



Care Home Staff Workbook



Dignity
in Care

Name

Workplace

Manager and Employee signatures

Date started

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Date completed

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Date reviewed

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Foreword

Manchester City Council is leading the way in championing Dignity in the care of adults, recognising it as a central theme in the provision of all health and social care services. Fairness, Respect, Equality and Autonomy make up what are referred to as the FREDA principles, which underpin the application of Human Rights to older people's services. Manchester's Dignity in Care campaign was launched on 24 October 2007 and seeks to promote best practice for all those who look after adults in the city. The Daisy logo was inspired by the poem 'If I Had My Life Over – I'd Pick More Daisies' and has been adopted by Manchester as the emblem for the campaign, using it as a signpost to help people who are seeking good-quality social care. The award is initially for a three-year period and will be reviewed every 12 months during Bronze/Silver/Gold assessment.

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General questions

Are you a Dignity Champion?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please give reason)
Is your manager a Dignity Champion?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please give reason)
Is the Dignity campaign poster on display in the home where all can see?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please give reason)
Is Dignity an agenda item on staff meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please give reason)
Is Dignity an agenda item on staff supervision sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please give reason)
Have you watched the 'What do you see?' DVD?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please give reason)
Are the Dignity principles reflected in all staff training?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please give reason)

Further information and guidance available at
<http://www.scie.org.uk/publications/guides/guide15/index.asp>

DIGNITY CHALLENGE 1

Have a zero tolerance of all forms of abuse

By this we mean:

Respect for Dignity is seen as important by everyone in the organisation, from the leadership downwards. Care and support is provided in a safe environment, free from abuse. It is recognition that abuse can take many forms, including physical, psychological, emotional, financial and sexual, and extend to neglect or ageism.

Dignity Checklist	Answers
Do you have an up-to-date CRB?	Yes/No (if no, please give reason)
Have you attended safeguarding training? When?	Yes/No (if no, please give reason)
Is valuing people as individuals central to your philosophy of care? Give examples.	
Do the policies of the home uphold dignity and encourage vigilance to prevent abuse? Give examples.	
Is there a whistle-blowing policy in place that enables you to report abuse confidentially? Explain how it works.	
How do you support customers throughout any safeguarding investigations?	
Do you discuss scenarios in staff meetings? Give examples.	

What CQC outcomes say about abuse

Outcome 7 Safeguarding people who use services from abuse

Providers must have effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern.

DIGNITY CHALLENGE 2

Support people with the same respect you would want for yourself or another member of your family

By this we mean:

- Caring for people in a courteous and considerate manner, ensuring that time is taken to get to know them.
- Helping people to participate as partners in decision-making about the care and support they receive.
- Encouraging and supporting people to manage their care themselves.

RefSCIE guide

Dignity Checklist	Answers
Are you polite and courteous to customers even when under pressure? Give example.	
Do you support and encourage customers rather than do things for them? Give example.	
Do the home policies and practices emphasise that you should always try to see things from the customer's perspective?	
How do you ensure that customers are not left in pain or feeling isolated or alone?	
Do you always ask customers how they would like to be addressed and respect this? Give example.	
What input do you have in developing/updating customers' care plans?	
Is there a staff policy on use of personal mobile phones during work time? What is it?	
Do you regularly ask customers if they need anything? Give examples.	

DIGNITY CHALLENGE 3

Treat each person as an individual by offering a personalised service.

By this we mean:

The attitude and behaviour of managers and staff help to preserve the individual's identity and individuality. Services are not standardised but personalised and tailored to each individual. Staff take time to get to know the person receiving services and agree with them how formally or informally they would prefer to be addressed.

RefSCIE guide

DIGNITY FACTOR 4

Pain management

Ensuring that people living with pain have the right help and medication to reduce suffering and improve their quality of life.

DIGNITY FACTOR 5

Personal hygiene

Enabling people to maintain their usual standards of personal hygiene..

Dignity Checklist	Answers
Do the home's policies and practices promote care and support for the whole person, respecting their beliefs and values? How?	
Does the care and support given to customers consider the individual physical, cultural, spiritual, psychological and social needs and preferences?.	
Do policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices, and protect human rights?	
Badly managed or unacknowledged pain is one of the most powerful threats to older people's dignity. What systems are in place to manage pain control, especially at end of life?	
Personal preferences should be respected, as well as choice in how support is provided. For example, choosing when and how to carry out personal care tasks, using your own toiletries, choosing what to wear and how to style your hair, and having clean, ironed clothes that fit are all ways of maintaining control and identity. How do you promote and achieve this? .	

Dignity Checklist	Answers
Do you always use customers' personal toiletries/ toothbrushes/combs?	
Do you assist cleaning teeth/glasses?	
A person's appearance is integral to their self-respect, and older people need to receive appropriate levels of support to maintain the standards they are used to. How do you make sure customers clothes are identified properly to eliminate mix-ups?	
Good nutrition depends on the needs of the individual customer, who may be overeating or undereating and have health conditions that affect their needs. How do you know the likes and dislikes of customers?	

What CQC outcomes say about choice and control – pain management

Outcome 4: Care and welfare of people who use services

Relates to the care and welfare of people who use services. With regard to care at the end of life it requires that people are involved in the assessment and planning for their end-of-life care and are able to make choices and decisions about their preferred options, particularly those relating to pain management.

What CQC outcomes say about personal hygiene

Outcome 8:

Relates to cleanliness and infection control within health and social care settings

DIGNITY CHALLENGE 4

Enable people to maintain the maximum possible level of independence, choice and control

By this we mean:

People receiving services are helped to make a positive contribution to daily life and to be involved in decisions about their personal care. Care and support are negotiated and agreed with people receiving services as partners. People receiving services have the maximum possible choice and control over the services they receive.

RefSCIE guide

DIGNITY FACTOR 1 **Choice and control**

(also known as 'autonomy')

Enabling people to make choices about the way they live and the care they receive.

Dignity Checklist	Answers
Choice and control is about freedom to act, for example to be independent and mobile, as well as freedom to decide. Does the home support customers to continue with routine daily tasks such as shopping, walking a dog or going to a place of worship, and if possible support them to be involved in community activities such as social clubs? (This may be unrealistic as they may not have a dog to walk, or be too frail to be involved in social clubs.)	
How do you ensure that you deliver care and support at the pace of the customers? Give example.	
How do you ensure that you avoid making unwarranted assumptions about what customers want or what is good for them? Give example.	
When being involved in individual risk assessments how do you promote choice in a way that is not risk-averse? Give example.	
Are customers given the opportunity to influence decisions regarding the home's policies and practices? (Sometimes this is not possible as legislation dictates what the policy is.)	

Dignity Checklist	Answers
How are customers involved in any decision that affects their care, including personal decisions (such as what to eat, what to wear and what time to go to bed) and wider decisions about the service or establishment?	

What CQC outcomes say about choice and control

Outcome 1: Respecting and involving people

Services are required to provide appropriate opportunities, encouragement and support for service-users in relation to promoting their autonomy, independence and community involvement and to ensure that they are enabled to make, or participate in making, decisions relating to their care or treatment..

DIGNITY CHALLENGE 5

Listen to and support people to express their needs and wants.

By this we mean:

Provide information in a way that enables a person to reach agreement in care planning and exercise their rights to consent to care and treatment. Openness and participation are encouraged. For those with communication difficulties or cognitive impairment, adequate support and advocacy are supplied.

Ref SCIE guide

DIGNITY FACTOR 2

Communication

Speaking to people respectfully and listening to what they have to say, and ensuring clear dialogue between workers and services.

Dignity Checklist	Answers
How do you ensure that you truly listen with an open mind to customers receiving services? Give example.	
How do you enable and support service-users to express their needs and preferences in a way that makes them feel valued? Give example.	
How do you demonstrate effective interpersonal skills when communicating with customers, particularly those who have specialist needs such as dementia or sensory loss?	

Dignity Checklist	Answers
Is all information accessible, understandable and culturally appropriate?	
How do you ensure that the way in which information is communicated, and the way in which day-to-day communications take place have an impact on the maintenance of dignity?	
How well do you link what you learn from customers through good communication with managers, to person-centred care? Care plans should include 'time to talk,' giving people a chance to voice any concerns or simply have a chat.	
If a customer does not speak English, how do you access translation services?	
Have you attended training on how to communicate with people who have cognitive or communication difficulties?	

Dignity Checklist	Answers
<p>In order to maintain control and independence, people need information about what they are entitled to and what they can expect from services, and they need it at the right time. How do you help to achieve this?</p>	

What CQC outcomes say about communication

Providing information for people who use services must be given in a way they can understand, whatever their communication needs may be.

Outcome 4: Care and welfare of people who use services

Effective communication between all those who provide care and support to ensure effective, safe and appropriate, personalised care.

Outcome 7: Safeguarding service-users from abuse

People who use services receive care, treatment and support from staff, who understand the value of a stimulating environment, meaningful activity and effective communication in preventing behaviour that presents a risk, taking into account that overstimulation can sometimes adversely impact the behaviour of people who use services.

Outcome 12: Requirements relating to workers

Workers should have a good understanding of the communication needs of the people who use the service.

Outcome 14: Supporting workers

The induction for new staff includes information on the people whose care, treatment and support the staff member will be involved in providing and any specific communication needs.

Outcome 21: Records

Verbal communications about care, treatment and support are documented within personal records as soon as practical.

DIGNITY CHALLENGE 6

Respect people's right to privacy.

By this we mean:

Personal space is available and accessible when needed. Areas of sensitivity relating to modesty, gender, culture or religion and basic manners are fully respected. People are not made to feel embarrassed when receiving care and support.

RefSCIE guide

DIGNITY FACTOR 7

Privacy

Respecting people's personal space, privacy in personal care and confidentiality of personal information.

Dignity Checklist	Answers
How do you ensure that customers receive care/ treatment in a dignified way that does not embarrass, humiliate or expose them?	
Are there quiet areas or rooms that are available and easily accessible to provide privacy for customers?	
How do you avoid assuming that you can intrude into someone's personal space without permission, even if you are the care giver?	
How do you gain permission before entering a customer's room?	
Can customers decide when they want 'quiet time' and when they want to interact?	

Dignity Checklist	Answers
<p>What do you do to ensure that only those who need information to carry out their work have access to people's personal records or financial information?</p>	
<p>When customers have personal and sexual relationships, privacy should be respected, with careful assessment of risk to vulnerable people. How is this achieved?</p>	
<p>How do you ensure that a customer's personal possessions and documents are viewed with the owner's expressed consent?</p>	
<p>Is space available for customers to have private conversations and make telephone calls?</p>	
<p>How do you make sure that customers receive their mail unopened?</p>	
<p>How do you encourage customers to individualise their own room?</p>	
<p>Discussions about a person's wellbeing, treatment and any personal information should be carried out where others are unable to hear. Conversations of a very confidential nature, for example about medical diagnosis or toilet arrangements, should be discussed in a private space and not with only a curtain between the individual and others. How is this achieved?</p>	

Dignity Checklist	Answers
Particular care should be taken to ensure privacy when using interpreters. In small communities the person and interpreter may know each other or have common friends. This can cause a great deal of anxiety in terms of confidentiality, and alternative solutions should be sought. How can you help?	

What CQC outcomes say about privacy

Outcome 1: Respecting and involving people who use services

Requires that suitable arrangements are made to ensure the dignity, privacy and independence of people using the service.

Outcome 10: Safety and suitability of premises

Requires that:

- the premises protect people's rights to privacy, dignity, choice, autonomy and safety
- there are sufficient toilets near customers' living areas (and where necessary bathroom and bathing facilities) that take into account people's diverse needs and promote their privacy, dignity and independence.

DIGNITY CHALLENGE 7

Ensure that people feel able to complain without fear of retribution

By this we mean:

People have access to the information and advice they need. Staff support people to raise their concerns and complaints with the appropriate person. Opportunities are available to access an advocate. Concerns and complaints are respected and answered in a timely manner.

Ref SCIE guide

STAND UP FOR DIGNITY 2

Complaints

Encouraging an open and responsive approach to complaints, and enabling people to raise their concerns freely.

Dignity Checklist	Answers
Have you been properly briefed on the complaints procedure?	

Are complaints policies and procedures user-friendly and accessible?	
Does the home have a culture where staff learn from mistakes and they are not blamed?	
Are customers, their relatives and carers reassured that there will be no adverse repercussions if they complain?	
It is important to act promptly when people raise their concerns, as this reassures them that their concerns will be listened to and that it is not necessary to 'make an official complaint' to get a good response. Are concerns/complaints dealt with early, and in a way that ensures progress is fully communicated? How is this achieved?	
Does the home offer advocacy or support to the customers where required. How?	
If you are involved, how do you ensure that the customer/family is kept informed of progress?	

What CQC outcomes say about complaints

Outcome 7: Safeguarding people who use services from abuse

Providers must have effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern.

Outcome 17: Complaints

DIGNITY CHALLENGE 8

Engage with family members and carers as care partners

By this we mean:

Relatives and carers experience a welcoming ambience and are able to communicate with staff and managers as contributing partners. They are kept fully informed and receive timely information. Relatives and carers are listened to and encouraged to contribute to the benefit of the service-user.

Ref SCIE guide

Dignity Checklist	Answers
Are you encouraged to value the role of relatives and carers, and respond with understanding? How?	
Do you provide support for carers who want to be closely involved in the care of the customers, and provide them with the necessary information? How?	
Are relatives and carers told who is the customer's key worker and with whom issues should be raised?	
Are you aware of the possibility that relatives' and carers' views are not always the same as those of the customer? How? What would you do if you thought there was a problem?	
Are 'Welcome' documents available for families/ carers?	
Is there a customer 'log' giving contacts/telephone numbers for families/carers and key people in the organisation, as well as medication details and special dietary requirements?	
Are families/carers invited to eat with the customers and play an active part in the home?	

DIGNITY CHALLENGE 9

Assist people to maintain confidence and positive self-esteem.

By this we mean:

The care and support provided encourages individuals to participate as far as they feel able. Care aims to develop the self-confidence of the service-user, actively promoting health and wellbeing. Adequate support is provided for eating and drinking. Staff and people receiving services are encouraged to maintain a respectable personal appearance.

Ref SCIE guide

DIGNITY FACTOR 3 Eating and nutrition

Providing a choice of nutritious, appetising meals that meet the needs of individuals, and support with eating where needed.

DIGNITY FACTOR 6 Practical assistance

Enabling people to maintain their independence by providing 'that little bit of help'..

Dignity Checklist	Answers
When providing support with personal care, how do you take the customer's lifestyle choices into consideration, for example respecting their choice of dress and hairstyle? How do you achieve this?	
Are personal care and eating environments well designed for their purpose, comfortable and clean?	
How do you maximise customers' abilities at all times during eating and personal care and hygiene activities?	
Good nutrition depends on the needs of the individual. People may be overeating or undereating and may have health conditions that affect their needs. How do you ensure that people's individual needs are met?	
Mealtimes and nutrition are important to older people in relation to their quality of life and as a measure of the quality of service they receive. Most important of all, older people should receive the time, help and encouragement they need in order to eat the food provided. How do you achieve this?	

Dignity Checklist	Answers
Do you ask customers if they wish to wash their hands before meals? (In certain circumstances people with some mental health needs would take offence at this and so it has to be appropriate for each individual.)	
Socialising during mealtimes should be encouraged, but offer privacy to people who have difficulties with eating to avoid embarrassment or loss of dignity. How do you achieve this?	
Is the food presented well at mealtimes?	
Is there a good choice of food on the menu?	
How do you help customers to eat discreetly?	
Is the food served what is specified on the menu?	
Are napkins available for customers to prevent clothing getting dirty? (Sometimes an apron or bib is best. Some residents need this type of protection because of their eating habits. Often it is less intrusive to cover their clothes, rather than try to change them afterwards.)	
Can family members eat with their relative?	

Dignity Checklist	Answers
Can customers eat in their own rooms if desired?	

What CQC outcomes say about eating and nutritional care

Outcome 5: Meeting nutritional needs

Requires services that provide food to ensure: .

- a choice of suitable and nutritious food and hydration, in sufficient quantities to meet people's needs
- food and hydration provision meet any reasonable requirements arising from a person's religious or cultural background
- support, where necessary, for the purpose of enabling people to eat and drink sufficient amounts for their needs.

DIGNITY CHALLENGE 10

Act to alleviate people's loneliness and isolation.

By this we mean:

People receiving services are offered enjoyable, stimulating and challenging activities that are compatible with individual interests, needs and abilities. People receiving services are encouraged to maintain contact with the outside community. Staff help service-users to feel valued as members of the community.

Ref SCIE guide

DIGNITY FACTOR 8

Social inclusion

Supporting people to keep in contact with family and friends, and to participate in social activities.

Dignity Checklist	Answers
Do customers have access to varied leisure and social activities that are enjoyable and person-centred? Give examples.	
Are the activities offered up to date and in line with modern society?	
Do you provide information and support to help individuals engage in activities that help them participate in and contribute to community life? How?	

Dignity Checklist	Answers
Choice and control is about freedom to act, for example to be independent and mobile, as well as freedom to decide. How do we support people to continue with routine daily tasks such as shopping, walking a dog or going to a place of worship? If possible, support them to be involved in community activities such as social clubs.	
Are responsibilities of all staff towards achieving an active and health-promoting culture made clear through policies, procedures and job descriptions?	
Some customers may want to make new friendships or relationships. How do you help support this?	
Does the home have links with community projects, community centres and schools? Give examples.	

STAND UP FOR DIGNITY 3

Legislation

Supporting people's rights to dignity and respect when using health and social care services.

A clear statement of what people can expect from a service that respects dignity.
Ref SCIE Guide.

Many of the principles of ensuring Dignity in Care are now enshrined in law.

The key sources are:

- Data Protection Act 1998
- Deprivation of Liberty Safeguards
- Equalities Act 2010
- Freedom of Information Act 2000
- Mental Capacity Act 2005
- Mental health and mental capacity legislation
- National Mental Health Development Unit
- Safeguarding Vulnerable Groups Act 2006
- The Mental Health Act 2007
- The Sexual Offences Act 2003.

Notes

Suggestions

Appendix A

The eight Dignity factors

Research indicates that there are eight main factors that promote Dignity in Care. Each of these Dignity factors contributes to a person's sense of self-respect, and they should all be present in care.

DIGNITY FACTOR 1
Choice and control

Enabling people to make choices about the way they live and the care they receive.

DIGNITY FACTOR 5
Personal hygiene

Enabling people to maintain their usual standards of personal hygiene.

DIGNITY FACTOR 2
Communication

Speaking to people respectfully and listening to what they have to say; ensuring clear dialogue between workers and services.

DIGNITY FACTOR 6
Practical assistance

Enabling people to maintain their independence by providing 'that little bit of help'.

DIGNITY FACTOR 3
Eating and nutritional care

Providing a choice of nutritious, appetising meals that meet the needs of individuals, and support with eating where needed.

DIGNITY FACTOR 7
Privacy

Respecting people's personal space, privacy in personal care, and confidentiality of personal information.

DIGNITY FACTOR 4
Pain Management

Ensuring that people living with pain have the right help and medication to reduce suffering and improve their quality of life.

DIGNITY FACTOR 8
Social inclusion

Supporting people to keep in contact with family and friends, and to participate in social activities.

Appendix B

Stand up for Dignity

Dignity in Care is supported by law and by processes that enable people to address the absence of Dignity.

STAND UP FOR DIGNITY 1

Whistleblowing

Encouraging staff to raise concerns about poor practice or abuse within an organisation without fear of reprisals.

STAND UP FOR DIGNITY 4

Legislation

Supporting people's rights to Dignity and respect when using health and social care services.

STAND UP FOR DIGNITY 2

Complaints

Encouraging an open and responsive approach to complaints, and enabling people to raise their concerns freely.

STAND UP FOR DIGNITY 5

The Dignity Challenge

Promoting standards people can expect from a service that supports Dignity – and guidance on how to meet them.

STAND UP FOR DIGNITY 3

Abuse

The information here outlines immediate action that should be taken if abuse is suspected.

Appendix C

The Dignity Challenge

Promoting standards people can expect from a service that supports Dignity – and guidance on how to meet them.



Dignity in Care



The Dignity Challenge

High-quality services that respect people's dignity should:

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

Become a Dignity Champion today

Sign up online at www.dignityincare.org.uk

Log on to find out more about the campaign and get ideas to help you improve local services.



Appendix D

Dignity in Care Factsheets



social care
institute for excellence



Dignity in Care factsheet

June 2010

Choice and control in practice

- Take time to understand and know the person, their previous lives and past achievements, and support people to develop 'life story books'.
- Treat people as equals, ensuring they remain in control of what happens to them.
- Empower people by making sure they have access to jargon-free information about services when they want or need it.
- Ensure that people are fully involved in any decision that affects their care, including personal decisions (such as what to eat, what to wear and what time to go to bed), and wider decisions about the service or establishment (such as menu planning or recruiting new staff).
- Don't assume that people are not able to make decisions.
- Value the time spent supporting people with decision-making as much as the time spent doing other tasks.
- Provide opportunities for people to participate as fully as they can at all levels of the service, including the day-to-day running of the service.
- Ensure that staff have the necessary skills to include people with cognitive or communication difficulties in decision-making. For example, 'full documentation of a person's previous history, preferences and habits' can be used by staff to support 'choices consistent with the person's character'.
- Identify areas where people's independence is being undermined in the service and look for ways to redress the balance.
- Work to develop local advocacy services and raise awareness of them.
- Support people who wish to use direct payments or personal budgets.
- Encourage and support people to participate in the wider community.
- Involve people who use services in staff training.

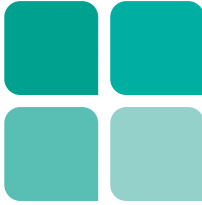
Ideas you could use

Involve people in their own care plan

Sit down with people who use services and work out goals for their care plan together. Provide people with a folder containing their goals, so they can monitor progress themselves.

Help people to make choices using art

When working with people with dementia or learning disabilities, use art to aid communication and enable them to make choices.



Dignity in Care factsheet

June 2010

Communication in practice

- Ask people how they prefer to be addressed and respect their wishes.
- Give people information about the service in advance and in a suitable format.
- Don't assume you know what people want because of their culture, ability or any other factor – always ask.
- Ensure people are offered 'time to talk', and a chance to voice any concerns or simply have a chat.
- If a person using the service does not speak English, translation services should be provided in the short term and culturally appropriate services provided in the long term.
- Staff should have acceptable levels of both spoken and written English.
- Overseas staff should understand the cultural needs and communication requirements of the people they are caring for.
- Staff should be properly trained to communicate with people who have cognitive or communication difficulties.
- Schedules should include enough time for staff to properly hand over information between shifts.
- Involve people in the production of information resources to ensure the information is clear and answers the right questions.
- Provide information material in an accessible format (in large print or on DVD, for example) and wherever possible, provide it in advance.
- Find ways to get the views of people using the service (for example, through residents' meetings) and respect individuals' contributions by acting on their ideas and suggestions.

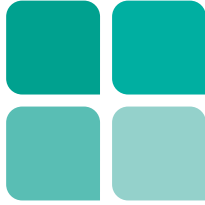
Ideas you could use

Use advice posters to remind staff about better communication

Produce posters with advice to staff on how best to communicate with people. You can include reminders on good telephone manners, tips on how to communicate well face to face, and factors to bear in mind when speaking or writing to someone who has a communication difficulty, whether through a disability or because of a language barrier.

Use video or DVD to communicate people's individuality

Consider how you could use video or DVD to support the people who use your service. For example, a video of family and friends can be a comfort to people, and if it includes information about people's likes and dislikes, this can be an excellent way of communicating a person's individuality to care workers.



Dignity in Care factsheet

June 2010

Eating and nutritional care in practice

- Carry out routine nutritional screening when admitting people to hospital or residential care. Record the dietary needs and preferences of individuals and any assistance they need at mealtimes and ensure staff act on this.
- Refer the person for professional assessment if screening raises particular concerns.
- Make food look appetising. Not all food for people with swallowing difficulties needs to be puréed. Keep different foods separate to enhance the quality of the eating experience.
- Make sure food is available and accessible between mealtimes.
- Give people time to eat; they should not be rushed.
- Provide assistance discreetly to people who have difficulty eating. Use serviettes, not bibs, to protect clothing.
- While socialising during mealtimes should be encouraged, offer privacy to those who have difficulties with eating, if they wish.
- Ensure that mealtimes are sufficiently staffed to provide assistance to those who need it. If there are insufficient staff, introduce a system of staggered mealtimes.
- Encourage carers, family and friends to visit and offer support at mealtimes.

Hydration

- Encourage people to drink regularly throughout the day. The Food Standards Agency recommends a daily intake of six to eight glasses of water or other fluids.
- Provide education, training and information about the benefits of good hydration to staff, carers and people who use services.
- Ensure there is access to clean drinking water 24 hours a day.
- If people are reluctant to drink water, think of other ways of increasing their fluid intake, for example with alternative drinks and foods that have a higher fluid content, (eg breakfast cereals with milk, soup, and fruit and vegetables).
- If people show reluctance to drink because they are worried about incontinence, reassure them that help will be provided with going to the toilet. It may help some people to avoid drinking before bedtime.
- Be aware of urine colour as an indication of hydration level (Water UK, 2005); odourless, pale urine indicates good hydration. Dark, strong-smelling urine could be an indicator of poor hydration – but there may be other causes that should be investigated.

Ideas you could use

Ask people how their mealtimes could be improved

Ask the people who use your service for their ideas about improving mealtimes – and put their suggestions into practice.

Recruit volunteers to improve mealtimes

Create a pool of volunteers to help make mealtimes more sociable and assist people with eating where needed.



Dignity in Care factsheet

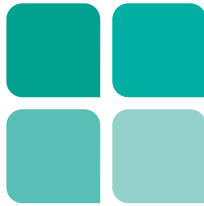
June 2010

Pain management in practice

- Raise staff awareness that people may not report pain, that it can have a significant impact on dignity and well-being and that it can be identified and treated.
- Enquire about pain during assessment.
- Ensure that night staff receive equivalent training on pain identification and treatment to those working during the day.
- Use assessment guidance (PDF) to support professionals to assess for pain in people with communication problems.

Key points from policy and research

- Pain can wrongly be viewed as an unavoidable aspect of old age.
- Older people are more likely to experience pain, less likely to complain about it and less likely to comply with medication.
- Pain in people with cognitive impairment, including learning disabilities and dementia is under diagnosed and under treated.
- In a study into the care and treatment of people with dementia in hospital 51 per cent of carers were dissatisfied with pain recognition and 71 per cent of nursing staff wanted more training on being able to recognise pain in people with dementia.
- Pain can exacerbate the behavioural and psychological symptoms of dementia and could result in challenging behaviour.
- Use of bank and agency staff can reduce pain recognition because regular staff would know the person and therefore be more likely to identify pain related behavior.
- Pain can cause people to wake at night; restlessness should trigger concerns about whether the person is suffering pain.
- Pain can cause people to avoid activities and can increase social isolation as a result.



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Personal hygiene in practice

- Support people to maintain their personal hygiene and appearance, and their living environment, to the standards that they want.
- When providing support with personal care, take the individual's lifestyle choices into consideration – respect their choice of dress and hairstyle, for example.
- Don't make assumptions about appropriate standards of hygiene for individuals.
- Take cultural factors into consideration during needs assessment.

Ideas you could use

Provide a footcare service

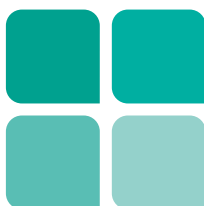
Provide a footcare service for people who cannot cut their own nails or tend to their feet safely.

Raise the bar for hygiene and cleanliness

Look at all aspects of hygiene and cleanliness and consider how you could raise standards. This might involve using different products (fabrics coated with anti-bacterial agent, for example) and different procedures (more frequent monitoring of cleaning standards, for example).

Key points from policy and research

- Having a clean and respectable appearance and pleasant environment is key to maintaining the self-esteem of older people.
- Cleanliness in hospitals is one of the top five issues for patients.
- Having a clean home is particularly important to older women in terms of maintaining their dignity and self-respect.
- The proper care of laundry is a key issue for many care home residents.
- Hygiene and cleanliness is seen as a key indicator of standards within a [care] home.



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Practical assistance in practice

- Make use of personal budgets to provide people with the help they want and need.
- Help people to maintain their living environment to the standards that they want.
- Tap into or develop local services to provide help for people in the community e.g. gardening, maintenance.
- Make use of volunteers.
- To reduce risk of abuse through people being identified as not coping and subsequently targeted, encourage home owners and landlords to carry out external repairs.

Ideas you could use

These examples are taken from 'the baker's dozen' in Joseph Rowntree's 'The older people's enquiry: "That little bit of help (PDF file)"'.

A) Handy Help

This section of Trafford Care and Repair is a local charitable trust providing help with small repairs around the house. Handy Help is funded by grants from the business sector and carried out 402 small jobs during 2003/2004. There is a charge of £10 per visit and the user also pays for materials (which can be bought at cost through Handy Help).

B) Welcome Home

Volunteers help people returning from hospital – for example, by doing the shopping, or giving them a lift home. They also help them to settle back at home by tidying up, putting the heating on, sorting post, etc. No charge is made for this.

C) Help at Home

Services including cleaning, ironing, accompanied shopping, collecting pensions, etc. Help at Home aims to provide the same worker at the same time each week. Users pay £8.25 an hour for domestic support. The Gardening and Home Maintenance Service was re-launched in March 2004. Users pay £12.50 an hour for this.

D) Primary Night Care

Staff 'pop in' to people in their own homes during the night – for example, helping with toileting, medication, or to check all is well. Most visits are planned but staff can respond to emergencies. People can be supported through the night if the usual carer is taken ill. Users are charged for routine night visits but not for emergency calls.

E) Befriending Service

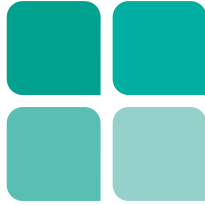
Provides companionship and support through regular visits. Befrienders have undertaken training, are CRB-checked and are supported by the Community Volunteer Service. Volunteers also provide a phone buddy service.

F) Sole Mates

Provide a footbath and a foot massage for people over 50 who cannot cut their own nails safely. The same volunteer visits each time. The charge is £3.50 a visit plus a one-off charge of £10 for their nail-clippers.

G) Cinnamon Trust

A national charity helping older or terminally ill people care for their pets. They provide help by walking and grooming dogs, taking pets to the vet, cleaning cages or short-term fostering. Life-long fostering can also be arranged.



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Privacy in practice

- Ensure a confidentiality policy is in place and followed by all staff (including domestic and support staff).
- Make issues of privacy and dignity a fundamental part of staff induction and training.
- Ensure only those who need information to carry out their work have access to people's personal records or financial information.
- Respect privacy when people have personal and sexual relationships, with careful assessment of risk.
- Choose interpreters with the consent of the person using the service.
- Get permission before entering someone's personal space.
- Get permission before accessing people's possessions and documents.
- Provide space for private conversations and telephone calls.
- Make sure that people receive their mail unopened.
- Ensure single-sex bathroom and toilet facilities are available.
- Provide en suite facilities where possible.
- In residential care, respect people's space by enabling them to individualise their own room.
- Consider issues of privacy if a person requires close monitoring or observation.

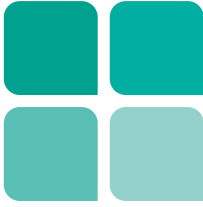
Ideas you could use

Use an enuresis pad to maintain dignity despite incontinence

Incontinence can be a real threat to dignity. Using an enuresis pad, which issues an alert if someone is incontinent, can help save the embarrassment caused by staff 'checking' whether a person has been incontinent. It can also help identify patterns that make it easier to manage the incontinence.

Use 'Do not disturb' signs to respect people's privacy

To respect people's privacy at certain times, you could consider introducing 'Do not disturb' signs.



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Social inclusion in practice

- Promote and support access to social networks.
- Resolve transport issues so that they do not prevent people from participating in the wider community.
- Build links with community projects, community centres and schools to increase levels of social contact between people from different generations.
- Identify, respect and use people's skills, including the skills of older people gained in previous employment.
- Give people ordinary opportunities to participate in the wider community through person-centred care planning.
- Involve people in service planning and ensure ideas and suggestions are acted upon.

Ideas you could use

Start a project that connects people with the wider community

Think about how local schools and organisations might be able to work with you to make connections between the people who use your services and other members of the community.

Enable people who use services to contribute their skills

Invite people who use services to contribute their skills and experience to planning, developing and delivering projects in your service.

Create opportunities for people to make new friends

Look at ways you can support the people who use your service in making new friends to reduce isolation.

For example, set up a befriending scheme, or provide people with training to use email to keep in touch.

Give people who use services the chance to work

Enable people who use services to get work experience in a supportive environment – for example, on a voluntary basis. This can build confidence and even enable people to consider applying for paid employment.

