 and 3 Tutor's Course Notes: Module 2

Tutor's Course Notes

Module 2

Definitions of dignity

Links with exercise 1
and acetates 2 and 3

In this section, delegates will start to explore the term 'dignity' and what this means.

Ask each delegate to work individually, and give them Exercise 1 – What is dignity? to complete. Allow them 5 minutes for this exercise.

Once the 5 minutes is up, ask delegates for their observations, words and phrases that make them think that care staff treat patients on the intensive care unit with dignity.

Write their replies on a flipchart.

Display acetate 2 Definitions of dignity



Explain that acetate 2 contains responses about what dignity means to people being cared for, gathered from many different sources during research.

Go through each of the bullets, marrying up the bullet point to the comments made by delegates in the group and explain the following:

Putting the person receiving care at the centre of things

This means that at all times the resident receiving the care decides what care they receive, how they receive it and when they receive it.

Asking what their specific wants and needs are

Residents may not always be forthcoming in expressing their needs. If this is the case, it is for the care assistant to find out what these needs are. Care assistants should not presume to know what the resident might want.

Giving information

To enable residents to make an informed decision about the best way of doing things, they need to receive all the relevant information available.

Tutor's Course Notes

Module 2

Definitions of dignity

Links with exercise 1
and acetates 2 and 3

Being addressed in an appropriate manner

Staff should ask residents about the way they would like to be addressed and should not assume they want to be called by their first name.

Being patient

For whatever reason, people who are in receipt of care may not always be able to act quickly or say things succinctly and these actions may unwittingly slow the care assistant down. The care assistant must have an understanding that people may not work as quickly as they would like and to show any annoyance by these actions would not be working in a dignified manner.

Not patronising the person receiving care

Using patronising tones of voice, patronising expressions such as 'love' or 'dear' or talking to someone like they were a child shows disrespect to the resident. Speak to people as an equal.

Helping people feel they are in a safe environment

Residents like to feel they are in safe hands. This means that the care assistant should be mindful of the safety of the resident at all times and be trained in any area where safety becomes an issue, such as administering medication, bathing and any issues around adult protection.

Making sure people are not left in pain

Do not leave residents in pain because of the schedule of the care assistant. Pain control is important as it enables people to carry on their lives. Therefore, if a resident complains of pain, deal with this immediately. Take steps to prevent pain occurring eg, with the consent of the resident contact medical professionals to discuss better pain control.

Ensuring people do not feel isolated or alone

This can be achieved by chatting to the resident whilst carrying out any tasks, encourage residents to seek outside interests if possible or discuss other activities that might reduce the isolation.

Giving people privacy

Privacy is important to people. At all times the staff should maintain the resident's privacy. For example, this means ensuring toilet doors are shut, providing coverage when dealing with personal hygiene and keeping information about the resident confidential.

Encouraging people to help themselves as much as possible

Care assistants can unwittingly take independence away from people. Doing some of the tasks that residents could do for themselves, may result in the resident stopping doing these tasks altogether. For example, if a resident was always able to dress themselves and the care assistant comes along and helps to dress the resident, the resident may stop doing this task, which results in some of their independence being reduced. It might be more time consuming, but residents should be encouraged to maintain (or even improve) their independence.

Tutor's Course Notes

Module 2

Definitions of dignity

Links with exercise 1
and acetates 2 and 3

Taking into account people's cultural and religious needs, not discriminating against them

All residents have their own beliefs and staff should respect and enable these beliefs. For example, if someone has a specific religious requirement such as fasting or praying, this should be allowed to happen or helped to happen if the resident is unable to do this for themselves.

Treating people with respect

Respect is about understanding the resident's values and views, appreciating these views rather than ridiculing them and working with the resident to enable them to exercise their values.

Listening to people

This is about establishing a relationship with the resident. Listening to what is being said not only verbally but reading between the lines is important as this may be the only way residents can demonstrate the type of care they want to receive and the way they want to receive it.

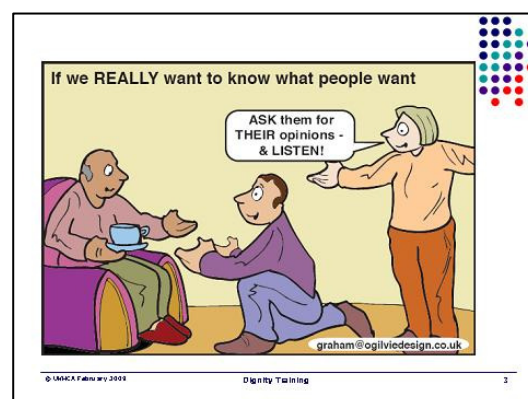
Responding to the person as soon as requested

Responding to the requests of the resident immediately shows that the care assistant is listening and treating the person with respect and dignity.

Maintaining confidentiality at all times

The personal information, care and treatment of residents should remain confidential at all times unless there is a specific reason for not doing so. If there is a reason why confidentiality may be broken this must be discussed with the resident first.

Display acetate 3 To illustrate the above points



Tutor's Course Notes

Module 2

Definitions of dignity

Links with exercise 1
and acetates 2 and 3

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have outlined the definitions of dignity and what these mean to others. Explain that you are now going to move on to the next module.

Module 3 - Legislation

Content

Human Rights Act 1998
Anti-discrimination legislation
Mental Capacity Act 2005
Mental Health Act 2007

Duration

30 minutes

Materials Required

Acetate 4
Handout 1
Exercise 2
Flipchart and pens
Pens and paper

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 3

Timing	Content	Materials
10 minutes	Legislation Acetate 4 Legislation Handout 1 Legislation	Acetate 4 Handout 1 Tutor's Course Notes: Module 3
20 minutes	Legislation Exercise 2 How can legislation protect dignity?	Exercise 2 Tutor's Course Notes: Module 3

Tutor's Course Notes

Module 3

Legislation

Links with acetate 4, handout 1 and exercise 2

Explain to the delegates that this module reviews some of the legislation that governs how people are treated. Explain that some of the legislation expects that people be treated with dignity and respect.

Display acetate 4 Legislation



Explain each piece of legislation as follows and tell delegates that there will be a handout and exercise on this topic following the presentation:

Human Rights Act 1998

The Human Rights Act is based on the European Convention on Human Rights of 1950, which was drafted after the end of World War II. The Act came into effect in October 2000 and outlines 16 rights and freedoms individuals are allowed.

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 perform in a way that contravenes the rights and freedoms of individuals on a day-to-day basis.

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

Article 8 - Right to respect for private and family life

This means that everyone is entitled to live their life the way they want to without intrusion into their home. They are entitled to their privacy and the Article includes personal information so that everyone has the right for confidential information to remain private.

This Article is relevant to social care because the provision of care should remain confidential at all times. The person providing the care should have respect for the care home, the way the person lives their life and their privacy. This includes any written information. In many surveys, privacy was an area that people stated was important to them.

Tutor's Course Notes

Module 3	Legislation	Links with acetate 4, handout 1 and exercise 2
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Article 9 – Freedom of thought, conscience and religion

This means that anyone is entitled to hold a belief, and that 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 that care is carried out particularly during a religious event for example. It may affect the provision of food and the delivery of personal care.

Article 10 – Freedom of expression

This means that a person is entitled to an opinion and to be able to express those opinions freely.

This Article is relevant to social care. Staff must listen to and act upon the opinions expressed by residents. In addition, people should receive all of the information known or required with which to make an informed choice about their care and treatment.

Article 14 – Prohibition of discrimination

This means that a person is entitled not to be treated differently from anyone else 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 in social care as everyone should receive the same level of care and should not be disadvantaged because of any of the above.

Anti-discrimination legislation

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.

Tutor's Course Notes

Module 3

Legislation

Links with acetate 4, handout 1
and exercise 2

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 protect people who are unable to make decisions about their lives.

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 given 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 from the deprivation of their liberty 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 the previous wishes and feelings of the person are considered.

Other relevant legislation

Sexual Offences Act 2003

This Act prohibits any sexual activity between a care assistant 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 from working 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.

Tutor's Course Notes

Module 3	Legislation	Links with acetate 4, handout 1 and exercise 2
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Give out Handout 1 – Legislation to everybody and explain that this reiterates what you have just said and is to act as an aide memoir.

Get the delegates into pairs and give each pair Exercise 2 – How can legislation protect dignity?

Explain that, using the handout provided, for each act, give an example of how the act might support the rights of people to receive dignity and respect. Allow 10 minutes for the exercise. The first one is an example.

When the time is up, ask the delegates to feed back to the group their examples.

If they are unable to come up with an example, use the examples below for them to understand how the various acts could protect people.

Human Rights Act 1998 - Article 8 - Right to respect for private and family life

This Act would protect the resident if a member of staff had divulged confidential information to someone without the consent of the resident.

Human Rights Act 1998 - Article 9 – Freedom of thought, conscience and religion

This Act would protect the resident if, for example, a care assistant had made derogatory remarks about the resident's religion or had knowingly given them non-kosher food and told the resident it was kosher.

Human Rights Act 1998 - Article 10 – Freedom of expression

This Act could protect the resident, if they had made a decision about their future care based on receiving information that was either wrong or incomplete when, if they had received the correct information, they would have made a different choice.

Human Rights Act 1998 - Article 14 – Prohibition of discrimination

This Act could protect the resident if discrimination had taken place. For example, another resident with the same condition and circumstances had received support that was more favourable.

Sex Discrimination Act 1975

This Act could protect the resident if it could be shown that discrimination had taken place in respect of gender or marital status, for example, another resident with the same conditions and circumstances as a woman, had received support that was more favourable.

Tutor's Course Notes

Module 3

Legislation

Links with acetate 4, handout 1 and exercise 2

Race Relations Act 1976

This act could protect the resident if discrimination had taken place in respect of nationality, race, colour or ethnic origin for example, a white English resident with the same condition and circumstance as a Bangladeshi resident, had received support that was more favourable.

Race Relations (Amendment) Act 2000

This act could protect the resident if discrimination had taken place in respect of nationality, race, colour or ethnic origin by a public organisation such as a GP surgery or local authority.

Disability Discrimination Act 1995 and 2005

This act could protect the resident if discrimination had taken place on the grounds of disability for example, a resident with the same condition and circumstance (apart from the disability) as a wheelchair using, blind resident had received support that was more favourable.

Employment Equality (Sexual Orientation) Regulations 2003

This act could protect a person in the workplace if discrimination had taken place on the grounds of sexual orientation for example, a heterosexual man had received an offer of a better promotion than an equally qualified homosexual man.

Employment Equality (Religion or belief) Regulations 2003

This act could protect a person in the workplace if discrimination had taken place on the grounds of religion or belief for example, a Catholic woman had received better working conditions than a Muslim woman.

The Employment Equality (Age) Regulations 2006

This act could protect a person in the workplace if that discrimination had taken place on the grounds of age for example, a recruitment advert asking for a person who had been qualified to drive for 10 years, would discriminate against all those who were between the ages of 16 and 27.

Mental Capacity Act 2005

This act could protect the resident who makes a decision that no-one likes or feels is valid, so they over-rule the resident on the grounds of their diminished mental capacity. On the other hand, a resident who is unsafe in an upstairs room of the care home and does not have the mental capacity to make a decision about their environment can have a decision made in their best interests so that they are in a safer environment eg, a downstairs room.

Mental Health Act 2007

This act could protect a resident who is unable to consent to their care and treatment so that decisions made are in their best interests. However, their past wishes and requests will be taken into account when deciding on the best course of action, thereby maintaining their dignity.

Tutor's Course Notes

Module 3	Legislation	Links with acetate 4, handout 1 and exercise 2
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Sexual Offences Act 2003

This act may protect a resident with a mental disorder from taking part in a sexual relationship with a care assistant whose advances may or may not be legitimate.

Safeguarding Vulnerable Groups Act 2006

This act ensures a resident is safe by preventing unsuitable people from working with vulnerable children or adults.

Data Protection Act 1998

This act protects residents from breaches in confidentiality by ensuring they keep only necessary information and that this information is secure.

Freedom of Information Act 2000

Residents are able to ask for information about the care and treatment provided in their area by public bodies. Privacy and dignity audits and reports could be among those requests.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have given them information on the different types of legislation that can protect dignity. Explain that you are now going to move on to the next module.

Module 4 – Poor practice

Content Barriers to providing dignified care
Poor practice
Why do we need to change?

Duration 50 minutes

Materials Required Acetates 5, 6 and 7
Exercises 3, 4 and 5
Flipchart and pens
Pens and paper

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 4

Timing	Content	Materials
15 minutes	Barriers to providing dignified care Acetate 5 Barriers to providing dignified care Exercise 3 Barriers to providing dignified care	Acetate 5 Exercise 3 Tutor's Course Notes: Module 4
20 minutes	Poor practice Exercise 4 Poor practice	Exercise 4 Tutor's Course Notes Module 4
15 minutes	Why do we need to change? Acetate 6 Why change? Exercise 5 Why do we need to change? Acetate 7 Illustrative slide	Acetates 6 and 7 Exercise 5 Tutor's Course Notes: Module 4

Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7
and exercises 3, 4 and 5

Explain to delegates that this module is about poor practice

Explain that there are many examples of good practice in organisations around the country providing high quality dignified services. The *Dignity in Care Practice Guide* (9)ⁱⁱ 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 residents to believe they have not been treated with dignity?

Barriers to providing dignified care

Display acetate 5

Barriers to providing dignified care



Explain to delegates that there are four main barriers to providing dignified care and give a brief outline of what each of these mean as follows:

Environment

This is in relation to the physical environment, the décor, the cleanliness, the rooms where people sleep, the toilet and bathing facilities and the access to these facilities and whether the accommodation is segregated.

Staff attitudes and behaviour

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

Culture of care

The care home has put its values, beliefs and goals before residents' 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.

Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7
and exercises 3, 4 and 5

Specific care activities

This is about the care assistant carrying out care procedures such as personal hygiene and toileting, serving meals and drinks and controlling pain without due regard for the dignity of the resident.

Get the group into pairs and give Exercise 3 – Barriers to providing dignified care to each pair. For each of the four barriers, ask delegates to give three reasons why they could not achieve dignity. Allow 5 minutes for this exercise.

When the time is up, ask the group to feed back their barriers. Write their barriers up on a flipchart and use the examples below to add to the list.

Environment

- Lack of privacy in toilets and bathrooms
- Doors that don't shut/lock
- Poor access to toilet and bathroom facilities
- Lack of a quiet room
- Mixed sex accommodation
- Shabby accommodation

Staff attitudes and behaviours

- 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
- Not understanding why disabilities should not be being mocked
- Thinking it is acceptable to talk about residents as if they are not there
- Having to rush people
- Using inappropriate or patronising terms such as 'love' or 'darling'.
- Not perceiving the resident as an individual
- Residents being treated in an infantile manner
- Residents being patronised by staff

Culture of care

- Poor commissioning practices eg, a lack of funding
- Not having a confidential place to hand over to other staff at the end of the shift
- Uncaring staff
- The care home always considers costs first rather than the needs of residents
- Staff not being treated with dignity by their employer and in return staff are not treating residents with dignity

Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7
and exercises 3, 4 and 5

- Being cared for in a way that suits the care home not the person
- Poor leadership
- Low staff numbers
- Busy staff
- Lack of staff time
- Not using complaints to learn from and improve
- Staff with poor English being unable to communicate with residents

Specific care activities

- A lack of staff training on what is meant by dignity and respect
- Thinking it is acceptable to provide personal care in front of others
- Thinking it is acceptable to leave residents exposed in front of others
- No understanding that it is poor food hygiene practice and unacceptable behaviour to give a resident their food whilst they were sitting on a commode
- Not enough staff to enable residents to be fed or give proper support at mealtimes
- Not being able to empathise with a resident who has been left in soiled clothing
- Thinking it is acceptable to walk into a room without knocking when the person is still in a state of undress
- A lack of understanding of the distress caused when refusing to answer bed calls for the toilet

Past or current practice

Explain that, following the last exercise, there appears to be many barriers to providing dignified care. Also, there is a lot of evidence from the past (as seen in the Department of health survey) that care has not always been given in a dignified manner.

Now ask delegates to get into small groups and hand out Exercise 4 – Poor practice. Ask each group to read the scenario and make a note of all the times Mr Goldmann did not receive dignified care. Allow 10 minutes for this exercise.

When the 10 minutes is up, go through each part of the scenario asking what is wrong with it. The delegates should have picked up the following, if not let them know what the issues are:

"You're called Johan aren't you? That's a nice name Johan."

Whilst it is good that she has introduced herself, she has not elicited from Mr Goldmann how to address him. A major complaint of people surveyed, is not asking how they would like to be addressed.

Sonia proceeds to help Mr Goldmann out of bed and takes him to the bathroom

Sonia does not seem to have read the care plan about Mr Goldmann prior to giving him his care. Lack of communication is one of the complaints people have in terms of being treated with respect.

Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7
and exercises 3, 4 and 5

Because of this, Sonia does not know that he should have his glasses on before he walks anywhere and she doesn't know that he normally uses the toilet before going to the bathroom. She has not spoken to him about what he would like her to do for him this morning. Sonia has not put Mr Goldmann at the centre of his care as should be expected and has not asked or checked out his wants or needs.

She sits him on the chair by the sink and fills it with water. She drops the facecloth into the water and says, "You wash yourself Johan and I'll get your breakfast ready."

Because of her lack of communication, she doesn't know that Mr Goldmann cannot see the face cloth and that because it's the day that he goes to his daughter's, that the care assistant normally helps him to wash as it is a bit quicker. She is also not aware that Mr Goldmann has become distracted, as he now needs to use the toilet quite quickly. Again, there is lack of communication.

She leaves the door open on her exit

One of the main complaints by residents is a lack of privacy.

A while later, Sonia comes back to Mr Goldmann and says, "Why haven't you washed yourself? Well, it's too late now your breakfast is ready. Come on." She pulls him up from the chair and, still in his pyjamas, takes him into the dining room for his breakfast.

Whilst Sonia could be promoting independence, she does not know what his capabilities are to start with. She is also being abrupt and has not allowed Mr Goldmann to speak, she doesn't know that he is always well presented when he goes to his daughter, and she has left his pyjama's on.

A bacon and cheese omelette

Because of the lack of communication and not checking Mr Goldmann's wants or needs and a failure to read the care plan, she does not know that Mr Goldmann is a practising Jew and therefore needs to eat a kosher diet. This means that cheese and meat products are not served at the same meal, and the kitchen normally supplies Mr Goldmann's food separately.

"What's the matter with that old chap," Sonia says to the care worker who has called for her help. "Oh him," the other one says, "I don't know, I haven't got the time for all that mumbling."

Sonia is now treating Mr Goldmann with a clear lack of respect, by talking derogatorily about him, which he can hear. It is clear that other care assistants are also unaware of the need to treat people with dignity and respect. There is an issue about the care home's values and lack of staff training or monitoring.

Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7
and exercises 3, 4 and 5

"For God's sake Johan, why didn't you tell me you were going to your daughter this morning? Am I supposed to be psychic or something? I hope you're not going to be this much trouble tomorrow."

Sonia is now trying to make Mr Goldmann feel responsible for her own inability to communicate with him, even though all of these details are in the care plan. The fact that she is working again tomorrow is, I'm sure, filling Mr Goldmann with dread.

What Sonia doesn't know, is that Mr Goldmann's daughter is a retired local authority commissioner and will not hesitate to take these matters up in a complaint to Social Services about the care home, about the care assistant's attitude and her obvious lack of training.

Explain to delegates that treating people with a lack of dignity and respect is not acceptable. Many care homes are now training their staff on how to treat people with dignity. Care homes now have whistle-blowing policies and staff are encouraged to report instances where they observe undignified care.

What do we need to change?

Explain to delegates that we are going to explore whether there should be changes and if so, what would need to change.

Ask the group to work individually and hand out Exercise 5 – What do we need to change. This is a letter of complaint written by Mr Goldmann's daughter on his behalf. Now ask the delegates to put themselves (or their spouse, a parent, their children or anyone else dear to them), in the position of Mr Goldmann.

Ask them whether they would they be happy with the care they received? If they are not happy, ask them to complete the letter outlining the aspects of the care they would ask to be changed if it were them. Allow 10 minutes for this exercise.

Once the time is up, point out to them that the letter has been copied to the local authority and because the daughter is a former commissioner, may follow this up with a phone call to her former colleagues, so there may be repercussions to this.

Ask the delegates what care they would change and jot these down onto the flipchart.

Make it clear to them that they should always give the same level of care they would expect their families or themselves to receive. Therefore, everyone should consider if they currently give this level of care and if not, how they will change.

Tutor's Course Notes

Module 4

Poor practice

Links with acetates 5, 6 and 7
and exercises 3, 4 and 5

Display acetate 6

Why change?



Why change?

- Human rights and other discriminatory legislation
- National minimum standards and regulations
- Regulatory inspections
- Contract terms
- Others waiting to whistle blow on you
- It could cost you your job

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Explain to delegates that these are the reasons that providing care with dignity and respect is important:

Human rights and other discriminatory legislation

This legislation makes it compulsory to treat people with dignity and respect without prejudice.

The national minimum standards and regulation

National minimum standards require care assistants to treat residents with dignity.

Regulatory inspections

Inspectors ask for specific evidence to show that residents receive dignity and respect during their care and treatment.

Contract terms

Contracts are asking for evidence that all residents receive dignity and respect during their care and treatment and care homes take dignity and respect into account when planning and delivering care.

Others waiting to whistle blow on you

Whilst you might think that others will not whistle blow on you, you can't be sure they won't. The easiest option is to treat people how you would expect yourself or a family member to be treated.

It could cost you your job

A poor inspection report or a breach of contract terms could cause a loss of business for your employer and therefore may jeopardise your job. You risk disciplinary action or dismissal if someone was to whistle blow about your poor care.

Tutor's Course Notes

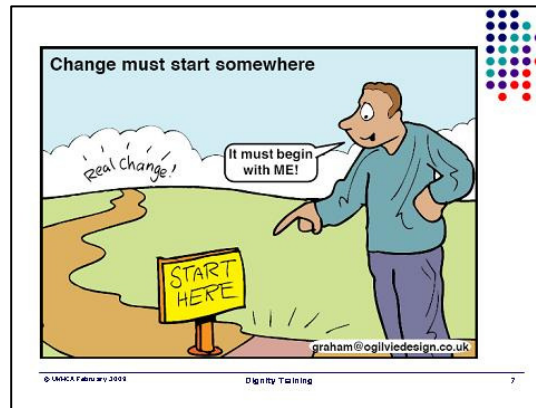
Module 4

Poor practice

Links with acetates 5, 6 and 7
and exercises 3, 4 and 5

Display acetate 7

To illustrate the above points



Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have outlined past practice and illustrated what current practice should look like. Explain that you are now going to move on to the next module.

Module 5 - Discrimination

Content Discrimination

Duration 20 minutes

Materials Required Exercise 6
Flipchart and pens
Pens and paper

Tutors Course Notes: Module 5

Timing	Content	Materials
10 minutes	What is discrimination?	Tutor's Course Notes: Module 5
10 minutes	Discriminatory behaviour Exercise 6 Discrimination Group discussion	Exercise 6 Tutor's Course Notes: Module 5

Tutor's Course Notes

Module 5

Discrimination

Links with exercise 6

Explain to the delegates that you are going to look at discrimination in this module.

What is discrimination?

In pairs, ask the delegates to brainstorm on a piece of paper, what they understand by the term 'discrimination'. After 5 minutes has elapsed, ask the delegates to feed back their answers and write these up on the flipchart.

Delegates should identify that discrimination it is the prejudicial behaviour towards or against a certain group of people. They should include the following grounds for discrimination:

- Race
- Origin
- Colour
- Language
- Sexual preference
- Gender realignment
- Religion
- Belief
- Political opinion
- Birth
- Disability
- Marital status
- Age
- Health status

Explain that there is legislation that prevents people from derogatory treatment such as the Human Rights Act of 1998, anti-discrimination legislation such as the Sex Discrimination Act of 1975 and the Race Relations Act of 1976. There are also acts to protect those with mental health problems such as the Mental Health Act 2007 and to protect a person's information such as the Data Protection Act 1998.

Give out Handout 1 (if they haven't already received this) and remind them of the different legislation that protects individuals from discrimination. (If they have received this handout previously or in a previous module, refer delegates back to it and reiterate the different types of legislation that is present to prevent discrimination – see pages 17 - 19).

Discriminatory behaviour

Split the delegates into three equal groups and ask each group to elect a spokesperson.

Group 1 – Are all Jane

Group 2 – Are all John

Group 3 – Are the employer

Give out Exercise 6 – Discrimination, to each person and ask them to read it from their group's perspective (above) and discuss the questions on the sheet. Allow 5 minutes for the exercise.

When the time is up, ask the spokesperson to feed back the answers to their questions and have a general discussion about the pitfalls of discrimination.

Tutor's Course Notes

Module 5

Discrimination

Links with exercise 6

Remind delegates that care homes who fail to prevent their staff from providing discriminatory care could find themselves the subject of legal action.

Care homes that train their staff to provide care in a dignified and respectful manner and can show that dignified services are part of normal practice will be much less likely to receive threats of legal action.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have given them information about discrimination. Explain that you are now going to move on to the next module.

Module 6 - Dignity - best practice

Content

Communication
Privacy
Social inclusion
Pain control
Personal hygiene
Abuse
End of life care

Respect
Autonomy
Diversity and equality
Eating and nutrition
Personal care
Whistle-blowing

Duration

90 minutes

Materials Required

Acetates 8 and 9
Exercise 7
Handouts 2 and 3
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 6

Timing	Content	Materials
15 minutes	Empathy Acetate 8 Empathy	Flipchart and pens Acetate 8 Tutor's Course Notes: Module 6
75 minutes	Best practice Acetate 9 Best practice Exercise 7 Dignity – best practice Handout 2 Dignity – best practice – areas Handout 3 Dignity – best practice - criteria	Flipchart and pens Acetate 9 Exercise 7 Handouts 2 and 3 Tutor's Course Notes: Module 6

Tutor's Course Notes

Module 6

Dignity – best practice

Links with acetates 8 and 9,
exercise 7 and handouts 2 and 3

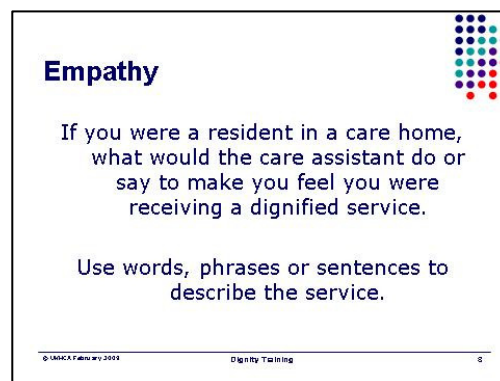
Explain to delegates that this module is an important module looking at best practice criteria for providing dignified care.

Empathy

Explain that to be able to give someone a dignified and respectful service, you must be able to understand why this is important. The best way of doing this is by trying to put yourself in the resident's shoes, to try to sense and understand the resident's feelings as if these were your own. This is called 'empathy'.

Display acetate 8

Empathy



Ask delegates to work alone and come up with words, phrases or sentences that would make them believe they are receiving a dignified service from a care assistant. Allow 10 minutes for this exercise.

After the time is up, ask the delegates to feed back their thoughts, and write these up on a flipchart.

Best practice

Explain to delegates that there are many examples of good practice in organisations around the country providing high quality dignified services. However, these can be hampered by poor commissioning practices, such as a lack of funding. Negotiation with commissioners to improve funding will assist care homes to adopt many of these practices.

Explain that thirteen specific areas or 'domains' have been identified that form a framework for a dignified care service.

Explain that we will now identify the criteria within each of these 'domains' so that when they are all put into practice they form a template for a dignified service. Those care homes who already provide good quality dignified care services may use these criteria to improve their services further.

Tutor's Course Notes

Module 6

Dignity – best practice

Links with acetates 8 and 9,
exercise 7 and handouts 2 and 3

Display acetate 9

Best practice



Explain that the acetate identifies the key areas that form the framework of a dignified care service and explain each of the following in turn:

Communication

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

Respect

Residents 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.

Privacy

Residents should be able to maintain their privacy at all times, this includes privacy of their personal care, confidentiality of any information owned by or kept about the resident and privacy of their personal space.

Autonomy

This means residents 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 assistants.

Social inclusion

Residents should 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 the community 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.

Tutor's Course Notes

Module 6

Dignity – best practice

Links with acetates 8 and 9,
exercise 7 and handouts 2 and 3

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.

Pain control

Keeping people pain free is a key aspect of providing dignified care, 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 assistants ensure residents receive sufficient pain control at all times.

Eating and nutrition

To some residents, mealtimes can be the highlight of the day. 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 resident, delivered at the times set by them.

Personal hygiene

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

Personal care

Personal care includes those aspects of a resident'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 (see later), or wound care and general health promotion, such as food and nutrition (see later) but also other issues such as cleanliness of their room, laundry and general décor. Part of a care assistant's role will be to ensure they assist residents to meet these additional needs where it forms part of a care plan.

Abuse

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

Whistle-blowing

Care assistants and other staff should feel supported by the care home when raising concerns about any poor practice or abuse they witness or hear about on behalf of residents.

Tutor's Course Notes

Module 6

Dignity – best practice

Links with acetates 8 and 9,
exercise 7 and handouts 2 and 3

End of life care

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

Get the group into pairs and give out Handout 2 – Dignity – best practice - areas and Exercise 7 – Dignity – best practice to each pair. Explain that for each specific topic, they should come up with five points that describe the care that residents should or could receive.

Also, ask delegates to outline the changes required to 1) to their own care and 2) for the care assistant to achieve this level of care. The first two points on the exercise form are an example of what is required.

Allow 45 minutes for this time-consuming exercise. Go around and assist delegates with this exercise if you wish.

When the 45 minutes is up, ask the group to come back together. Ask them for a couple of examples for each one and put these on the flipchart.

Now give out Handout 3 – Best practice - criteria. Go through this with them checking how many of those on the list they managed to get.

Ask them what would need to change personally and organisationally for each section. Write some of these changes on the flipchart.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have given them information on best practice and that this is what staff should aspire to, if they do not already practice at this level. Explain that you are now going to move on to the next module.

Module 7 - Specific care needs

Content Caring for people from specific user groups

Duration 20 minutes

Materials Required Acetate 10
Exercise 8
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 7

Timing	Content	Materials
20 minutes	Caring for people from specific user groups Acetate 10 Specific care needs Exercise 8 Caring for people with specific needs	Flipchart and pens Acetate 10 Exercise 8 Tutor's Course Notes: Module 7

Tutor's Course Notes

Module 7

Specific care needs

Links with acetate 10 and exercise 8

Explain to the delegates that this module is about caring for people with specific care needs.

Display acetate 10

Specific care needs



Explain that whilst these groups of people all have their own specific care needs, equal treatment is of paramount importance. It could be very easy to discriminate against one of these groups, quite unintentionally, because a care need is difficult to achieve.

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

Ask the delegates to work in pairs and give out Exercise 8 – Caring for people with specific needs. The pairs need to explain how the specific care needs would differ for each group when thinking about providing food and drink for them. Allow 10 minutes for this exercise.

After 10 minutes, ask delegates for their feedback. Below are some examples, many of which will be pertinent to all groups:

Asking about food preferences

A young disabled person may prefer a younger person's diet as opposed to an older person who might like food that is more traditional.

Whether the resident is on a specific diet

Does the resident need a soft or pureed diet or are they able to eat a 'normal' meal?

If the person has dementia, or are forgetful, how will they remember they have eaten?

This could be pertinent to all user groups. Different types of reminder might need to be given.

Tutor's Course Notes

Module 7

Specific care needs

Links with acetate 10 and exercise 8

Does the resident need help with feeding?

Each of the user groups may have varying degrees of disability and their ability to eat may all differ. Assessment of individual need is important and assistance given as planned.

Does the resident need help with cleaning up afterwards?

As above, each of the user groups may have varying degrees of disability and an assessment of their need is important and assistance given as planned.

Are any religious or other ethnic food requirements?

It is important to respect any religious and ethnic food requirements.

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling them that you have given information on the different types of needs for specific care groups. Explain that you are now going to move on to the next module.

Module 8 - Commissioning

Content Commissioning practices

Duration 20 minutes

Materials Required Exercise 9
Flipchart and pens

Tutors Course Notes: Module 8

Timing	Content	Materials
20 minutes	Commissioning Exercise 9 Commissioning	Flipchart and pens Exercise 9 Tutor's Course Notes: Module 8

Tutor's Course Notes

Explain to the delegates that this module is about commissioning practices and what this means for their service.

Ask delegates what they understand by the term 'commissioner' as some may not know. For those who do not know, explain that commissioners are the people who buy a care home place for a resident and in return, expect the care home to sign a contract that contains the commissioner's expectations in terms of service quality.

Commissioners are asking more questions about the care provided in relation to dignity and are changing their contracts to reflect this.

The *Commissioning framework for health and well-being* published by the Department of Health in 2007 (see Resource Guide for reference), puts the resident at the centre of the commissioning process, and says that Commissioners should move towards care services that 'are personal, sensitive to individual need, and that maintain independence and dignity'.

Ask the delegates to work in small groups of four and give out Exercise 9 – Commissioning. Ask the groups to identify six pieces of evidence that could prove to a commissioner that the care home was providing a personal service, sensitive to the needs, independence and dignity of the resident. Allow 10 minutes for this exercise.

After 10 minutes, ask delegates for their feedback. Any of the following are acceptable:

- Care staff receive documented training and updates on how to treat people with dignity
- Staff recruitment procedures include questions to test potential staff's approach to dignity, respect, independence and choice
- Care staff ask residents what their individual preferences and needs are and these are documented on the assessment and care plan
- Care staff allow residents a choice in their daily activities which can be shown on the care plan
- Care staff allow residents the time to be able to maintain their independence and this is documented on the care plan
- There are no complaints that suggest care staff do not treat residents with dignity and respect
- Letters of thanks praising care staff who treat residents as an individual
- There are a number of policies relating to dignity in place within the care home
- Care plans are written in a person centred way rather than by tasks alone
- Care plans are free from jargon
- Interviews report that care assistants treat residents with dignity and respect

Ask the delegates whether they have any further questions or points that need clarification about commissioning practices.

Tutor's Course Notes

Module 8

Commissioning

Links with exercise 9

Conclude this module by telling delegates that you have outlined how commissioning is changing and what this might mean for staff. Explain that you are now going to move on to the next module.

Module 9 - Implementing change

Content Identifying changes required
Implementing change

Duration 75 minutes

Materials Required Exercises 10 and 11
Acetates 11, 12, 13 and 14
Biros and pencils (same number of each as in the group)
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 9

Timing	Content	Materials
10 minutes	Change Exercise 10 Writing exercise	Exercise 10 Biros Pencils Tutor's Course Notes: Module 9
10 minutes	Why do we need to change Acetate 11 Why change?	Flipchart and pens Acetate 11 Tutor's Course Notes: Module 9
10 minutes	What changes are required Acetate 12 Changes required	Acetate 12 Tutor's Course Notes: Module 9
45 minutes	Implementing change Acetate 13 Implementing change Exercise 11 Implementing change Acetate 14 To illustrate the above points	Acetate 13 Exercise 11 Tutor's Course Notes: Module 9

Tutor's Course Notes

Module 9

Implementing change

Links with exercises 10 and 11
and acetates 11, 12, 13 and 14

Explain to delegates that that this module is about identifying the changes we might need to make to ensure people are always treated with dignity and respect.

Change

Give out exercise 10 – Writing exercise to each delegate and give out a biro to half the delegates and a pencil to the other half of the delegates and explain that they should use the implements you have just given them for consistency purposes (this part of the exercise is critical).

Now ask the delegates to write their signature on the paper with the hand they **do not** normally use.

Ask the delegates to describe what it was like writing in a different way.

Before continuing the exercise, explain that the delegates are now going to try to write their signatures upside down and that they can swap a pencil for a biro. Change any that want to swap. N.B. Keep a note of how many swap.

Now ask them to try to write their signatures upside down and again ask them about their experience of this. Was it even more difficult?

Now explain that the real purpose of the exercise was to see how many people wanted to change their implements. You should find that very few people will have changed and that this shows how resistant to change many people are.

Praise people who did change and explain that they are more open to change and can therefore provide additional assistance to the care home with managing change.

Reasons that change is required

Now, ask the delegates to brainstorm the reasons why change might be required to their service as regards dignity. Write these up on a flipchart.

Display acetate 11

Why change?



Why change?

- Poor monitoring results
- Lack of awareness during training
- Dignity Challenge
- Changes to the contract
- Raised resident expectation
- Resident complaints
- Raised profile in media
- Bad publicity

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Explain each point one at a time as follows:

Tutor's Course Notes

Module 9

Implementing change

Links with exercises 10 and 11
and acetates 11, 12, 13 and 14

Poor monitoring results

The care home has not achieved good results from the monitoring tool attached to the Dignity Challenge or from care inspectors or commissioning audits.

Lack of awareness during training

Training exercises show there is a lack of dignity shown to residents and other staff and that the values of the care home and its staff need reviewing.

Dignity Challenge

The Government and Department of Health focus on ensuring residents receive dignified services and this raises the profile of dignity in care.

Changes to the contract

Commissioners now ask the care home about dignity when monitoring the contract. Many contracts have changed to ensure dignity is a specific part of service provision.

Raised resident expectation

Residents and user groups are now more vocal about the type of care they expect.

Resident complaints

There is a need to address a rise in complaints from residents about the lack of respect and dignity given by care staff.

Raised profile in media

A raised profile in the media means that everyone is looking at the type of services provided.

Bad publicity

Bad publicity about the care received by a vulnerable resident.

Implications of not changing

Ask delegates to brainstorm what the implications of not changing practice might be. Write these up on a flipchart.

Explain that the cost of not implementing change can be vast. This could include a loss of reputation or a loss of contracts, which ultimately can lead to the care home closing.

What changes might be required?

Explain to delegates that you are now going to examine what changes might be required.

Tutor's Course Notes

Module 9

Implementing change

Links with exercises 10 and 11
and acetates 11, 12, 13 and 14

Display acetate 12

Changes required



Changes required

- Changes to the care provided
- Organisational change
- Improvements in staff attitudes
- Structural changes
- Changes to commissioning practices

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Explain that the changes required very much depend upon the need for change. Go through some of the possible changes required as follows:

Changes to the care provided

The type of care may not be what the residents require. If this is the case, define the type of care required by talking to residents about their expectations and review how the current care provided must change to reflect this.

Organisational change

There may be an issue with the values of the care home, which may need reviewing and staff retrained to meet the changed values.

Improvements in staff attitudes

Complaints from residents may have identified problems relating to staff attitudes and their actions. If this is the case, staff training programmes must be developed and run to address these issues.

Structural changes

There may be changes required to the care home for example, to toilet and bathing areas. These changes are costly so it is important that residents identify their needs so that any changes made are appropriate.

Changes to commissioning practices

Some care homes aspire to provide a dignified care service but are unable to do so because of commissioning practices, eg, a lack of funding meaning that care assistants have to rush the process of helping people with their care, which can compromise dignity. Managers of care homes must be proactive in negotiating contracts that enable them to provide a dignified service.

Implementing change

Explain that all staff members within a care home can help to change the home for the better.

Display acetate 13

Implementing change



Explain to the delegates that staff have a role to play in implementing change, particularly if it means their job might be at risk. Explain these roles more fully as follows:

Understand the reasons for change

If the reason for the change required is fully explained and understood, staff will be more willing to take part in changing their practice to meet the required need.

Be responsive

Once staff understand why change is required and what change is required, they move towards to the change more willingly.

Bring ideas to the table

Staff can often identify changes that will benefit the service. Request staff ideas regularly and develop the care provided accordingly.

Give assistance to the process

Staff are in a good position to help with the change process and can provide assistance in a number of ways including promoting the change required, taking part in training sessions and acting as an advocate.

Be proactive

Instead of waiting for instruction on how to do something, staff can become involved in implementing the change required. Keep staff informed of what is going on and they will feel more confident about assisting the care home.

Examine your own values

Staff can examine their own values by identifying what dignity means to them. This can assist the care home to implement the change needed to provide a dignified service.

Tutor's Course Notes

Module 9

Implementing change

Links with exercises 10 and 11
and acetates 11, 12, 13 and 14

Ask delegates to get into pairs and give out Exercise 11 – Implementing change. Go through the requirements of the exercise with them and allow 20 minutes for them to complete it.

This exercise is to try to get delegates to understand the importance of change and that the care they provide is central to the change required.

After 20 minutes, go through each groups' answers one at a time. Discuss each point with all delegates. The idea is for them to come up with different ways they might want to change. Make sure they cover the following points in each question:

If you were a resident, what type of service would you expect to receive?

- A friendly service
- Responsive staff
- Kind staff
- Staff that never show anger
- Flexible staff
- Competent staff
- Polite staff
- Being treated with dignity and respect
- Staff that take their time
- Staff are talkative
- Staff listen to me

If you were a resident, how would you know that the care home and its staff took dignity seriously?

- Staff ask me what I want to do each day
- Staff are always patient
- Staff always treat me with respect
- Staff take notice of my feelings
- Staff do not rush me
- If I don't want to do something the staff are happy with this
-

How can the care provided change in only three weeks?

- Staff are made aware of the changes required and the reason they are required
- Staff are made aware of the implications of not changing
- A change action plan would need to be developed
- All staff know what part they play in the plan
- Staff are kept fully informed of the progress being made
- Staff are willing to undertake training
- The lessons learnt by staff in the training sessions are put into practice
-

What is the role of staff in the implementation of these changes?

- Each staff member carries out their part of the change plan
- Staff are responsive to the needs of the care home
- Staff take part in the change
- Staff are proactive

Tutor's Course Notes

Module 9

Implementing change

Links with exercises 10 and 11
and acetates 11, 12, 13 and 14

Display acetate 14

To illustrate the above points



Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have provided some ideas of what changes might be required to update practice and have explained how to implement these changes. Explain that you are now going to move on to the next module.

Module 10 - Policies required by the care home

Content Policies

Duration 15 minutes

Materials Required Acetate 15
Exercise 12
Flipchart and pens

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 10

Timing	Content	Materials
15 minutes	Policies Acetate 15 Policies Exercise 12 Policy content	Acetate 15 Exercise 12 Tutor's Course Notes: Module 10

Tutor's Course Notes

Module 10

Policies

Links with acetate 15 and exercise 12

Explain to delegates that this module will review the policies required by the care home regarding dignity.

Ask delegates to brainstorm the different types of policy that might be required for a care home that provides dignified services. Write their answers on a flipchart. Explain there are four key policies that promote dignified services.

Display acetate 15

Policies



Ask the delegates to work in pairs and give out Exercise 12 – Policy content to each pair. Ask them to identify three points that each policy should cover. Allow 5 minutes for this exercise.

When the 5 minutes are up, ask the delegates what points they identified for each policy. Write their answers on the flipchart. They should have covered the following points, if not give them these points to consider too:

Confidentiality policy

- Respect the privacy of residents
- Privileged information is kept confidential including any private and personal papers
- Not divulging information without permission
- Breaches of confidentiality are acted on quickly

Whistle-blowing

- Whistle-blowing is about raising concern about malpractice or dangerous or illegal acts
- Whistle-blowing covered by the Public Interest Act 1998
- The line manager is the first point of contact
- Procedures should be in place to assist staff with the process
- Managers should support staff who whistle blow
- All matters are treated confidentially
- Staff should act in good faith when whistle-blowing
- Malicious accusers will be penalised
- The whistle blower should be kept up-to-date with progress

Tutor's Course Notes

Module 10

Policies

Links with acetate 15 and exercise 12

Communication

- Body language, appearance, demeanour and mannerisms all assist in creating a good impression
- Residents are put at ease
- Staff introduce themselves to a new resident
- Staff ask the resident how they would like to be addressed
- Staff communicate with residents open and honestly
- Staff are confident in their communications with residents
- Staff are courteous
- Staff have a positive attitude with residents
- Staff listen to what the resident is saying
- Staff should maintain a positive posture
- Conversations are not interrupted
- Staff don't assume residents cannot hear because they are old
- Staff show respect and understanding
- Staff are patient when communicating with someone who has communication difficulties
- Staff do not use patronising terms, such as 'dear', 'love' or 'duck'.

Equality and diversity

- Equal opportunities should exist within the care home
- The care home aims to attract suitable employees
- Staff are trained to respect equality and diversity
- Staff treat residents as equals
- Staff respect residents' diverse backgrounds
- Staff take notice of any instructions given by residents
- Staff treat each resident as an individual

Ask the delegates whether they have any further questions or points that need clarification on this topic.

Conclude this module by telling delegates that you have outlined the policies required by the care home to assist them in managing an effective and dignified service. Explain that you are now going to move on to the next module.

Module 11 - Conclusion

Content Conclusion
Learning outcomes

Duration 5 minutes

Materials Required Acetates 16 and 17

One of the following items of presentational equipment:

- Overhead Projector
- Laptop/computer containing PowerPoint slides and a data projector
- A3 Ring Binder Easel and copies of Acetates

Tutors Course Notes: Module 11

Timing	Content	Materials
5 minutes	Conclusion Acetate 16 Learning outcomes Acetate 17 To illustrate the dignity training programme	Acetates 16 and 17 Tutor's Course Notes: Module 11

Tutor's Course Notes

Module 11

Conclusion

Links with acetates 16 and 17

Explain to delegates that this is the final module of the training session. Go through each of the points below to sum up the training.

Explain that dignity means different things to different people. Many surveys have identified what people think dignity means to them. The following list describes some of these:

- 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

It is important that staff ensure that the care they provide meets the requirements of the resident. The consequences of not providing dignified care can include loss of contracts, loss of the care home's reputation and loss of jobs. It is therefore important that staff are committed to providing dignified care services at all times.

This Training Programme has tried to ensure delegates are aware of what a resident might define as a dignified service. It has looked at how discrimination can affect dignity and respectful services and has outlined some of the legislation that underpins dignity.

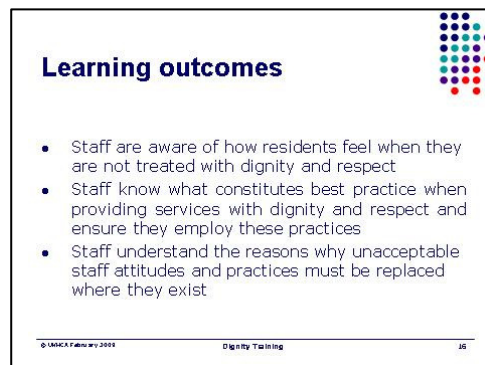
The training has summarised the previously unacceptable practice of staff, has shown the practice that staff are or should be adopting now and has included some special points to consider when caring for people from specific user groups.

Finally, the training has looked at how the commissioning process might have an impact on the provision of a service that does not consider dignity. It has also shown how these care homes can implement the changes required to ensure that staff provide dignified care services in the future.

Ask the delegates whether they have any further questions or points that need clarification on this topic or any other topics throughout the training.

Display acetate 16

Learning outcomes



Learning outcomes

- Staff are aware of how residents feel when they are not treated with dignity and respect
- Staff know what constitutes best practice when providing services with dignity and respect and ensure they employ these practices
- Staff understand the reasons why unacceptable staff attitudes and practices must be replaced where they exist

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Go through the acetate with the delegates point by point and explain what has been covered in the training:

Staff are aware of how residents feel when they are not treated with dignity and respect

You now have an appreciation of how residents feel when they have not received dignity and respect from staff. Some of the feelings expressed include feeling undervalued, patronised, not listened to, discriminated against and unsafe.

Staff know what constitutes best practice when providing care with dignity and respect and ensure they employ these practices

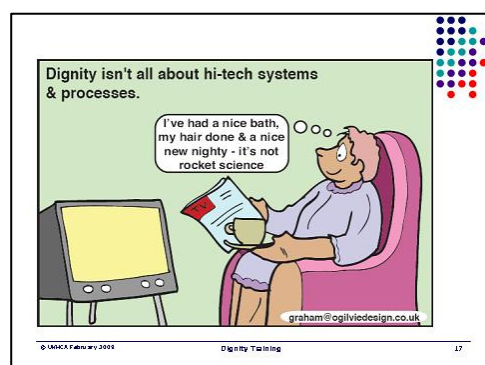
You now know what constitutes best practice and are willing to adopt the best practice criteria. Something as simple as a smile or taking the time to sit and listen to someone can make residents feel valued and respected.

Staff understand the reasons why unacceptable staff attitudes and practices must be replaced where they exist

You now understand why unacceptable staff attitudes must change. If you don't there could be serious consequences such as the closure of the care home due to bad reputation, withdrawal of contracts and subsequent loss of employment for staff.

Display acetate 17

To illustrate the dignity training



Dignity isn't all about hi-tech systems & processes.

I've had a nice bath, my hair done & a nice new nighty - it's not rocket science

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Tutor's Course Notes

Module 11

Conclusion

Links with acetates 16 and 17

Ask the delegates whether they feel they have met the learning outcomes. If not, reiterate these points with them.

Once you have finished the training, thank the delegates for attending. Wish them a safe journey home.

ⁱ SCIE (2006) Dignity in Care: Adult Services Practice Guide (9). Social Care Institute for Excellence

ⁱⁱ Ibid.