

How to achieve Dignity Status in Care Homes



Contents

- 1 Organisation sign-up form
- 2 Monitoring form
- 3 Resident's questionnaire
- 4 Visitor questionnaire

Choice of home

- 5 Choice of home

Health and personal care

- 5 Service user plan
- 6 Healthcare
- 7 Medication
- 8 Privacy and dignity
- 9 Dying and death

Daily life and social activities

- 10 Social contact and activities
- 11 Community contact
- 11 Autonomy and choice
- 12 Meals and mealtimes

Complaints and protection

- 13 Complaints
- 13 Rights
- 13 Protection

Environment

- 15 Adaptations and equipment
- 16 Individual accommodation – furniture and fittings

Staffing

- 16 Qualifications
- 17 Recruitment
- 17 Staff training

Management and administration

- 18 Quality assurance
- 19 Financial procedures
- 19 Service users' money
- 20 Record-keeping
- 20 Safe working practices

Organisation sign-up form

I will become the Lead Dignity Champion for the organisation and will sign up as a Dignity Champion.

I will provide high-quality services that respect people's dignity and will review all the organisation policies, procedures and work practices to reflect this.

This will include:

- encouraging all staff to sign up as Dignity Champions
- putting up the dignity campaign posters in all appropriate areas of the organisation
- having dignity as a regular agenda item on resident meetings – use case studies
- having dignity as an agenda item at all staff meetings
- having dignity as an agenda item at all staff supervision meetings
- having dignity as an agenda item at all residents' individual meetings
- showing the 'What do you see' DVD as part of staff induction
- reflecting dignity principles in all staff training
- addressing any dignity issues raised on the CSCI report
- monitoring changes and their effects, and sharing this knowledge/good practice with other providers.

Signed _____

Date _____

Organisation _____

Email address _____

Telephone number _____

Monitoring form

	Standard	Measure	✓
1	Manager to become the Lead Dignity Champion	Sign up on the Dignity in Care website: Evidence on site	
2	Manager to encourage all staff to become Dignity Champions	Sign up on the Dignity in Care website: Evidence on site	
3	Putting up dignity campaign posters in all appropriate places	See posters up in home	
4	Agenda item on residents' meetings	Questionnaire – minutes	
5	Agenda item on staff meetings	Questionnaire – minutes	
6	Agenda item on staff supervision meetings	Manager statement	
7	Agenda item on meetings with individual residents	Questionnaire	
8	Showing 'What Do You See?' DVD as part of staff induction	Log of dates shown and who attended	
9	Reflecting dignity principles in all staff training	Look at training information	
10	Addressing any dignity issues raised on CSCI report	Look at current report – confirm changes done	
11	Monitor changes and their effects and sharing this knowledge/good practice with other providers	Ongoing	

Resident's questionnaire

Resident's name		Issue no.		Issue date	
We want to know what you think about life at our home. We will give you any help you need or we can ask one of your relatives to help you if that is what you would prefer.					
	Please tick as appropriate	Yes	No	Sometimes	
1	Do we always call you by the name you prefer?				
2	Do you like the meals on offer?				
3	Are you able to get a cooked breakfast when you want one?				
4	Can you choose when to get up?				
5	Can you choose when to go to bed?				
6	Do you like the activities available in the home?				
7	Do you feel involved in decisions made about your care?				
8	Can you choose when to have a bath?				
9	Do you feel staff treat you with respect?				
10	Are your clothes laundered to your satisfaction?				
11	Do you think we always treat you as an adult?				
12	Is there anything you would change about your life in the home? If yes, please give details below				

Visitor's questionnaire

Resident's name	Issue no.	Issue date			
<p>As part of our continuing commitment to provide the best possible quality of care for our residents, we are constantly looking at ways in which we could improve our service. As a visitor to our home your impressions and any comments you may have will be most welcome. We would therefore be grateful for a few moments of your time to complete this questionnaire. We support the Dignity in Care initiative and would ask that you comment on any issues you consider affect the dignity of the people in our care. Please feel free to remain anonymous if you so wish. When completed please pass the questionnaire to any member of our care staff. Many thanks for your help.</p>					
Question	Score				Comments
Score rating: 1 = Poor; 2 = Fair; 3 = Good; 4 = Excellent.	4	3	2	1	
How do you rate the quality of care given to your relative?					
How well do you consider we preserve the dignity of your relative and other people we have in our care?					
How do you rate the friendliness of the staff?					
How do you rate the cleanliness of the home?					
How do you rate our response to your phone calls?					
How do you rate our response to any complaints or comments you may have cause to make?					
How do you rate our laundry service in respect of your relative's/ friend's items of clothing?					
How do you rate the décor and atmosphere of the home?					
What are your overall impressions of the home?					
What features/services of the home do you feel require improvement and in what way?					
Any other comments you would like to make?					
Name	Signature			Date	

Achieving the Dignity Daisy Standards

Standard	Measure	✓	
1. Choice of home Prospective service users have the information they need to make an informed choice about where to live.			
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.	Pre-admission assessment by home in current placement or own home. Pre-admission nursing/physio/speech therapy/other assessment from current placement or home.	
Notes			
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.	The service user guide states that where appropriate, evidence of at least one preplacement visit or visit by family, advocate or IMCA if a personal visit is inappropriate by care manager.	
Notes			
2. Health and personal care The service user's health, personal and social care needs are set out in an individual plan of care. Service user plan: The service user's health, personal and social care needs are set out in an individual plan of care.			
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.	Using the pre-admission nursing or social care assessment, during the one-month settling-in period the service is assessed and a full care plan written. It should cover the activities of daily living, including (where appropriate) death and dying, fire safety, and dignity and privacy. This document forms the basis of the care package.	
Notes			
7.5	Where the service user is on the Care Programme Approach or subject to requirements under the Mental Health Act 1983, the service user's plan takes this fully into account.	In line with the activities of daily living there should be an assessment of mental capacity to ensure compliance with the Mental Capacity Act. Where capacity is legally restricted this must be fully documented in the care plan and training must be available to ensure the care plan is followed.	
Notes			

Achieving the Dignity Daisy Standards

Standard		Measure	✓
7.6	The plan is drawn up with the involvement of the service user, recorded in a style accessible to the service user, and agreed and signed by the service user whenever capable and/or representative (if any).	Wherever possible the care plan should be compiled with the involvement of the service user. Where this is not possible, then the family, care manager or advocate may have an input into the planning.	
		When obtaining care plan signatures from individuals, mental capacity should be assessed and the information disseminated to the individual in an appropriate manner.	
Notes			
Healthcare: Service users' healthcare needs are fully met.			
8.1	The registered person promotes and maintains service users' health and ensures access to healthcare services to meet assessed needs.	All health needs must be met and documented in the care plan or kardex-type records. Records should be kept of medical and paramedical visits to service users.	
		Care plans should set goals for maintaining health needs.	
Notes			
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.	Staff training takes place to maximise the impact of good personal care.	
		Care planning assesses the capacity of each service user to choose what level of personal hygiene they wish to maintain.	
Notes			

Standard	Measure	✓
Medication: Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.		
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.	<p>There is a robust medication system in place, which is used according to the laid-down policy and procedure.</p> <p>Staff training is mandatory for all staff responsible for any aspect of medication.</p> <p>Under the Mental Capacity Act, if after a risk assessment the service users have the capacity to self-administer medication, then they should be encouraged to do so. Where for personal reasons they choose not to self-administer, then this should be documented and signed by the service user with details recorded in the care plan.</p> <p>Controlled drugs are stored and distributed appropriately.</p>
Notes		
9.2	Following assessment, the service user is 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.	<p>See above</p> <p>The medication policy documents the arrangements for self-medicating, including providing lockable storage for medication. This is recorded in the care plan.</p>
Notes		

Achieving the Dignity Daisy Standards

Standard		Measure	✓
Privacy and Dignity: Service users feel they are treated with respect and their right to privacy is upheld.			
10.1	<p>The arrangements for health and personal care ensure that the service user's privacy and dignity are respected at all times, and with particular regard to:</p> <ul style="list-style-type: none"> • 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. 	Service users have the right to be treated with dignity at all times. This should be enshrined in a policy document and revisited regularly, eg. staff meetings, induction etc.	
		Privacy during interventions is an essential part of care management and is reflected in a care home's policy and procedures.	
		Dignity in death is of great comfort to relatives and carers and the care plan should reflect the wishes of the individual during and following death, even where these wishes contradict the wishes of the relatives.	
		Mental capacity to decision-make on all matters relating to dignity should be assessed and dealt with in line with the requirements of the Mental Capacity Act 2007. Where appropriate an IMCA may need to be appointed.	
Notes			
10.2	Service users have easy access to a telephone for use in private and receive their mail unopened.	A phone is available for service users to use in private.	
Notes			
10.3	Service users wear their own clothes at all times.	All clothing is identified with the service user's name and placed in the storage system in the service user's room if appropriate.	
		When dressing a service user, staff check to ensure correct clothing.	
Notes			
10.4	All staff use the term of address preferred by the service user.	It should not be assumed that all residents choose to be called by their first name or by their birth name. Information gained on admission over preferred styles of address must be checked on a regular basis with service users to ensure that they are still happy with their original decision.	
Notes			

Standard		Measure	✓
10.5	All staff are instructed during induction on how to treat service users with respect at all times.	Ongoing staff development programmes address the issues of respect and how to maintain the dignity of the service user at all times.	
Notes			
10.6	A medical examination and treatment are provided in the service user's own room.	A policy is available detailing the procedures to be used when undergoing a medical examination. An examination should never be undertaken in general areas for privacy and hygiene reasons, but it may be in the service user's own room or may be in a treatment room or other suitable room.	
Notes			
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.	There is adequate screening in place that will provide privacy and dignity in all shared occupancy rooms.	
Dying and death: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.			
11.1	Care and comfort are provided for service users who are dying; their death is handled with dignity and propriety, and their spiritual needs, rites and functions are observed.	<p>Care homes have a policy on death and dying on which staff are trained.</p> <p>Different cultural and religious beliefs are observed.</p> <p>Primary care is to the needs of the service user rather than the family, but where possible the needs of all interested parties are observed.</p> <p>Details of specific requirements on death and dying are in the care plan. The end of the life care pathway should be followed wherever possible.</p>	
Notes			
11.5	The privacy and dignity of the service user who is dying are maintained at all times.	The Death and Dying policy details the procedures of the home in relation to the death of a service user.	
Notes			

Achieving the Dignity Daisy Standards

Standard		Measure	✓
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 to prevent this.	Ideally, the service user should have the opportunity to spend their final days in familiar surroundings with family, staff and other carers providing support.	
Notes			
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.	These needs are identified swiftly through the care plan and the senior carer or nurse signs that they have read the current care plan and are aware of any changes, and will act accordingly.	
Notes			
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.	Family and friends are allowed as much time as necessary to pay their respects to the deceased.	
		Staff observe religious requirements on death so as not to inadvertently cause offence.	
		Staff are trained in this area.	
Notes			
3. Daily life and social activities Social contact and activities: 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.			
12.1	The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.	The care plan reflects all activities of daily living, is personalised, and reflects individualised care needs and expectations.	
Notes			
12.2	Service users have the opportunity to exercise their choice in relation to: <ul style="list-style-type: none"> • leisure and social activities and cultural interests • food, meals and mealtimes • routines of daily living • personal and social relationships • religious observance. 	The interests, activity of daily living, relationships and religious observance are documented in the care plan.	
		There is evidence that residents are consulted about the choice of meals and where they take them.	
Notes			

Standard		Measure	✓
Community contact: Service users maintain contact with family/friends/representatives and the local community as they wish.			
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.	Service users are visited at times suitable for them. There is a policy on visiting arrangements.	
Notes			
13.2	Service users are able to receive visitors in private.	A room can be made available for service users who wish to see their relatives in a more private setting. Where this is impossible, arrangements should be made for private visits in the service user's room where this is requested.	
Notes			
13.3	Service users are able to choose who they see and do not see.	Service users have the right to refuse specific visitors or visitors in general.	
Notes			
Autonomy and choice: Service users are helped to exercise choice and control over their lives.			
14.1	The registered person conducts the home to maximise the service user's capacity to exercise personal autonomy and choice.	The statement of purpose indicates that the policy of the home is to maximise the potential of each service user, allowing them to self-determine as far as possible, and ensuring that routines serve the service users rather than the organisation.	
Notes			
14.2	Service users handle their own financial affairs for as long as they wish to and as long as they are able to and have the capacity to do so.	Service users have the right to manage their own financial affairs unless assessed under the Mental Capacity Act as unable to do so. There is a policy on managing the financial affairs of service users.	
Notes			

Achieving the Dignity Daisy Standards

Standard	Measure	✓
Meals and mealtimes: Service users receive a wholesome, appealing balanced diet in pleasing surroundings at times convenient for them.		
15.1	The registered person ensures that service users receive a varied, appealing, wholesome, nutritious diet, which is suited to individual assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.	<p>Service users can choose to eat their meals at a different time to the normal delivery, and arrangements should then be made to retain the meal within normal hygiene guidelines.</p> <p>Service users on special diets and supplements have this recorded on their care plan.</p>
Notes		
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.	<p>Where it is impossible to have drink-making facilities available 24 hours, regular drinks should be offered throughout the day and evening.</p> <p>If service users retire to bed during the early evening, a bedroom service is available for those still awake during the early evening. (For those service users retiring early it may be appropriate to offer an early-morning drink rather than during the evening in order to maintain fluid balance.)</p> <p>Food service is part of the Catering policy.</p>
Notes		
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.	<p>There is a menu rota with a minimum of three weeks.</p> <p>Menus are discussed with service users.</p> <p>Food is fresh, nutritious and appealing.</p>
Notes		
15.8	The registered person ensures that mealtimes are unhurried, and that service users are given sufficient time to eat.	Staff are trained to ensure mealtimes are a pleasant experience and not hurried.
Notes		

Standard		Measure	✓
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.	<p>Assistance is given during mealtimes in order to improve the experience of the meal for the service user and not for the convenience of staff in expediting the meal.</p> <p>Service users are encouraged and allowed to eat independently for as long as it takes, having due regard to nutritional requirements and the safety of precooked or unrefrigerated food.</p>	
Notes			
4. Complaints and protection Complaints: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.			
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 that complaints are dealt with promptly and effectively.	The care home has a robust complaints policy.	
Notes			
Rights: Service users' legal rights are protected.			
17.2	Where service users lack capacity, the registered person facilitates access to available advocacy services.	Where no suitable alternative, such as family, carer or friend, is available to decision-make for the service user who lacks capacity, efforts should be made to access an advocacy service.	
Notes			
Protection: Service users are protected from abuse.			

Achieving the Dignity Daisy Standards

Standard		Measure	✓
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.	<p>There are robust dignity and privacy policies in place, which will ensure that action is taken immediately, protecting evidence from being affected in any material way, either intentionally by a perpetrator or unintentionally (in accordance with Manchester City Council's No Secrets policy).</p> <p>Staff training is provided to ensure that everyone is aware of the scope and existence of abuse and that they understand their role and responsibilities in reporting and responding to any incidents that could be neglectful or abusive.</p>	
Notes			
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 CSCI in accordance with the Public Interest Disclosure Act 1998 and Department of Health (DH) guidance No Secrets.	<p>There is a whistle-blowing policy in place. This must include the procedure to follow if there is a suspicion that a manager is involved in the abuse.</p> <p>Should there be an investigation, the priority is the safety, wellbeing and intentions of the service user. Where the person lacks capacity, their best interests must be considered. It is important that staff are sensitive to the traumatic impact abuse can have on someone and that they are able to offer comfort and reassurance.</p>	
Notes			
18.3	All allegations and incidents of abuse are followed up promptly and action taken is recorded.	As part of the Safeguarding Adults Policy, records are kept of all reported incidents, and these are reported to the local authority.	
Notes			
18.4	Staff 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.	Where substantiated allegations result in staff being subject to disciplinary procedures, they are to be referred to the POVA register (when suspended).	
Notes			

Standard		Measure	✓
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 guidelines.	Staff will be trained in a range of policies and procedures to support the physical and psychiatric needs of service users.	
		Where aggression has been identified as a specific concern about a service user's behaviour, the home in conjunction with other professionals will agree an individualised intervention plan based on an assessment of risk.	
Notes			
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.	The management of a service user's financial affairs and the security of their personal items will be reflected in the service user's financial policy.	
		Anyone giving advice on financial matters has to be qualified under the Financial Services Act.	
5. Environment			
Adaptations and equipment: Service users have the specialist equipment they require to maximise their independence.			
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.	Service users or their advocate should make a positive commitment to the sharing of a bedroom, preferably in writing or by committing to the offer of a shared room.	
Notes			
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.	Where a service user has expressed a preference for a single room or for a change of room, they will be given the option to change when circumstances permit.	
Notes			

Achieving the Dignity Daisy Standards

Standard		Measure	✓
Individual accommodation – furniture and fittings: Service users live in safe, comfortable bedrooms with their own possessions around them.			
24.1	The home provides each service user with private accommodation, which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.	All rooms are furnished to a standard appropriate to the assessed needs of the service user, ensuring that safe and suitable care can be provided.	
Notes			
24.5	Doors to service users' private accommodation are fitted with locks suited to service users' capabilities and accessible to staff in emergencies.	Easy-to-use locks, which can be accessed from both sides, are fitted to bedroom doors enabling service users to maintain privacy (where appropriate).	
Notes			
24.6	Service users are provided with keys, unless their risk assessment suggests otherwise.	Where locks are fitted to doors, the service user should be provided with a key subject to assessed capacity under the Mental Capacity Act 2007.	
Notes			
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).	A lockable provision with a key is available for the safe storage of medication for those who are self-medicating.	
Notes			
24.8	Screening is provided in double rooms to ensure privacy for personal care.	All double rooms will have some form of screening to ensure privacy during intervention and personal care.	
6. Staffing			
Qualifications: Service users are in safe hands at all times.			
28.1	A minimum ratio of 50% trained members of care staff (NVQ level 2 or equivalent) was 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.	The home works to the recommended standards of a minimum of 50% of non-nursing care staff are trained/are in the process of being trained to a minimum of level 2 NVQ.	
Notes			

Standard		Measure	✓
28.2	Any agency staff working in the home are included in the 50% ratio.	See 28.1.	
Notes			
Recruitment: Service users are supported and protected by the home's recruitment policy and practices. Staff training: Staff are trained and competent to do their jobs.			
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.	Staff are required to undertake training as a part of their continuous staff development. Training requirements will reflect the needs of the service users and assist the home in achieving its aims.	
Notes			
30.2	All staff members receive induction training to NTO specification within 12 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.	Dignity will be an essential component of induction training.	
Notes			
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).	Induction training is provided during the first 12 weeks of employment under the regulating body.	
Notes			
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.	Refresher training on Dignity and Privacy will be required at regular intervals, and appropriate records will be kept on staff files.	
Notes			

Achieving the Dignity Daisy Standards

Standard		Measure	✓
7. Management and administration			
Quality assurance. The home is run in the best interests of service users.			
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 purpose of the home.	Service users and stakeholders' opinions are encouraged and used to input into the service provided within the care setting and then acted on.	
Notes			
33.2	There is an annual development plan for the home, based on a systematic cycle of planning – action – review, reflecting aims and outcomes for service users.	There is an annual business plan for the home.	
Notes			
33.3	There is continuous self-monitoring, using an objective, consistently obtained and reviewed and verifiable method (preferably a professionally recognised quality assurance system), involving service users; and an internal audit takes place at least annually.	Information continually gathered/evidenced for inclusion on the AQAA form.	
Notes			
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.	Information available.	
Notes			
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.	Information/evidence available.	
Notes			

Standard		Measure	✓
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.	Feedback is sought from service users to enable them to have a delivery that reflects their needs rather than their perceived needs. Feedback can be done as a group or at an individual level, in the care plan and from activity organising.	
Notes			
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.	Care homes will issue quality questionnaires to stakeholders annually to inform the care home of any changes that should be incorporated for the next annual review. Views will also be sought at resident meetings etc.	
Notes			
Financial Procedures. Service users are safeguarded by the accounting and financial procedures of the home.			
Service users' money: Service users' financial interests are safeguarded.			
35.2	Written records of all transactions are maintained.	All transactions will be recorded.	
Notes			
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.	As above.	
Notes			
35.5	Secure facilities are provided for the safekeeping of money and valuables on behalf of the service user.	Where appropriate, service users may, in their rooms, have a locked container in a locked cupboard, in which to store their personal money and valuables.	
Notes			
35.6	Records and receipts are kept of possessions handed over for safekeeping.	If items of value are locked away in a safe or other suitable place, a receipt should be given.	
Notes			

Achieving the Dignity Daisy Standards

Standard	Measure	✓	
Record-keeping: Service users' rights and best interests are safeguarded by the home's record-keeping policies and procedures.			
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.	Service users have access to their records and information stored by the care home.	
Notes			
Safe working practices: The health, safety and welfare of service users and staff are promoted and protected.			
38.1	The registered manager ensures, so far as is reasonably practicable, the health, safety and welfare of service users and staff.	A Health and Safety policy is available and on display in the care home.	
		An accident book will detail accidents in care homes and this will be analysed quarterly to determine if a pattern of accidents is emerging. This information is kept separately in line with the Data Protection Act.	
		Fire protection equipment is maintained to current standards.	
Notes			



