

Dignity Status in Care Homes



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This is a good practice guide to assist care homes to achieve the Dignity in Care, Daisy Standard.

We have taken the Department of Health's national standards, which relate to dignity, together with their ten-point Dignity Challenge, and linked them into examples of good practice together:

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 to and support people when they 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 positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

Introduction

Manchester City Council is leading the way in championing dignity in the care of adults in the city, recognising it as a central theme in the provision of all health and social care services.



Manchester's Dignity in Care campaign was launched on 24 October 2007 at the City of Manchester Stadium. It was inspired by excerpts from the poem 'If I Had My Life Over – I'd Pick More Daisies' and seeks to promote best practice for all those who look after adults in the city. The daisy has been adopted by Manchester as the emblem for the campaign, and is used to signpost people who are seeking good-quality social care and those recruiting dignity champions. It is hoped that the emblem will be adopted nationally. The campaign also encompasses the work already being done on Intergeneration and Safeguarding Adults' practices/procedures.

Ivan Lewis MP, Minister for Care Services, said about the campaign: "I am very pleased to add my support to Manchester's work to put dignity and respect at the heart of services for older people. The Government is committed to providing leadership, dignity and respect for older people, but this is a shared challenge and responsibility, and effective changes to services can only be achieved through a successful partnership with organisations such as Manchester City Council, which commissions services. Manchester's promotion of the daisy as the emblem of their campaign is an excellent way to make the commitment to high standards clearly visible, serving as a reminder to providers and as a visible reassurance for those seeking services."

Councillor Basil Curley, Manchester City Council's Lead Member for Adult Social Care, added: "The Government launched a debate on dignity in care last year and we are now

trying to drive that forward in Manchester by encouraging as many organisations as possible to sign up as dignity champions. Everyone deserves to be treated with dignity and respect, and this campaign will be a major step towards ensuring there is zero tolerance of abuse and disrespect of people looked after in the health and social care system."

Several toolkits have been designed for different service areas to support organisations to achieve the Dignity Daisy status. Rather than inventing new standards, the toolkit builds on the excellent work already being done; it is linked to the National Standards and is split into two booklets. The first one details what you as a resident can expect when moving into the home, and the second is a working document that describes how the home actually attained the standards.

In order to retain the Dignity status, organisations will have to evidence to the Contracts Section that they are continuing to maintain the standards. Also, if the Commission for Social Care Inspection (CSCI) raises any concerns to the department about an organisation that has achieved the Dignity status, these will be investigated and if necessary referred to the Adult Social Care Quality Board for consideration about what action, if any, should be taken.



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1. Choice of home

Outcome: prospective service users have the information they need to make an informed choice about where to live.

STANDARD 4

4.1 The registered person is able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.

STANDARD 5

5.1 The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis before they and/or their representatives make a decision to stay; unplanned admissions are avoided where possible.

Dignity challenge statements: 2, 3, 4, 8, 9



How we help manage your move to our care home

Moving from one's own home into a care home is a major life transition, so to help make the process as seamless as possible we are committed to the following:

- **A positive choice**

Together, we will plan your move to our care home with support from relatives and care staff to ensure that your quality of life will ultimately be improved.

- **Providing information**

We will provide you and your family with information so that you have a real sense of what to expect from our home and the role that you can play.

- **Choosing where to live**

Although not always possible to arrange, we believe a good way for a prospective resident to make an informed choice of a home is the 'try it and see' approach, whereby you visit us before making a decision, maybe having a meal and staying for a period of a few hours or the whole day. Obviously, when moving into the home straight from hospital this would not be feasible, so the first month of your stay in the home will give you the opportunity to decide if we can meet your needs and if you want to stay.

- **Minimising pressure**

When moving to our home, the management team and care staff will help by encouraging you to take your time when considering the move, without putting undue pressure on you.

- **Feeling in control**

We recognise it is crucial that wherever possible prospective residents feel in control of the decision to move. If necessary, we will signpost you to engage the services of advocates or friends who can offer support through the moving process.

- **A proper welcome**

In order for you and your relatives to feel a part of our home's community, you need to understand the layout of the home, your room and the facilities available for you, and who know to go to for help. We are committed to spending time with all new residents to facilitate this.

- **Family members as partners in care**

Many relatives want to continue to play a role in looking after their loved one, and we positively encourage them to do so, making them feel they are a valued part of the team.

- **Supporting people through change**

We recognise that you and your relatives need to feel that we are aware of the impact of moving into our home. We therefore assign an individual staff member to support you and also encourage your family members to become involved.

- **Getting other residents to help**

Where possible, other residents and key staff members will offer friendship and understanding to help support you in the moving process.

- **Continuing with life**

Moving to a care home will not be the end of life outside the home. All new residents are encouraged and assisted to maintain relationships with family and friends.

2. Health and personal care

Service user plan

Outcome: the service user's health, personal and social care needs are set out in an individual plan of care.



Maintaining identity

We believe that maintaining your sense of identity is linked with positive self-esteem and perceptions about quality of life. Intrinsic to this personal sense of identity are aspects of gender, occupation, ethnicity and sexuality. It is, therefore, easy for long-term care facilities to be 'non-places' that afford few links with your personal or cultural past. In addition, a number of other factors may impact on a person's ability to maintain a sense of identity, including loss of health and/or cognitive ability restricting a person's independence and self-realisation. With this in mind we promote a person-centred care approach in the home.

We practise person-centred care, as this works in partnership with you, valuing you as an individual and providing care that meets your needs and not those of the institution. Fundamental to the delivery of person-centred care is the establishment of effective relationships, which enables you to feel a valued member of the care home community. Person-centred care is one of the standards of the National Service Framework for Older People and encompasses four elements:

- Valuing people and those who care for them
- Treating people as individuals
- Looking at the world from the perspective of the individual
- Providing a positive social environment in which the person can experience relative wellbeing.

Understanding what matters to you as an individual, including your values and wishes, is key to person-centred care. Consistent staff assignment has been found to be important in making it more possible for staff and residents to get to know each other. Staff will then be able to observe the time of day when an individual expresses him or herself best and the activities that stimulate conversation. Paying attention to environmental conditions such as noisy rooms is particularly important for those with sensory impairment.

STANDARD 7

7.1 A service user plan of care generated from a comprehensive assessment (see Standard 3) is drawn up with each service user and provides the basis for the care to be delivered.

7.5 Where the service user is on the Care Programme Approach or subject to requirements under the Mental Health Act, the service user's plan takes this fully into account.

7.6 The plan is drawn up with the involvement of the service user, recorded in a style accessible to the service user, agreed and signed by the service user whenever capable, and/or representative (if any).

Dignity challenge statements: 3, 4, 5, 9

2. Health and personal care

Healthcare

Outcome: service users' healthcare needs are fully met.

We will support all healthcare needs, bringing in other professionals as needed, eg. doctors, pharmacists, therapists and specialist nurses. District nurses may have regular contact with residential homes for discreet nursing tasks. Being able to access appropriate health and care support is crucial to your quality of life and we will ensure your needs and any extra support needs are fulfilled.

We recognise that ideally, you would prefer to have the ability to manage your own personal care; however, in practice this is not always possible. If this is not possible, we will ensure that you are treated with dignity and respect at all times.

We have pain-management policies in place and make use of pain-assessment tools to access multidisciplinary input and staff education, which together can considerably improve pain-management should it be necessary.

If you are incontinent/become incontinent, we recognise that a great deal can be done to help by accessing local continence services. By an improved routine assessment, clear policies and documentation, along with appropriate staff training and greater emphasis on seeking to cure incontinences

(rather than simply managing the problems), we can make a considerable difference to your quality of life in our home.

We will support you with effective falls prevention initiatives, including medication, nutritional reviews, environmental modification and appropriate walking aids. We can also provide balance and strength exercises, as there is strong evidence that this helps to maintain muscle strength and mobility, even in advanced age.

Our care plan will assess your capacity to choose the level of personal hygiene you wish to maintain. Seemingly 'unwise decisions' are a person's right and we respect this and do not impose our own standards. Staff training in privacy and dignity is provided and updated regularly.

STANDARD 8

8.1 The registered person promotes and maintains service users' health and ensures access to healthcare services to meet assessed needs.

8.2 Care staff maintain the personal and oral hygiene of each service user and, wherever possible, support the service user's own capacity for self-care.

Medication

Outcome: service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.

We ensure all our staff are fully trained in all aspects of medication. Under the Mental Capacity Act, if after a risk assessment you have the capacity to self-administer your own medication, then you will be encouraged to do so. Where for personal reasons you choose not to self-administer, this will be documented and you will be asked to sign it and all the details will be recorded in the care plan.

However, controlled drugs cannot be self-medicated and are administered by two people and locked away in accordance with the laid-down policy and procedure.

STANDARD 9

9.1 The registered person ensures that there is a policy and staff adhere to procedures for the receipt, recording, storage, handling, administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk-management framework.

9.2 The service user, following assessment as able to self-administer medication, has a lockable space in which to store medication, to which suitably trained, designated care staff may have access with the service user's permission.

Privacy and dignity

Outcome: service users feel they are treated with respect and their right to privacy is upheld.

We understand the importance of valuing privacy, dignity, choice, rights, independence and fulfilment. These values are everyone's basic human rights and we are committed to ensuring that these are part of everyday life in the home. We do this by:

- first and foremost regarding all residents as real people who have desires, hopes and expectations, and speaking to them with respect
- regularly checking with residents on how they wish to be addressed, eg. Mrs Jones or Jenny
- encouraging and enabling residents to decide how they dress, letting them choose the items they bring into the home, and allowing them to have control over their personal space. All clothing is identified with the resident's name and kept in his or her own room. As a safeguard we always double-check the naming of clothing when residents are dressing

2. Health and personal care

- listening to residents' views and then acting on them
- consulting on matters to do with residents' own care
- engaging residents in conversation at every opportunity, especially when supporting with bathing, dressing and at mealtimes.

You will be encouraged to participate in all aspects of decision-making in our care home. We have a regular newsletter, which is available for everyone, and this will help you feel involved and inform you of what is happening in the home.

Where possible we will provide access to a telephone for you to use in private and you can install a bedside telephone at your own cost if you choose to.

If you require a medical examination, it will never be undertaken in general areas for privacy and hygiene reasons. It may take place in your own room or maybe in a hygienic clinic or other suitable room. If you are in a multiple occupancy room, we have adequate screening that will provide you with privacy and dignity.

Your mental capacity to make decisions on all matters relating to dignity will be assessed and dealt with in line with the requirements of the Mental Capacity Act 2007. Where appropriate, an IMCA (Independent Mental Capacity Advocate) may need to be appointed and this will be arranged on your behalf.

STANDARD 10

10.1 The arrangements for health and personal care ensure that service users' privacy and dignity are respected at all times, and with particular regard to:

- personal care-giving, including nursing, bathing, washing, using the toilet or commode
- consultation with, and examination by, health and social care professionals
- consultation with legal and financial advisers
- maintaining social contacts with relatives and friends
- entering bedrooms, toilets and bathrooms
- following death.

10.2 Service users have easy access to a telephone for use in private and receive their mail unopened.

10.3 Service users wear their own clothes at all times.

10.4 All staff use the term of address preferred by the service user.

10.5 On induction, all staff are instructed how to treat service users with respect at all times.

10.6 A medical examination and treatment are provided in the service user's own room.

10.7 Where service users have chosen to share a room, screening is provided to ensure that their privacy is not compromised when personal care is being given or at any other time.

Dignity challenge statements: 2, 5, 6

Dying and death

Outcome: service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

Many older people who are facing the end of their life begin to come to terms with their mortality in care homes. We believe the quality of a person's dying is, in many ways, as important as their quality of life.

We will encourage you to express your wishes about what you want to happen when death approaches and we will provide instructions about the formalities to be observed after your death. Any cultural and religious preferences will be observed. We have clear policies and procedures about how we ensure your last days are spent in comfort and dignity, with your wishes being observed throughout.

Dignity in death is of great comfort to relatives and carers, and your care plan will reflect your wishes, even where these wishes contradict the wishes of your relatives. As your relatives will make the arrangements, if there are likely to be any complications, we will encourage you to make an advance decision under the Mental Capacity Act.

STANDARD 11

11.1 Care and comfort are given to service users who are dying; their death is handled with dignity and propriety, and their spiritual needs, rites and functions are observed.

11.5 The privacy and dignity of the service user who is dying are maintained at all times.

11.6 Service users are able to spend their final days in their own rooms, surrounded by their personal belongings, unless there are strong medical reasons for not doing this.

11.9 The changing needs of service users with deteriorating conditions or dementia – for personal support or technical aids – are reviewed and met swiftly to ensure the individual retains maximum control.

11.11 The body of a service user who has died is handled with dignity, and time is allowed for family and friends to pay their respects.

3. Daily life and social activities

Social contact and activities

Outcome: service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.

STANDARD 12

12.1 The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.

12.2 Service users have the opportunity to exercise their choice in relation to:

- leisure and social activities and cultural interests
- food, meals and mealtimes
- routines of daily living
- personal and social relationships
- religious observance.

Dignity challenge statements: 4, 5, 9, 10



Maintaining control over your life

We do not assume that you choose to be called by your first name or by your birth name. We will always check preferred styles of address with you prior to admission and then recheck with you on a regular basis to ensure that you have not changed your mind.

We also encourage and ensure that you:

- are able to exercise choice and control and take on some of the tasks of the home, such as showing visitors around if you choose to
- have the support of staff to help you make new friendships and sustain current ones by introducing you to people from similar backgrounds or interests, welcoming existing friends when they visit, and supporting you to write letters or telephone to stay in touch
- are able to have secure storage for your personal possessions, such as jewellery, but are able to use them when they want
- participate in meaningful activities, ranging from engaging in the daily routine of the home, looking at the view from the window, taking up hobbies, religious observance, singing or playing music. In the case of organised activities, you have the choice to opt out of them as this is just as important as the activities themselves
- have a forum for you and your family to voice your views and opinions
- have your ethnic, cultural and spiritual needs met, including availability of translation services; providing washing

and toilet facilities for particular purposes; potential for segregation of male and female quarters; considering areas relating to food storage, preparation and cooking; arranging for clergy and others from different religious institutions to visit; enabling you to attend places of worship or religious events outside the care home or staff training on spirituality. Spirituality may not be the same as following a religious faith, although for some people this is their path

- have your more general spiritual needs met, eg. involvement in reading, expressive arts, music, walking or gardening – activities that can provide opportunities for creative meaning, gaining a sense of control and nourishing the soul. Some reports argue that the spiritual needs of older people with dementia merit a particular focus. Involvement in creative arts can enable communication, expressiveness and continuation of personhood. For example, listening to classical music may touch a chord deep within a person.

We also offer couples space for intimacy and privacy, and using skilled observation and emotional literacy to understand their needs, will help them feel they have the right to express their sexual identity. A sensitive and respectful approach will be needed from staff to ensure that one person's need for sexual expression does not lead to coercion of vulnerable others.

3. Daily life and social activities

Community contact

Outcome: service users maintain contact with family, friends, representatives and the local community as they wish.

Creating a sense of community within a care home is very important and is different to creating a 'home-like' environment. Every person who is involved, whether staff member, resident or visitor, has the potential to make a unique contribution to the community within that home.

Relationships between staff members, residents, family, friends and the wider community are the most important factor in determining your quality of life. Continuity of staff, good communication, staff responsiveness, dependability, trust and a degree of personal control by you, all help to improve your quality of life.

If you have sensory impairments, this is more difficult because a visual and/or hearing impairment could prevent you identifying cues in social conversation. You may therefore need staff members, relatives or volunteers either to help facilitate conversations or to reposition chairs to allow you to be involved in conversations.

Most family members are keen, often desperate, to maintain their relationship with a relative in a care home. Families who feel secure in their relationships with staff are more likely to be involved in the home and can make a vital contribution to humanising and personalising residents' lives.

For staff too, relationships with residents and their families can be key to shaping their experience of work, and many care staff have identified their relationships with residents as their main reason for staying in the job. Consistent staff assignment can allow flourishing relationships between staff and residents, leading to improved quality of care alongside lower staff turnover.

We are developing intergeneration opportunities, eg. linking schools with care homes. This includes:

- you talking to students about your past and sharing your knowledge and experience
- the students sharing their experiences and knowledge with you, eg. teaching you to text or use a computer.

There is a national organisation called Pets as Therapy that will visit the home with members' pets, and if you are interested, visits can be arranged.

STANDARD 13

13.1 Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences.

13.2 Service users are able to receive visitors in private.

13.3 Service users are able to choose who they see and do not see.

Dignity challenge statements: 10

3. Daily life and social activities

Autonomy and choice

Outcome: service users are helped to exercise choice and control over their lives.

Our statement of purpose indicates that the policy of our home is to maximise the potential of every resident, allowing them to self-determine as far as possible, and ensuring that routines serve you rather than the organisation.

You have the right to manage your own financial affairs unless assessed under the Mental Capacity Act as unable to do so.

STANDARD 14

14.1 The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.

14.2 Service users handle their own financial affairs for as long as they wish to, as long as they are able to and have the capacity to do so.

Dignity challenge statements: 5

Meals and mealtimes

Outcome: service users receive a wholesome, appealing balanced diet in pleasing surroundings at times convenient for them.

If you are on a special diet and/or supplements and these are recorded in your care plan, to ensure consistency all catering staff are made aware of any specific catering needs at the time of your admission.

We always ensure that there are sufficient staff on duty to provide assistance should you require it. Assistance is given to help you to enjoy your meal and not for the convenience of staff in expediting the meal.

You will be encouraged to eat independently for as long as it takes, with due regard given to nutritional requirements and the safety of precooked or unrefrigerated food.

Where it is impossible to have drink-making facilities available 24 hours, then regular appropriate drinks are offered throughout the day and evening.

If you retire to bed during the early evening, it may be appropriate to offer an early-morning drink rather than during the evening in order to maintain fluid balance.

STANDARD 15

15.1 The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.

15.3 Hot and cold drinks and snacks are available at all times and offered regularly. A snack meal should be offered in the evening and the interval between this and breakfast the following morning should be no more than 12 hours.

15.7 The registered person ensures that there is a menu (changed regularly), offering a choice of meals in written or other formats to suit the capacities of all service users, which is given, read or explained to service users.

15.8 The registered person ensures that mealtimes are unhurried, with service users being given sufficient time to eat.

15.9 Staff are ready to offer assistance in eating where necessary, discreetly, sensitively and individually, while independent eating is encouraged for as long as possible.

Dignity challenge statements: 2, 3, 9, 10

4. Complaints and protection



Complaints

Outcome: service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.

STANDARD 16

16.1 The registered person ensures that there is a simple, clear and accessible complaints procedure, which includes the stages and timescales for the process, and ensures that complaints are dealt with promptly and effectively.

Dignity challenge statements: 1, 7

Rights

Outcome: service users' legal rights are protected.

Referral to an advocacy service may be required if there is no one appropriate to enable you to access your rights.

STANDARD 17

17.2 Where service users lack capacity, the registered person facilitates access to available advocacy services.

Staff training is provided to ensure everyone is aware of the scope and existence of abuse. Members of staff understand their role and responsibilities in reporting and responding to any incidents that could be neglectful or abusive. Members of staff also appreciate the importance of reflecting on their own practice and this is regularly discussed in staff meetings and individual supervision.

4. Complaints and protection

Protection

Outcome: service users are protected from abuse.

We have a robust safeguarding, dignity and privacy policy in place, which is fully understood and implemented by staff at all levels in the care home, and this reduces the risk of abuse in our home.



We have a whistle-blowing policy, which encourages you, staff members and visitors to inform the management when there is a suspicion or evidence of abuse or neglect or any practice that could lead to abuse or neglect. There is recognition that abuse may be perpetrated by anyone associated with you in any way.

We have an agreed procedure for ensuring that all residents, staff members and visitors are aware of the policy and are reminded of the policy via publicity and reminder sessions.

As part of the Safeguarding Adults 'No Secrets' policy, we keep records, which must be kept of all reported incidents. Following an initial internal enquiry, concerns are referred to Manchester City Council's Contact Centre for further investigation by the appropriate Adult Social Care team, and are also raised with CSCI (Commission for Social Care Inspectorate).

Substantiated allegations can result in staff being subject to disciplinary procedures, or referral to the Protection of Vulnerable Adults (POVA) register and criminal prosecution.

STANDARD 18

18.1 The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self-harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.

18.2 Robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle-blowing) ensure the safety and protection of service users, including passing on concerns to the CSCI in accordance with the Public Interest Disclosure Act 1998 and Department of Health (DH) guidance No Secrets.

18.3 All allegations and incidents of abuse are followed up promptly and action taken is recorded.

18.4 Staff members who may be unsuitable

to work with vulnerable adults are referred, in accordance with the Care Standards Act, for consideration for inclusion on the Protection of Vulnerable Adults register.

18.5 The policies and practices of the home ensure that physical and/or verbal aggression by service users is understood and dealt with appropriately, and that physical intervention is used only as a last resort and in accordance with DH guidance.

18.6 The home's policies and practices regarding service users' money and financial affairs ensure service users' access to their personal financial records, safe storage of money and valuables, consultation on finances in private, and advice on personal insurance; and preclude staff involvement in assisting in the making of or benefiting from service users' wills.

Dignity challenge statements: 1

5. Environment

Adaptations and equipment

Outcome: service users have the specialist equipment they require to maximise their independence.

If you have shared a bedroom all your life and prefer to continue doing this, we will try and accommodate this, although multiple occupancy rooms are gradually being phased out of use following upgrading and are no longer considered socially acceptable.

You or your advocate will make a positive commitment to the sharing of a bedroom, preferably in writing or by committing to the offer of a shared room.

STANDARD 23

23.6 Where rooms are shared, they are occupied by no more than two service users who have made a positive choice to share with each other.

23.7 When a shared place becomes vacant, the remaining service user has the opportunity to choose not to share, by moving into a different room if necessary.

Dignity challenge statements: 6



Individual accommodation: furniture and fittings

Outcome: service users live in safe, comfortable bedrooms with their own possessions around them.

All our rooms are furnished to an appropriate standard. We provide furniture and fittings that will ensure you are safe and that suitable care can be provided.

Easy-to-use locks that can be accessed from both sides are fitted, which will enable you to maintain privacy. Where locks are fitted to doors, you will be provided with a key subject to assessed capacity under the Mental Capacity Act 2007.

All our double rooms have some form of screening to ensure privacy during times of personal care.

STANDARD 24

24.1 The home provides private accommodation for each service user, which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.

24.5 Doors to service users' private accommodation are fitted with locks suited to service users' capabilities and are accessible to staff in emergencies.

24.6 Service users are provided with keys unless their risk assessment suggests otherwise.

24.7 Each service user has lockable storage space for medication, money and valuables, and is provided with the key, which he or she can retain (unless the reason for not doing so is explained in the care plan).

24.8 Screening is provided in double rooms to ensure privacy for personal care.

Dignity challenge statements: 6

6. Staffing

Qualifications

Outcome: service users are in safe hands at all times.

STANDARD 28

28.1 A minimum ratio of 50 per cent trained members of care staff (NVQ level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of the care staff who are registered nurses.

28.2 Any agency staff members working in the home are included in the 50 per cent ratio.

Dignity challenge statements: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10



In order to ensure a consistently high level of care and a professional approach, non-nursing care staff are required to be trained to a minimum of level 2 NVQ or its equivalent in an appropriate subject area. We do not employ staff under the age of 18 in line with the Care Standards Act.

All our staff are required to undertake training as a part of their continuous staff development. Our training requirements reflect the needs of all our residents and assist us in achieving our aims.

Recruitment

Outcome: service users are supported and protected by the home's recruitment policy and practices.

Staff training

Outcome: staff members are trained and competent to do their jobs.

All our staff are recruited following our recruitment and selection policy, and have all the necessary CRB/POVA checks and induction training to enable them to work efficiently. They also undertake training as necessary.

STANDARD 30

30.1 The registered person ensures that there is a staff training and development programme that meets National Training Organisation (NTO) workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.

30.2 All members of staff receive induction training to NTO specification within six weeks of appointment to their posts, including training on the principles of care, safe working practices, the organisation and worker role, the experiences and particular needs of the service user group, and the influences and particular requirements of the service setting.

30.3 All staff receive foundation training to NTO specification within the first six months of appointment, which equips them to meet the assessed needs of the service users accommodated, as defined in their individual plan of care (see Standards 3 and 7).

30.4 All staff receive a minimum of three paid days' training per year (including in-house training), and have an individual training and development assessment and profile.

Dignity challenge statements: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

7. Management and administration

Quality assurance

Outcome: the home is run in the best interests of service users.



You will be encouraged to input into the services provided within the home.

We benchmark our improvement year on year and aim to achieve our own targets within the timescale recorded. Our development plan is fluid and ongoing in that there is constant development during

the year with a reassessment of what has been achieved at the annual review.

We have a commitment to provide facilities for you to enable lifelong learning should you want it. We think that feedback is a positive tool in developing our home and will on occasion seek this from you.

STANDARD 33

33.1 Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in meeting the aims, objectives and statement of the purpose of the home.

33.2 There is an annual development plan for the home, based on a systematic cycle of planning, action and review, reflecting aims and outcomes for service users.

33.3 There is continuous self-monitoring, using an objective, consistently obtained and reviewed verifiable method (preferably a professionally recognised quality assurance system) involving service users; and an internal audit takes place at least annually.

33.4 The results of service-user surveys are published and made available for current and prospective users, their representatives and other interested parties, including the CSCI.

33.5 The registered manager and staff can demonstrate a commitment to lifelong learning and development for each service user, linked to implementation of his/her individual care plan.

33.6 Feedback is actively sought from service users about services provided, eg. through anonymous user satisfaction questionnaires and individual and group discussion, as well as evidence from records and life plans; and this informs all planning and reviews.

33.7 The views of family and friends and of stakeholders in the community, eg. GPs, chiropodists, voluntary organisation staff, are sought on how the home is achieving goals for service users.

Dignity challenge statements: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

7. Management and administration

Financial procedures

Outcome: service users are safeguarded by the accounting and financial procedures of the home.

Service users' money

Outcome: service users' financial interests are safeguarded.

It is not our responsibility to manage your private finances and we like relatives or the Council's client to do it. However, you may want us to keep a small amount of money, eg. £20 per week, in our safe for you to spend as you wish, and we are happy to do this.

Anyone giving advice on financial matters has to be qualified under the Financial Services Act and only rarely will anyone in the home hold suitable qualifications; consequently, our Personal Finances policy addresses the need for you to obtain adequate financial advice.

We have a policy on staff accepting gifts from residents, especially if they are vulnerable. If you require further information regarding this, please do not hesitate to ask.

STANDARD 35

35.2 Written records of all transactions are maintained.

35.3 Where the money of individual service users is handled, the manager ensures that the personal allowances of these service users are not pooled and appropriate records and receipts are kept.

35.5 Secure facilities are provided for the safekeeping of money and valuables on behalf of the service user.

35.6 Records and receipts are kept of possessions handed over for safekeeping.

Dignity challenge statements: 1, 2, 3, 4, 5, 6, 9

Record-keeping

Outcome: service users' rights and best interests are safeguarded by the home's record-keeping policies and procedures.

You will have access to records and information stored by us about you and you may choose to exercise your right to amend these records where necessary. Your relatives do not have the right to access your personal information due to confidentiality regulations contained in the Data Protection Act.

STANDARD 37

37.2 Service users have access to their records and information about them held by the home, as well as opportunities to help maintain their personal records.

Dignity challenge statements: 6

Safe working practices

Outcome: the health, safety and welfare of service users and staff are promoted and protected.

We have a robust Health and Safety policy in place and an accident book should the need arise, and we maintain our fire protection equipment to a very high standard.

All staff members have training in the key areas, including moving and handling, fire safety, food hygiene and infection control, and these are followed up at not less than yearly intervals to ensure best practice.

STANDARD 38

38.1 The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.

Dignity challenge statements: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

