Dignity in Care
Daisy Award
Home Care
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’; it has been adopted by Manchester as the emblem for the campaign, and is used as a signpost to help people who are seeking good-quality social care. The award is initially for a three-year period.

In order to retain the Dignity status, organisations will have to show evidence to the Quality Team that they are continuing to maintain the standards on an annual basis. Also, should the Care Quality Commission (CQC) raise any concerns with the department about an organisation that has achieved the Dignity status, it will be investigated and if necessary referred to the Directorate for Adults Quality Board for consideration about what action should be taken.

In updating our Dignity Daisy Award toolkits we have drawn on a number of excellent resources, in particular the ten Dignity Challenges identified by the Department of Health, and the eight Dignity factors and five Stand up for Dignity elements identified by the Social Care Institute of Excellence (SCIE). We have also incorporated some items due to the Care Quality Commission (CQC) requirements. Above all, we have ensured that the heart of the process continues to be the dignity of customers.

Since the Dignity Challenges and the Dignity factors and Stand up for Dignity elements have been derived with similar aims but from different viewpoints, there is not a complete correspondence between them. In this guide we have linked each challenge with a related factor/element but used each one only once. In this way we have avoided unnecessary and confusing duplication in the evaluation process.

A brief description of the process and a flowchart are given on the following pages.
The Assessment process

The Manager of the home care organisation for which Dignity in Care status is being sought initiates the process by contacting the Dignity Lead for Manchester City Council, Gillian Moncaster (gillian.moncaster@manchester.gov.uk tel. 0161 234 4288), who allocates an appropriate Lay Assessor. The Assessor then contacts the Manager to arrange a visit to the organisation for discussion about what is involved in the assessment process, standards required for a successful application etc.

Following that visit the Manager may feel that some additional help and support is needed before assessment can begin, for example to resolve issues with training. He/she can contact the Assessor to discuss these matters. The Assessor will then liaise with the Dignity Lead to agree the best way forward and to initiate whatever action is needed.

When the Manager is confident that the organisation is ready for the assessment process, he/she contacts the Assessor to arrange the interim assessment. This involves a visit by the Assessor to look at all the documentation collated and to carry out the first observation assessment while having lunch with the customers. Particular points included in the observation will include choice of menu, how needs for assisted feeding are met, presentation and quality of food etc. The Quality Team will then send out questionnaires to all customers for completion.

The Assessor prepares the interim report for discussion with the Dignity Lead. Sometimes there will be a problem that needs to be addressed. In this case the Assessor will advise the Manager, agree an action plan (which will include any support needed from the Council), and a date for a further interim assessment. When the interim assessment has been completed satisfactorily, the Assessor will advise the Manager of progress and agree a date for the final assessment. The Customer questionnaires will be considered at this time.

The Assessor carries out the final assessment, completes the assessment form as set out in this toolkit and submits a report to the Dignity Lead including a recommendation whether the organisation meets the standard required for Dignity in Care status, and if not, suggestions for what remedial action should be taken. In the latter case, after discussion the Assessor advises the Manager of the result of the assessment and the action needed, and agrees a date for a further assessment. When the final assessment has been completed satisfactorily, the Dignity Lead reports to the Quality Board with the recommendation that the organisation merits Dignity status; given the approval of the Quality Board, the Dignity in Care award is presented to the organisation.
Organisation applies for Dignity In Care status

Assessor allocated

Assessor visits the organisation and outlines the process

Manager contacts Assessor to make interim assessment appointment

Assessor visits, makes interim assessment, and has lunch with customers

If not okay, agree action plan and next assessment date

If all okay, both agree final assessment date

Assessor visits and carries out final assessment date

Final assessment standard achieved

Award recommended

Agreed by Quality Board

Award presented

Quality Team sends letters to customers – on return pass to Assessor

Manager contacts Assessor to ask for help/advice

Assessor visits – both agree action plan

Final assessment standard not achieved

Action plan and assessment date agreed
## Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>The Assessment process</td>
</tr>
<tr>
<td>5</td>
<td>Component Dignity Challenges, factors and elements. What is involved, how to check performance and how to improve it; related criteria of the Care Quality Commission (CQC)</td>
</tr>
</tbody>
</table>

### Appendices

<table>
<thead>
<tr>
<th>A</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>A1 Legislation</td>
</tr>
<tr>
<td>20</td>
<td>A2 Extract from Manchester City Council Home Care contract</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Forms and questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>B1 Dignity in Care Assessment Form – Home Care</td>
</tr>
<tr>
<td>34</td>
<td>B2 Relative/Visitor/Assessment Form – Home Care</td>
</tr>
<tr>
<td>36</td>
<td>B3 Customer Assessment Form</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Dignity challenge, factors and elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>C1 The eight Dignity factors</td>
</tr>
<tr>
<td>41</td>
<td>C2 Stand up for Dignity</td>
</tr>
<tr>
<td>42</td>
<td>C3 The Dignity Challenge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Factsheets</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>D1 Improving Nutritional Care – Executive summary</td>
</tr>
<tr>
<td>46</td>
<td>D2 Dignity in Care factsheets</td>
</tr>
<tr>
<td></td>
<td>• Choice and control in practice</td>
</tr>
<tr>
<td></td>
<td>• Communication in practice</td>
</tr>
<tr>
<td></td>
<td>• Eating and nutritional care in practice</td>
</tr>
<tr>
<td></td>
<td>• Pain management in practice</td>
</tr>
<tr>
<td></td>
<td>• Personal hygiene in practice</td>
</tr>
<tr>
<td></td>
<td>• Practical assistance in practice</td>
</tr>
<tr>
<td></td>
<td>• Privacy in practice</td>
</tr>
<tr>
<td></td>
<td>• Social inclusion in practice</td>
</tr>
</tbody>
</table>
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.

Ref SCIE guide

STAND UP FOR DIGNITY 1
Abuse
A culture of zero tolerance for all aspects of abuse

STAND UP FOR DIGNITY 5
Whistle-blowing
Encouraging staff to raise concerns about poor practice or abuse within an organisation without fear of reprisals.

Dignity checklist:

– Is valuing people as individuals central to our philosophy of care?
– Do our policies uphold dignity and encourage vigilance to prevent abuse?
– Do we have a whistle-blowing policy that enables staff to report abuse in confidence?
– Have the requisite Criminal Records Bureau and Safeguarding Adult checks been conducted on all staff?

Ways to improve:

– Support customers and their relatives throughout any safeguarding investigation.
– All staff to attend safeguarding training.
– Discuss scenarios in staff meetings.

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.

Ref SCIE guide

Dignity checklist:
– Are we polite and courteous even when under pressure?
– Is our culture about caring for people and supporting them rather than being about ‘doing tasks’?
– Do our policies and practices emphasise that we should always try to see things from the perspective of the person using the service?
– Do we ensure that people who use services are not left in pain or feel isolated or alone?

Ways to improve:
– Treating people with respect should be fundamental to training and induction for all staff (including domestic and support staff) and followed up by supervision and zero tolerance of negative attitudes towards people.
– Provide a service that revolves around people, not around services or tasks.
– Ask service-users how they would like to be addressed and respect this.
– Use reminiscence activities to support people with dementia to maintain their identity.
– Care plans should include ‘time to talk’, giving people a chance to voice any concerns or simply have a chat.
– Involve older people in service planning and show respect for their views by putting their ideas and suggestions into action.
– Support community activities and contact between different generations to tackle preconceived ideas and discrimination against older people.
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.

Ref SCIE 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:
– Do our policies and practices promote care and support for the whole person?
– Do our policies and practices respect beliefs and values important to the person using the service?
– Does our care and support consider individual physical, cultural, spiritual, psychological and social needs and preferences?
– Do our policies and practices challenge discrimination, promote equality, protect human rights, and respect individual needs, preferences and choices?
– Do we have systems in place to manage pain control, especially at end of life?

Ways to improve:
– 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.
– 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.
– Particular care should be taken in residential settings to ensure that personal laundry is treated with respect and not mixed up or damaged.
– Aspects of hygiene and personal appearance include:
  • Washing, bathing, showering
  • Shaving
  • Oral hygiene and denture care
  • Hair care
  • Body and facial hair removal
  • Nail care, including chiropody and podiatry
  • Dressing and undressing
  • Laundry.
Badly managed or unacknowledged pain is one of the most powerful threats to older people’s dignity. In a Department of Health survey of almost 300 Dignity Champions, pain was rated fourth out of 15 issues relating to dignity.

Pain management is defined as ‘any intervention designed to alleviate pain and/or its impact, such that quality of life and ability to function are optimised’. It is important to acknowledge that people with dementia, learning difficulties or communication problems, including language barriers, may be unable to say when they are in pain. People who display challenging behaviour may be experiencing pain but be unable to communicate it in another way.

Pain is often a particular issue for those nearing the end of their life. At this time, the relationships between people and the care professionals who support them are very important, and good pain management is a vital component in ensuring dignity is promoted and protected. It is particularly important for people to remain in control so they are able to prepare for death with their loved ones in a way that they choose. Careful consideration of pain relief that affects consciousness or cognitive ability is therefore essential.

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 is negotiated and agreed with people receiving services as partners. People receiving services have the maximum possible choice and control over the services they receive.

Ref SCIE 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:

- Do we ensure that staff deliver care and support at the pace of the individual?
- Do we avoid making unwarranted assumptions about what people want or what is good for them?
- Do individual risk assessments promote choice in a way that is not risk-averse?
- Do we provide service-users with the opportunity to influence decisions regarding our policies and practices?

Ways to improve:

- Treat adults who use services as equals in control of what happens to them.
- 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.
- 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.
- Staff should have the necessary skills to include people with cognitive or communication difficulties in decision-making.
- Identify areas where people’s autonomy is being undermined in the service and look for ways to redress the balance.
- Encourage and support people to participate in the wider community.

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:

- Do all of us truly listen with an open mind to people receiving services?
- Are service-users enabled and supported to express their needs and preferences in a way that makes them feel valued?
- Do all staff demonstrate effective interpersonal skills when communicating with people, particularly those who have specialist needs such as dementia or sensory loss?
- Do we ensure that information is accessible, understandable and culturally appropriate?
- How do we ensure that the way in which information is communicated, and the way in which day-to-day communications take place, will have an impact on the maintenance of dignity?
- How do we link what we learn from service-users through good communication, to person-centred care?

Ways to improve:

- Ask people how they prefer to be addressed and respect their wishes.
- Don’t assume you know what people want because of their culture, ability or any other factor – always ask.
- Care plans should include ‘time to talk’, giving people 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.
- Staff should be properly trained to communicate with people who have cognitive or communication difficulties.
- If you produce information resources for people using services, ask for their feedback – is the information clear? Does it answer the right questions?
- Find ways to get the views of people who use services.
- 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 can we achieve this?
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. It should be noted 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.
Ref SCIE guide

DIGNITY FACTOR 7

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

Dignity checklist:
– Do we have quiet areas or rooms that are available and easily accessible to provide privacy?
– Do staff actively promote individual confidentiality, privacy and protection of modesty?
– Do we avoid assuming that we can intrude without permission into someone’s personal space, even if we are the caregiver?
– Can people who use services decide when they want ‘quiet time’ and when they want to interact?
– Do we ensure that people receive care or treatment in a dignified way that does not embarrass, humiliate or expose them?

Ways to improve:
– A confidentiality policy should be in place and followed by all staff (including domestic and support staff).
– Issues of privacy and dignity should be a fundamental part of staff induction and training.
– Only those who need information to carry out their work should have access to people’s personal records or financial information.
– Where people have personal and sexual relationships, privacy should be respected, with careful assessment of risk to vulnerable people.
– People’s personal possessions and documents should only be viewed with the owner’s expressed consent.
– Space should be provided for private conversations and telephone calls.
– Make sure that people receive their mail unopened.
– In residential care, respect people’s space by enabling them to individualise their own room.
– Confidentiality of treatment and personal information – ensure that personal files and financial records are kept confidential, and only shared with the consent of the person concerned.
– 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.
– 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.
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:
- Do we have a culture where we all learn from mistakes and are not blamed?
- Are complaints policies and procedures user-friendly and accessible?
- Are complaints dealt with early, and in a way that ensures progress is fully communicated?
- Are people, their relatives and carers reassured that nothing bad will happen to them if they do complain?
- Is there evidence of audit, action and feedback from complaints?

Ways to improve:
- Encourage people to raise their concerns – forums for people who use services may help them to feel more comfortable in raising concerns.
- Act promptly when people raise their concerns – this reassures people that their complaints will be listened to and that it is not necessary to ‘make an official complaint’ to get a good response.
- Offer advocacy or support to the complainant where required.
- Ensure the complainant is kept informed of progress.
- Give a clear report of the outcome and information on what to do if the complainant is not satisfied.
- Staff should be properly briefed on the complaints procedure.
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:

– Do employers, managers and staff recognise and value the role of relatives and carers, and respond with understanding?

– Are relatives and carers told who is 'in charge' and with whom issues should be raised?

– Do we provide support for carers who want to be closely involved in the care of the individual, and provide them with the necessary information?

– Are we aware that relatives’ and carers’ views are not always the same as those of the person using the service?

Ways to improve:

– ‘Welcome’ documents for families/carers.

– Sharing care plan with families/carers.

– Customer’s ‘log’ giving contacts/telephone numbers for key people in organisation and families/carers plus medication details and special dietary requirements.

– Invite families/carers 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:
– Are personal care and eating environments well designed for their purpose, comfortable and clean?
– Do we maximise individual abilities at all times during eating, and personal care and hygiene activities?
– Do we ensure that service-users wear their own clothes wherever possible rather than gowns etc?
– While respecting the wishes of the service-user as far as possible, are they respectable at all times and are staff tidy and well presented?
– 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 we 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 to eat the food provided. How do we achieve this?

Ways to improve:
– If someone needs assistance with eating, provide it discreetly. Use serviettes, not bibs, to protect people’s clothing. Offer finger food to people who have difficulty using cutlery, and provide adapted crockery and cutlery to enable people to feed themselves where appropriate.
– Socialising during mealtimes should be encouraged, but offer privacy to people who have difficulties with eating, to avoid embarrassment or loss of dignity.
– There should be enough staff available at mealtimes to provide assistance for people who need it. If there are not, a system of staggered mealtimes should be introduced.
– Support people to maintain their personal hygiene, appearance and their living environment to the standards they want. Don’t make assumptions about appropriate standards of hygiene for individuals.
– When providing support with personal care, take the individual’s lifestyle choices into consideration – for example, respect their choice of dress and hairstyle.
- Nutritional care is a consistent feature in the research on dignity and there is a profusion of information and guidance on the subjects of food, mealtimes, nutrition and hydration. Despite this there are still serious concerns about nutrition in the health and social care sectors. Encourage staff to keep up to date with current trends.

- Obesity is increasingly a problem and obese people can also be malnourished through eating the wrong sort of diet. Messages about healthy eating need to be understood in the context of individual needs. Healthy eating usually refers to the consumption of foods that are low in fat, salt and sugar but, for an older person who is at risk of malnutrition, healthy eating could mean increasing their calorie intake. It is very important to assess each person to ascertain their needs and preferences and to tailor their diet accordingly.

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:
- Do we provide access to varied leisure and social activities that are enjoyable and person-centred?
- Have we reviewed the activities we offer to ensure that they are up to date and in line with modern society?
- Do we provide information and support to help individuals engage in activities that help them participate in and contribute to community life?
- Are responsibilities of all staff towards achieving an active and health-promoting culture made clear through policies, procedures and job descriptions?
- Choice and control are 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.

Ways to improve:
- Social networks should be promoted and people should be supported to access them.
- Transport issues should be resolved so they do not prevent people from participating in the wider community.
- Links with community projects, community centres and schools should be built to increase levels of social contact between people from different generations.
- People’s skills should be identified and respected, including the skills of older people gained in previous employment.
- People should be given ordinary opportunities to participate in the wider community through person-centred care planning.
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.
Appendix A2

Manchester City Council – extract from Home Care contract

Part 5:
The Service Specification – Desired Outcomes

Outcome 1

5.4  Improved health
The customer maintains good physical and mental health for as long as possible and feels satisfied arrangements are in place to access treatment and support in managing long-term conditions.

5.4.1. Required outcomes
These mean the customer:

a) receives services reflective of their daily changing circumstances and whenever possible they are encouraged to undertake physical activities appropriate to their circumstances

b) is made to feel comfortable and confident in receiving services from several different sources

c) is satisfied with the arrangements for assistance with medication

d) feels confident care workers are aware of their special dietary needs

e) feels the service has helped them to regain confidence.

5.4.2. These mean in order to achieve these outcomes the service provided must:

a) provide support and encouragement for customers to maintain their independence

b) operate training for carers to engage customers in meaningful physical activities and so they can manage long-term conditions

c) enable customers to administer their own medication unless there are reasons why they should not do so

d) liaise and work with health services.

Outcome 2

5.5  Improved quality of life

5.5.1 The customer is enabled to be central in the decision-making process concerning the level of support they receive and encouraged to access leisure and social activities to maximise independence.
5.5.2 Required outcomes

These mean the customer:

a) is satisfied with the support they receive to access training and employment – where appropriate

b) maintains maximum independence in their own home and local community and is involved in day-to-day decisions about the care or level of support offered

c) performs useful and meaningful activities with whatever assistance is required

d) is encouraged to have regular security checks of their home to create a feeling of being safe and secure

e) knows they are able to trust the integrity of their carer(s) in permitting access to their financial or personal information

f) is given the opportunity to follow their cultural and spiritual beliefs.

5.5.3 This means in order to achieve these outcomes the service provided must:

a) enable the customer to be as independent as possible and develop and maintain their skills, interests and hobbies to perform functional and meaningful activities

b) train staff so they carry out tasks ‘with’ the customer and not ‘for’ them

c) provide ongoing information for the customers relating to events and access leisure opportunities in the local community

d) provide the customer with details of preventative services locally available.

Outcome 3

5.6 Making a positive contribution

The customer feels part of the community from information they receive and participates in local initiatives on a voluntary or employed basis.

Required outcomes

5.6.1 This means the customer:

a) receives ongoing information relating to the local community and is encouraged to participate in activities of interest to them

b) is satisfied with the arrangements for assisting them to make or retain contact with the wider community.

5.6.2 This means in order to achieve these outcomes the service provided must:

a) demonstrate provision of information regarding local issues and accompany customers to local events of interest

b) provide information and help the customer to air their views on local community issues.
Outcome 4

5.7  Exercise of choice and control

5.7.1 This means the customer being informed and enabled to influence the way in which care is provided in a flexible and appropriate way.

5.7.2 Required outcomes

Evidence that the customer:

a) takes greater control of their life and contributes positively to the support-planning process, having had issues of risk explained from information confirming the alternatives and their implications

b) is listened to if complaining or complimenting the service, or suggesting improvements, including minor changes to accommodate day-to-day changing needs

c) feels confident the care worker will arrive and leave within timescales required to complete the level of care or support required.

5.7.3 This means in order to achieve these outcomes the service provided must:

a) prior to and during the provision of care, provide ongoing explanations and information (the customer guide) and ensure the customer is involved, contributes, and is encouraged to influence the content of their support plan

b) record all comments of the customer (ie. regarding changes to the service they receive) and review systems, including the complaints procedure, which must be shared with staff, customers, their advocate or relatives

c) encourage interaction between the care worker and customer during the delivery of the service.

Outcome 5

5.8 Freedom from discrimination or harassment

5.8.1 This means care staff receive the level of training required to ensure the customer feels confident of their own safety.

5.8.2 Required outcomes

Evidence that the customer:

a) feels confident care is provided by known and trusted care staff on the basis of their level of skills and training

b) is satisfied that their cultural or dietary preferences are reflected in the service they receive

c) is protected from potential abuse and exploitation and not subject to any form of discrimination.

5.8.3 This means in order to achieve these outcomes the service provided must:

a) minimise the number of care workers involved in the care of the customer and assign staff who can meet the customers specific needs

b) have a procedure in place to ensure confidentiality (eg. level of care given, financial matters and security of the premises)

c) operate adult protection training, policies and procedures.
Outcome 6

5.9  **Economic wellbeing**

5.9.1 The customer feels valued and is provided with access to information to maximise their income opportunities.

5.9.2 Required outcomes

Evidence that the customer:

a) receives information and support to acquire their maximum income potential
b) receives employment and training, where appropriate.

5.9.3 This means in order to achieve this outcome the service provided must:

a) encourage care staff to build up a relationship of mutual trust and respect with the customer
b) make customers aware of their income potential and involve the Council at the point a review of need is identified
 c) assign staff who have the skills and knowledge to meet the customer’s requirements
d) provide training for care staff on protection of vulnerable adults and specifically financial abuse.

Outcome 7

5.10.  **Personal dignity**

5.10.1 The customer is encouraged to maintain an acceptable standard of personal cleanliness and home environment.

Required outcomes

5.10.2 This means the customer:

a) feels confident and optimistic that the service will assist in the improvement of identified aspects of their day-to-day lives
b) feels confident that care workers support them to follow healthy eating options
c) is satisfied the changes they had hoped to achieve have been realised and the balance between support and assistance is appropriate to their circumstances
d) knows that information relating to them is only shared on a need-to-know basis.

5.10.3 This means in order to achieve these outcomes the service provider must:

a) operate policies and procedures to help care workers understand the flexible nature of the service required, including a clear understanding of customers’ expectations
b) consult with customers about the choice of food and take account of spiritual and cultural preferences, and ensure that staff are trained in healthy eating options and special dietary needs
c) ensure that staff encourage customers to take pride in their living environment
d) adopt a range of core values that inform the manner in which care staff approach the provision of the service.
Appendix B1

Dignity in Care Assessment Form – Home Care

Dignity in Care

Name of Assessor ..............................................................................................................
Contact details ..................................................................................................................
Location ............................................................................................................................
Named Lead Person .........................................................................................................
Lead Person contact details ............................................................................................

Notes

<table>
<thead>
<tr>
<th>Date of initial visit</th>
<th>D D M M Y Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date customer visits</td>
<td>D D M M Y Y</td>
</tr>
<tr>
<td>Date of assessment</td>
<td>D D M M Y Y</td>
</tr>
</tbody>
</table>

Instructions for assessment
Please mark each question to indicate degree/extent/frequency/effectiveness on a scale of 0 to 5 where

5 means excellent/always/highly effective/all
4 means good/usually/effective/most
3 means adequate/sometimes/acceptable/half or more
2 means unsatisfactory/occasionally/need for improvement/less than half
1 means poor/rarely/generally ineffective/few
0 means unacceptable/never/totally ineffective/none
### Observation and Assessment Form

<table>
<thead>
<tr>
<th>Outcome measured</th>
<th>Score</th>
<th>Evidence/Comments/Notes</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the manager a Dignity Champion?</td>
<td></td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
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<tr>
<td>Are 80% of all staff signed up as Dignity Champions?</td>
<td></td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
<td></td>
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<tr>
<td>Is the Dignity campaign poster on display where all can see it?</td>
<td></td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
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<tr>
<td>Are the relevant questionnaires from customers, relatives and visitors completed and attached?</td>
<td></td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
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<tr>
<td>Is Dignity an agenda item on staff meetings?</td>
<td></td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
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<tr>
<td>Is Dignity an agenda item on staff supervision sessions?</td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
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<tr>
<td>Is Dignity an agenda item on customer meetings?</td>
<td></td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
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<tr>
<td>Is Dignity an agenda item on individual customer meetings?</td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
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<tr>
<td>Have all the staff watched the 'What do you see?' DVD?</td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
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<tr>
<td>Are the Dignity principles reflected in all staff training?</td>
<td></td>
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<tr>
<td>Yes  [ ] No  [ ]</td>
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</tbody>
</table>
### 1. Have a zero tolerance of all forms of abuse

<table>
<thead>
<tr>
<th>Outcome measured</th>
<th>Score</th>
<th>Evidence/Comments/Notes</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is valuing people as individuals central to the organisation’s philosophy?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes □ No □</td>
<td></td>
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<tr>
<td>Do the organisation’s policies uphold dignity and encourage vigilance to prevent abuse?</td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>Are customers supported throughout any safeguarding investigation? Note how this is achieved.</td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>Is there a whistle-blowing policy in place that enables staff to report abuse confidentially?</td>
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<tr>
<td>Yes □ No □</td>
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</tbody>
</table>

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

| Are staff polite and courteous to customers even when under pressure?           |       |                          |              |
| Yes □ No □                                                                      |       |                          |              |
| Is the organisation’s culture about caring for customers and supporting them rather than about ‘doing tasks’? |       |                          |              |
| Yes □ No □                                                                      |       |                          |              |
| Do its policies and practices emphasise that staff should always try and see things from the perspective of the customers? |       |                          |              |
| Yes □ No □                                                                      |       |                          |              |
| Do staff ensure customers are not left in pain or feeling isolated or alone?   |       |                          |              |
| Yes □ No □                                                                      |       |                          |              |
| Is there a staff policy on use of personal mobile phones during work time?    |       |                          |              |
| Yes □ No □                                                                      |       |                          |              |
| Are customers regularly asked if they need anything?                          |       |                          |              |
| Yes □ No □                                                                      |       |                          |              |
### 3. Treat each person as an individual by offering a personalised service

<table>
<thead>
<tr>
<th>Outcome measured</th>
<th>Score</th>
<th>Evidence/Comments/Notes</th>
<th>Action needed</th>
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</thead>
<tbody>
<tr>
<td>Do the organisation’s policies and practices promote care and support for the whole person, respecting their beliefs and values?</td>
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<tr>
<td>Yes ☐  No ☐</td>
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<tr>
<td>Does the care and support given to customers consider their individual physical, cultural, spiritual, psychological and social needs and preferences?</td>
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<tr>
<td>Yes ☐  No ☐</td>
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<tr>
<td>Do the policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices, and protect human rights?</td>
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<tr>
<td>Yes ☐  No ☐</td>
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<tr>
<td>Are there systems in place to manage pain control for customers, especially at end of life?</td>
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<tr>
<td>Yes ☐  No ☐</td>
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<tr>
<td>Do staff assist cleaning teeth/glasses?</td>
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<tr>
<td>Yes ☐  No ☐</td>
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<tr>
<td>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 staff know the likes and dislikes of customers?</td>
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</tbody>
</table>
### 4. Enable people to maintain the maximum possible level of independence, choice and control

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<thead>
<tr>
<th>Outcome measured</th>
<th>Score</th>
<th>Evidence/Comments/Notes</th>
<th>Action needed</th>
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</thead>
<tbody>
<tr>
<td>Does the organisation ensure that staff deliver care and support at the pace of the customers?</td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>Do staff avoid making unwarranted assumptions about what people want or what is good for them?</td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>Do individual customer risk assessments promote choice in a way that is not risk-averse?</td>
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<tr>
<td>Yes □ No □</td>
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</table>

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

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<tr>
<th></th>
<th>Score</th>
<th>Evidence/Comments/Notes</th>
<th>Action needed</th>
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</thead>
<tbody>
<tr>
<td>Do all staff truly listen to customers with an open mind?</td>
<td></td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>Are customers enabled and supported to express their needs and preferences in a way that makes them feel valued?</td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>Is all information accessible, understandable and culturally appropriate?</td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>Do all staff demonstrate effective interpersonal skills when communicating with customers, particularly those who have specialist needs, for example because of dementia or loss?</td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>How well do staff link what they learn from customers through good communication with managers, to person-centred care?</td>
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<tr>
<td>Yes □ No □</td>
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</table>
### 6. Respect people's right to privacy

<table>
<thead>
<tr>
<th>Outcome measured</th>
<th>Score</th>
<th>Evidence/Comments/Notes</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do staff ensure that customers receive care or treatment in a dignified way that does not embarrass, humiliate or expose them?</td>
<td></td>
<td></td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>Do staff gain permission before entering a customer’s home?</td>
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<tr>
<td>Yes □ No □</td>
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<tr>
<td>Do staff actively promote customers’ individual confidentiality, privacy and protection of modesty?</td>
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<tr>
<td>Yes □ No □</td>
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</table>

### 7. Ensure people feel able to complain without fear of retribution

| Are complaints dealt with quickly?                                               |       |                         |               |
| Yes □ No □                                                                      |       |                         |               |
| Does the organisation have a culture where staff learn from mistakes and are not unfairly blamed? |       |                         |               |
| Yes □ No □                                                                      |       |                         |               |
| Are customers, their relatives and carers reassured that there will be no adverse repercussions if they complain? |       |                         |               |
| Yes □ No □                                                                      |       |                         |               |
| Are complaints policies and procedures user-friendly and accessible?             |       |                         |               |
| Yes □ No □                                                                      |       |                         |               |
| Are complaints dealt with in a way that ensures progress is fully communicated to everyone involved? Note how this is achieved. |       |                         |               |
| Yes □ No □                                                                      |       |                         |               |
### 8. Engage with family members and carers as care partners

<table>
<thead>
<tr>
<th>Outcome measured</th>
<th>Score</th>
<th>Evidence/Comments/ Notes</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do staff provide support for carers who want to be closely involved in the care of the customers, and provide them with the necessary information?</td>
<td></td>
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<td></td>
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<tr>
<td>Yes ■ No □</td>
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<tr>
<td>Are staff aware of the possibility that relatives’ and carers’ views are not always the same as those of the customer? Note how they demonstrate this.</td>
<td></td>
<td></td>
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<tr>
<td>Yes ■ No □</td>
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<tr>
<td>Do managers and staff recognise and value the role that relatives and carers play in providing care?</td>
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<tr>
<td>Yes ■ No □</td>
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</table>

### 9. Assist people to maintain confidence and positive self-esteem

<table>
<thead>
<tr>
<th>Outcome measured</th>
<th>Score</th>
<th>Evidence/Comments/ Notes</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do staff maximise use of individual customer's abilities at all times during eating, personal care and hygiene activities?</td>
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<tr>
<td>Yes ■ No □</td>
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<tr>
<td>Are customers asked if they wish to wash their hands before meals? (In certain circumstances people with some mental health needs would take offence to this and so it has to be appropriate for each individual.)</td>
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<tr>
<td>Yes ■ No □</td>
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</table>
## 10. Act to alleviate people's loneliness and isolation

<table>
<thead>
<tr>
<th>Outcome measured</th>
<th>Score</th>
<th>Evidence/Comments/Notes</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do staff provide information and support to help customers engage in activities that help them participate in and contribute to community life? Yes ☐ No ☐</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Do staff understand that some customers may want to make new friendships or form relationships? Note how they demonstrate this. Yes ☐ No ☐</td>
<td></td>
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</tbody>
</table>
## Appendix B2

### Relative/Visitor Assessment Form – Home Care

*Friend/GP/Nurse – Other Health Professional*

<table>
<thead>
<tr>
<th>Name of care organisation</th>
<th>Date</th>
<th>D</th>
<th>D</th>
<th>M</th>
<th>M</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
</table>

1. **Have a zero tolerance of all forms of abuse**

   **Have you ever needed to make a complaint?**
   - Yes [ ]
   - No [ ]

   **If yes, were you kept informed of progress during the investigation?**
   - Yes [ ]
   - No [ ]

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

   **Do care staff:**
   - Call your relative/friend by their chosen name? [ ] Yes [ ] No
   - Ask your relative/friend what they want to wear on a daily basis? [ ] Yes [ ] No
   - Ensure that your relative/friend is not left in pain, feeling isolated or alone? [ ] Yes [ ] No
   - Use personal mobile phones during work time? [ ] Yes [ ] No
   - Support your relative/friend to do tasks rather than do them for them? [ ] Yes [ ] No

   **Are care staff polite and courteous to your relative/friend even when they are under pressure?**
   - Yes [ ]
   - No [ ]

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

   **Do care staff:**
   - Support your relative/friend while respecting their beliefs and values? [ ] Yes [ ] No
   - Regularly ask your relative/friend if they need anything? [ ] Yes [ ] No
   - Assist your relative/friend with cleaning their teeth/glasses/changing batteries in their hearing aid? [ ] Yes [ ] No
   - Know your relative's/friend's likes and dislikes? [ ] Yes [ ] No

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

   **Do care staff:**
   - Deliver care and support at your relative's/friend's pace? [ ] Yes [ ] No
   - Make assumptions about what your relative/friend wants or what is good for them? [ ] Yes [ ] No

5. **Listen to people and support them to express their needs and wants**

   **Do care staff listen to your relative/friend with an open mind, enabling them to express their needs and preferences in a way that makes them feel valued?**
   - Yes [ ]
   - No [ ]
6. Respect people's right to privacy

Do care staff ensure that your relative/friend receives care and/or treatment in a dignified way that does not embarrass, humiliate or expose them? [Yes] [No]

7. Ensure people feel able to complain without fear of retribution

Are you encouraged to raise any concerns with the manager? [Yes] [No]

8. Engage with family members and carers as care partners

Are you able or encouraged to be involved in your relative's/friend's care if this is what they want? [Yes] [No]

Do managers and care staff recognise and value the role you can play in providing your relative's/friend's care? [Yes] [No]

9. Assist people to maintain confidence and positive self-esteem

Do care staff maximise your relative's/friend's abilities at all times during eating and personal care? [Yes] [No]

10. Act to alleviate people's loneliness and isolation

Do care staff provide information and support to help your relative/friend engage in activities that help them participate in and contribute to community life? [Yes] [No]

Comments

(You do not have to give us these details if you prefer not to)

Name: ___________________________________________________________ Date D D M M Y Y

Contact details: _______________________________________________________________________________

Are you a: Visitor [ ] Relative [ ] Friend [ ] GP [ ] Nurse [ ] Other Health Professional [ ]

Other (please give details) ________________________________________________________________

Please use one of the options below:
1. Hand the completed form to the Manager of the home or Quality Team
2. Email the completed form to: dfaquality.team@manchester.gov.uk
3. Post the completed form to: Ruth Helen, Quality Team Leader, Directorate for Adults, Health and Wellbeing, Manchester City Council, FREEPOST MR 1514, Town Hall, Manchester M60 2BR
# Appendix B3

## Homecare

### Customer Assessment Form

<table>
<thead>
<tr>
<th>Notes</th>
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### 1. Having a zero tolerance of all forms of abuse

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is valuing people as individuals central to your home carer organisation’s philosophy?</td>
<td></td>
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<tr>
<td>Have you ever needed to make a complaint?</td>
<td></td>
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<tr>
<td>If yes, were you supported throughout any investigation?</td>
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<tr>
<td>Is there a whistle-blowing policy in place that enables you to report abuse confidentially?</td>
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</tbody>
</table>

### 2. Supporting people with the same respect you would want for yourself or another member of your family

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Are your care staff polite and courteous to you even when under pressure?</td>
<td></td>
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</tr>
<tr>
<td>Is your home carer organisation’s culture about caring and supporting you rather than being about ‘doing tasks’?</td>
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<tr>
<td>Do the organisation's policies and practices emphasise that your care staff should always try and see things from your perspective?</td>
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<tr>
<td>Do your care staff ensure that you are not left in pain or feeling isolated or alone?</td>
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<tr>
<td>Do your care staff use personal mobile phones during work time?</td>
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</table>
### 3. Treating each person as an individual by offering a personalised service

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Do your home carer’s organisation’s policies and practices promote care and support for the whole person, respecting your beliefs and values?</td>
<td></td>
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<tr>
<td>Does the care and support given to you consider your individual physical, cultural, spiritual, psychological and social needs and preferences?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do your home care organisation’s policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices, and protect human rights?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How?</td>
<td></td>
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<tr>
<td>Do your care staff regularly ask you if you need anything?</td>
<td></td>
<td></td>
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<tr>
<td>Do your care staff assist you with cleaning your teeth and glasses and changing batteries in your hearing aid?</td>
<td></td>
<td></td>
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<tr>
<td>Good nutrition depends on your individual needs and you may be overeating or undereating and have health conditions that affect your needs. Do your care staff know your likes and dislikes?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Enabling people to maintain the maximum possible level of independence, choice and control

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Choice and control is about freedom to act, for example to be independent and mobile, as well as freedom to decide. Does your home care organisation support you to continue with routine daily tasks such as shopping, walking a dog, or going to a place of worship, and if possible support you to be involved in community activities such as social clubs?</td>
<td></td>
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<tr>
<td>Does your home care organisation ensure staff deliver care and support at your pace?</td>
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<tr>
<td>Do your care staff make assumptions about what you want or what is good for you?</td>
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<tr>
<td>Does your individual risk assessment promote choice in a way that is not risk-averse?</td>
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<tr>
<td>Are you given the opportunity to influence decisions regarding your home care organisation’s policies and practices?</td>
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</table>
### 5. Listen and support people to express their needs and wants

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Do all your care staff truly listen to you with an open mind?</td>
<td></td>
<td></td>
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<tr>
<td>Are you enabled and supported to express your needs and preferences in a way that makes you feel valued?</td>
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<tr>
<td>Is all information accessible, understandable and culturally appropriate?</td>
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<tr>
<td>Do all your care staff demonstrate effective interpersonal skills when talking to you?</td>
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<tr>
<td>How well do your care staff link what they learn from you to person-centred care?</td>
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</table>

### 6. Respecting people's right to privacy

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Do your care staff ensure that you receive care or treatment in a dignified way that does not embarrass, humiliate or expose you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do your care staff actively promote your individual confidentiality, privacy and protection of modesty?</td>
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</table>

### 7. Ensuring people feel able to complain without fear of retribution

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Are your complaints/concerns dealt with quickly?</td>
<td></td>
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<tr>
<td>Does your home carer organisation have a culture where care staff all learn from their mistakes and are not unfairly blamed?</td>
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<tr>
<td>Have you been reassured that there will be no adverse repercussions if you complain?</td>
<td></td>
<td></td>
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<tr>
<td>Are complaints policies and procedures user-friendly and accessible?</td>
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<tr>
<td>Are complaints dealt with in a way that ensures progress is fully communicated to everyone involved?</td>
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</table>
### 8. Engaging with family members and carers as care partners
- **Are your care staff alert to the possibility that relatives' and carers' views are not always the same as yours?**
  - Yes [ ] No [ ]
- **Do managers and care staff recognise and value the role relatives and carers play in providing care?**
  - Yes [ ] No [ ]

### 9. Assisting people to maintain confidence and positive self-esteem
- **Do your care staff maximise your abilities at all times during eating and personal care/hygiene activities?**
  - Yes [ ] No [ ]

### 10. Acting to alleviate people's loneliness and isolation
- **Do your care staff provide information and support to help you engage in activities that help you participate in and contribute to community life?**
  - Yes [ ] No [ ]

**Any additional notes and comments**
Appendix C1

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 2**
Communication
Speaking to people respectfully and listening to what they have to say; ensuring clear dialogue between workers and services.

**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 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 FACTOR 6**
Practical assistance
Enabling people to maintain their independence by providing ‘that little bit of help’.

**DIGNITY FACTOR 7**
Privacy
Respecting people’s personal space, privacy in personal care, and confidentiality of personal information.

**DIGNITY FACTOR 8**
Social inclusion
Supporting people to keep in contact with family and friends, and to participate in social activities.
Appendix C2

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

**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 3**
**Abuse**
The information here outlines immediate action that should be taken if abuse is suspected.

**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 5**
**The Dignity Challenge**
Promoting standards people can expect from a service that supports Dignity – and guidance on how to meet them.
Appendix C3

The Dignity Challenge

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

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 D1

Improving Nutritional Care

A joint Action Plan from the Department of Health and Nutrition Summit stakeholders

Nutrition Summit stakeholder group
Working in partnership with the Department of Health
Executive summary

Having enough to eat and drink is one of the most basic human needs. And yet we know from the Department of Health’s Dignity in Care campaign, recent media articles, research reports and official complaints that some vulnerable people are not having this fundamental need met. The very people who are being cared for by health and social care services are at times not getting the right nutritional care to support them to eat and drink.

A lot of work has been undertaken in the past to address this issue and a plethora of guidance, tools and information exists, yet still some health and social care organisations do not always give nutritional care sufficient priority.

The need for a Nutrition Action Plan
To address this issue thoroughly, the Department of Health has joined forces with a wide range of stakeholders – all committed to tackling this problem.

Pooling their expertise and knowledge, the Department of Health together with the other Nutrition Summit organisations (listed at ‘Membership of the Nutrition Summit stakeholder group’ on page 38) have agreed a range of options and recommendations for how, collectively, they and government will tackle the agenda.

This joint Department of Health/stakeholder Action Plan is the result. It sets out the five key priorities for action, which were agreed by the Nutrition Summit stakeholders:

1. To raise awareness of the link between nutrition and good health and that malnutrition can be prevented.

2. To ensure that accessible guidance is available across all sectors and that the most relevant guidance is appropriate and user-friendly.

3. To encourage nutritional screening for all people using health and social care services, paying particular attention to those groups that are known to be vulnerable.

4. To encourage provision and access to relevant training for front-line staff and managers on the importance of nutrition for good health and nutritional care.

5. To clarify standards and strengthen inspection and regulation.

By producing this Action Plan, the Department of Health and the Nutrition Summit stakeholders aim to ensure that health and social care staff and managers are clear what government and nutrition experts believe are the solutions to the problems of access to good nutrition and addressing poor nutritional care. In addition, the plan ensures that health and social care staff and managers are well informed, equipped and supported to provide good nutrition and effective nutritional care.

We want to make sure that senior managers and trust board members, local authorities, NHIS and social care managers, other staff, people who use health and care services and their carers know what good nutritional care looks like and how it is best organised, and are aware that health and social care services will be held to account by the relevant regulatory bodies where they fail to provide that care.
A range of actions have been agreed to support each of the five key priorities for action. These are described in further detail later in the document, but particular highlights of new developments include:

- support and promotion of the Council of Europe Alliance (UK)'s *10 key characteristics of good nutritional care in hospitals* ([www.bda.uk.com](http://www.bda.uk.com)) - a landmark document that creates a common understanding of what good nutritional care looks like in hospital settings

- a purpose-designed online training session on nutritional care and assistance with eating that will be available to all NHS and social care staff from May 2008

- commitment from the Nursing and Midwifery Council (NMC) that Essential Skills Clusters that include nutrition principles will be required to be assessed in practice as part of student nurse training from September 2008

- the largest study ever undertaken on malnutrition on admission to hospital and care homes across the whole of the UK - conducted by the British Association for Parenteral and Enteral Nutrition (BAPEN)

- BAPEN has developed a web-based information resource, *Organisation of food and nutrition support in hospitals*, which will help those tasked with overseeing nutritional care in ensuring that the appropriate infrastructure, processes and resources are in place

- development by the Department of Health and the Social Care Institute for Excellence of a range of good practice on nutritional care as part of the *Dignity in Care online practice guide*. 
Appendix D2

Dignity factsheets

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.

To find out more, visit SCIE’s Dignity in Care guide at www.scie.org.uk
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.

To find out more, visit SCIE’s Dignity in Care guide at www.scie.org.uk
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.

To find out more, visit SCIE’s Dignity in Care guide at www.scie.org.uk
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.
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.

To find out more, visit SCIE’s Dignity in Care guide at www.scie.org.uk
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.

To find out more, visit SCIE’s Dignity in Care guide at www.scie.org.uk
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.

To find out more, visit SCIE's Dignity in Care guide at www.scie.org.uk
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.