

**Manchester City Council  
Report For Resolution**

**Report to:** Health And Well-Being Overview And Scrutiny Committee-  
9 September 2010

**Subject:** Dignity in Care

**Report of:** Strategic Director for Adults

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**Purpose of Report:**

To provide an update on the measures in place to ensure that dignity and respect are central to care provided across Manchester, with particular reference to embedding the standards in Safeguarding Adults and the care of people with dementia.

**Recommendation:**

Members note the report.

**Financial Consequences for the Revenue and Capital Budgets:**

None

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**Wards Affected:**

All

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**Background Documents**

None

## 1 Background

- 1.1 The Department of Health launched the Dignity in Care Strategy through the launch of the 10 dignity standards in October 2007 which included:
- **Choice and Control** - Enabling people to make choices about the way they live and the care they receive.
  - **Communication** - Speaking to people respectfully and listening to what they have to say; ensuring clear dialogue between workers and services.
  - **Eating and Nutrition** - Providing a choice of nutritious, appetising meals, that meet the needs and choices of individuals, and support with eating where needed.
  - **Pain Management** - Ensuring that people living with pain have the right help and medication to reduce suffering and improve their quality of life.
  - **Personal Hygiene** - Enabling people to maintain their usual standards of personal hygiene.
  - **Practical Assistance** - Enabling people to maintain their independence by providing 'that little bit of help'.
  - **Privacy** - Respecting people's personal space, privacy in personal care and confidentiality of personal information.
  - **Social Inclusion** - Supporting people to keep in contact with family and friends, and to participate in social activities.
- 1.2 The standards were designed to improve services provided to older people through ensuring they could be easily understood and implemented in all areas of health and social care service delivery.
- 1.3 Led by the Executive Member for Health and Social Care and the Assistant Director for Strategy and Commissioning, the City Council agreed a strategic approach to building the standards into service delivery. Therefore, we established a steering group, chaired by the Executive Member, that included representation from Health Services, the independent and voluntary sector and the Commission for Social Care Inspectorate. The steering group is responsible for agreeing the priority areas for activity, key outcomes for services and for monitoring the achievement of these outcomes.
- 1.4 Initially the key issues highlighted by the Department of Health focused on:
- Building the leadership capacity at an organisational level
  - Increasing awareness and understanding of the dignity standards
  - Building a network of dignity champions in all organisations
- 1.5 We approached these issues through the launch of the Dignity in Care campaign that included the following:
- Development and distribution of materials highlighting the 10 standards
  - Introduction of the daisy as Manchester's dignity brand
  - Range of press, radio and posters adverts

- 1.6 We also organised a conference for a range of health and social care providers to promote awareness and understanding of the dignity standards.
- 1.7 Over the last three years we have been able to build on this joint strategic approach and the success of the publicity and awareness raising campaign to develop and deliver a range of specific activities that include:
- Dignity in Care self assessment toolkit
  - Dignity in Care award
  - Recruitment of Dignity in Care lay assessors
- 1.8 The approach has also enabled us to take a strategic approach to ensure that the Dignity in Care agenda was central to the Dementia Strategy and the Agenda for Safeguarding Adults. As a result, it was decided that the Quality Board and the Safeguarding Adults Board would have a leading role in overseeing the work of the steering group and that staff would work closely together to make sure the Dignity Strategy was informed by the Directorate's overall approach to commissioning services.

## **2 Progress**

- 2.1 The Dignity in Care self assessment toolkit has been developed and accepted by homecare and residential social care providers. This is a quality assurance tool that links the standards to improved outcomes for service delivery.
- 2.2 We have recruited six lay assessors who, supported by the Workforce Planning lead for dignity, have completed 14 successful assessments with another 11 planned for completion by the end of October 2010. The successful providers are shown in Appendix A.
- 2.3 The lay assessors were recruited through an advert in Jobs Update, following a full recruitment and selection process; the people selected took part in a full training programme that included:
- Safeguarding vulnerable adults
  - Dementia Care
  - Person Centred planning
- 2.4 They also received support from the Workforce Development lead for dignity and a mentor to complete their first assessment before completing assessments independently.
- 2.5 Working in partnership with Moston Health Forum, we are planning to recruit more lay assessors to take this work forward. We are also working with the Moston Health Forum and Manchester Local Involvement Network (LINK) to integrate the dignity standards into the work of Greater Manchester Police and the Neighbourhood Watch coordinator through the recruitment of additional dignity champions.

- 2.6 Furthermore, working in partnership with the Brownies we have developed an intergenerational project that has resulted in the introduction of the new Brownie Dignity in Care Badge, using the daisy as the emblem. This is being piloted in the North West. Subject to successful monitoring and evaluation it will be rolled out nationally and possibly used as the basis for a Girl Guide Badge. The Dept of Health NW Lead is very interested in this initiative.
- 2.7 It is important to ensure that Dignity in Care is intrinsically linked to our approach to End of Life Care, which is summarised in the attached chart on page 9. This chart illustrates how a number of areas for service development and delivery interrelate and overlap with End of Life Care. Consequently, we have taken a coordinated approach to this work to ensure that we are represented in a range of initiatives and are able to pull these together into a strategic framework for service development and delivery.
- 2.8 These initiatives are summarised below;
- North West pilot to agree a common set of competencies with Skills for Health and Skills for Care
  - Development of the Gold Service Framework in Nursing Homes
  - Development of the Gold Service Framework in homecare services
  - Central Manchester Shine project aimed at reducing the number of people admitted to hospital
  - The Greater Manchester and Cheshire cancer network programmes designed to enable homecare and residential staff to develop clinical and palliative care skills
  - Development of a common approach to care planning through the cancer and palliative care commissioning pilot.
- 2.9 In addition to this work we are working in partnership with the Joint Health Unit to improve food and nutrition in residential and nursing homes.

### **Dignity in Dementia.**

- 2.10 The working group implementing the Manchester Dementia Strategy is embedding issues of dignity in its work. Treating people with dignity and respect is of vital importance in all social care, but it is even more so for people with dementia. It requires special skills to engage with someone who cannot remember their own name or who they are, and make them feel respected. All staff working with older people, including those with independent providers, are offered Dementia Awareness training. This training emphasises the links with the Dignity agenda.
- 2.11 To ensure that staff attend this training and are kept informed of developments in the field, the new contract with care homes specifies that every home, not just those catering for people with mental health needs, must have a named Dementia lead. This will make it easier to channel information as to the availability of new services, training opportunities and the results of research into best practice.

- 2.12 The pilot unified dementia service was evaluated by the Manchester Metropolitan University, who found that, among other positives, the service increased feelings of respect. The interim report found that service users reported that the Care Concepts service provided them with dignity and respect arising from feelings of being treated “as a person” by staff “and as an adult” which they felt was not always the case when being talked to by other service providers. Service users reported that the service provides an individual, one-to-one, personalised service: “without intruding in my life”.
- 2.13 Informal, family carers reported “Service users benefited from an improved sense of dignity as a result of using the service. This resulted from an improvement in personal appearance as a result of daycare activities provided to service users e.g. having their hair done and having their nails done”.

The information gained from this pilot is informing the development of specifications for future care services.

- 2.14 It is recognised that the End of Life Care agenda has historically been bound up with younger people dying of cancer and much of the funding still comes from cancer charities. The needs of people dying with dementia are somewhat different and work is being commissioned to look more closely into this. A pilot social care service for the end of life will include dementia as a large strand in its development.
- 2.15 A bid has been submitted to the Joint Improvement Partnership (a national programme to transform adult social care) to increase the number of dementia workforce “champions” across health and social care services.

### **Dignity in Safeguarding**

- 2.16 Safeguarding guidance and training makes clear that abusive behaviours will not be tolerated. Some behaviours, including institutional practices, are not always appreciated as being abusive, and publicity and training initiatives seek to educate the public and staff to appreciate exactly what constitutes abuse. Whistle blowing procedures also play an important part in encouraging and enabling staff to report abusive practices that they witness.
- 2.17 The Safeguarding Guidance and Procedures ensure that the customer and their wishes remain central during a safeguarding investigation so that the focus is on the person not the process. We investigate all allegations of abuse and this includes issues relating to all aspects of care received.
- 2.18 The procedures ensure that we seek to gain the consent of the person to proceed with a safeguarding investigation and to report allegations of abuse to the police where a criminal offence may have been committed. Consent can be overridden in certain circumstances but where consent to proceed is not given, every effort is made to develop a protection plan to ensure appropriate safeguards are in place to protect against risk of further abuse.

- 2.19 Furthermore, Mental Capacity Act (MCA) Deprivation of Liberty Safeguards are designed to ensure that where a person lacks capacity to make decisions about their care or treatment, a framework is in place to ensure decisions are made in their best interests.
- 2.20 Independent Mental Capacity Advocates and safeguarding advocates help people play a full part in the safeguarding investigation process.

### **3 Next steps**

- 3.1 The attached model on page 8 illustrates the key areas of work that link to the dignity in care agenda. This model puts dignity in care at the heart of the of social care provision and sees service development as the driver for dignity.
- 3.2 In this context we identified the priority areas for 2010 – 2012 as:
- Improving the process and timeliness of hospital discharges
  - Ensuring an increased awareness and understanding of dementia and its effect on customers and carers
  - Embedding good practice for end of life care in residential and nursing care through the achievement of the Gold Standard for homes in Manchester
  - Developing the dignity self assessment toolkit as a quality standard linked to other quality and inspection processes
  - Explicitly linking the Dignity in Care agenda to the work of the safeguarding adult's board.
- 3.3 We have also developed a specification for providing a safeguarding advocacy service as a first point of contact for all safeguarding cases to support individuals to remain empowered through an investigation, which will be up and running by December 2010.

**Appendix 1 - List of providers who have achieved dignity award**

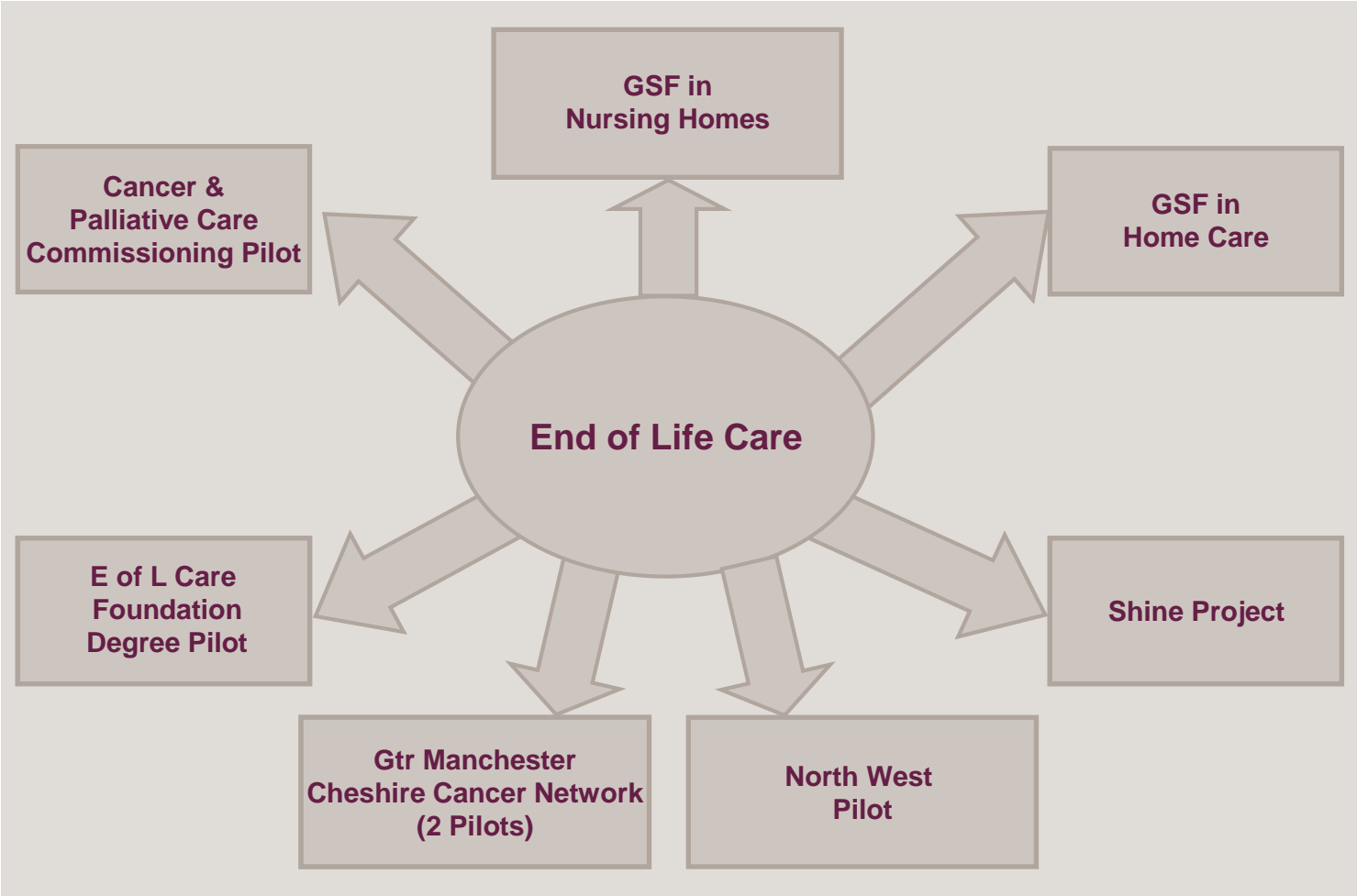
| <b>No.</b> | <b>Name of Provider</b> | <b>Ward Location</b> |
|------------|-------------------------|----------------------|
| 1          | Alexian Brothers        | Moston               |
| 2          | Doves Nest              | Clayton Bridge       |
| 3          | Holmfield               | West Didsbury        |
| 4          | Lindenwood              | Moston               |
| 5          | Marian Lauder           | Woodhouse Park       |
| 6          | Maybank                 | Brooklands           |
| 7          | Morris Feinman          | Didsbury             |
| 8          | Nada                    | Cheetham Hill        |
| 9          | Peacehaven              | Blackley             |
| 10         | Polefield*              | Blackley             |
| 11         | Russley Lodge           | Chorlton             |
| 12         | St Euphrasias           | Blackley             |
| 13         | The Seymour             | Clayton              |
| 14         | Yorklea                 | Chorlton             |

\* Polefield have also achieved the Gold Standard Framework award

**Providers currently under assessment**

| <b>No.</b> | <b>Name of Provider</b>              | <b>Ward Location</b> |
|------------|--------------------------------------|----------------------|
| 1.         | Brownlow House                       | Clayton              |
| 2.         | Henshaws Society For<br>Blind People | Northenden           |
| 3.         | Care Concepts                        | Woodhouse Park       |
| 4.         | Homeleigh                            | Crumpsal             |
| 5.         | Mary & Joseph House                  | Ancoats              |
| 6.         | Ringway Mews                         | Sharston             |
| 7.         | The Dell Residential Care<br>Home    | Gorton               |
| 8.         | The Royal Elms Care<br>Home          | Newton Heath         |
| 9.         | The Whitehouse                       | Northenden           |
| 10.        | Victoria NH                          | Longsight            |
| 11.        | Wellington Lodge                     | Blackley             |

**Appendix 2 - End of Life Care Model**



**Appendix 3 - Dignity in Care Model**

