Dignity Status
Home Care Providers

MANCHESTER CITY COUNCIL

www.manchester.gov.uk
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This is a good practice guide intended to help home care providers achieve the Dignity in Care daisy standard.
Dignity features prominently in the new framework for health and social care services. It emphasises that everyone has a contribution to make and the right to control their own life. It aims to provide people with more choice, give them a louder voice in identifying what services they need and improve access to those services. The overall goal is to provide person-centred seamless services that support independence.

We have identified the specific Department of Health’s National Minimum Standards that relate to dignity and the provision of home care, associated each with relevant points of the ten-point Dignity Challenge where appropriate, and illustrated them with examples of good practice. The Department of Health uses the term ‘service user’ in the standards. However, Manchester City Council has already adopted ‘customer’ as the preferred term, felt to be more appropriate in this context. In practice the terms are interchangeable but when the standards are quoted we have used the former.

Please note that numbering of the quoted standards follows that of the National Standards but, since not all those are relevant to this document, the numbers shown are not always consecutive. Also, to allow a more concise, readable document some of the standards have been abridged where brevity was possible without loss of meaning in this context.

In the standards working document, one of the performance measures mentioned is Quality Assessment Framework (QAF). The Framework now forms part of the Manchester City Council contract awarded to home care providers.

The Department of Health ten-point Dignity Challenge:

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you would want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen to people and support them 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.

Anyone who is committed to taking action to improve dignity in care can become a dignity champion. To register go to www.dignityincare.org.uk

There are three things all dignity champions are requested to do:

1. Put dignity on your local agenda
2. Take up the Dignity Challenge
3. Share what works
Manchester City Council is leading the way in championing dignity in the care of adults in the city, recognising it as a central theme in the provision of all health and social care services.
Manchester’s Dignity in Care campaign was launched on 24 October 2007 at the City of Manchester Stadium. It was inspired by excerpts from the poem ‘If I Had My Life Over – I’d Pick More Daisies’ and seeks to promote best practice for all those who look after adults in the city. The daisy has been adopted by Manchester as the emblem for the campaign, and is used to signpost people who are seeking good-quality social care and those recruiting dignity champions. It is hoped that the emblem will be adopted nationally. The campaign also encompasses the work already being done on intergeneration and safeguarding adults’ practices/procedures.

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

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

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

George Devlin, Head of Workforce Planning and Development, Manchester Adult Social Care

Councillor Basil Curley, Manchester City Council’s lead member for adult social care added: “The Government launched a debate on dignity in care last year and we are now trying to drive that forward in Manchester by encouraging as many organisations as possible to sign up as dignity champions. Everyone deserves to be treated with dignity and respect and this campaign will be a major step towards ensuring there is zero tolerance of abuse and disrespect of people looked after in the health and social care system.”
1. User-focused services

Information

Outcome: Current and potential service users and their relatives have access to comprehensive information so that they can make informed decisions on whether the agency is able to meet their specific care needs.

Standard 1

1.1 The registered person produces a Statement of Purpose and a Service User’s Guide for current and prospective service users and their relatives.

1.2 The Statement of Purpose and the Service User’s Guide are written in plain English and are available in appropriate formats.

1.4 All service users, their carers and prospective service users must be provided with the Service User’s Guide and are informed that they may inspect the Agency’s Statement of Purpose and access this document.

Dignity Challenge statements: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
It can be difficult choosing the right home care provider who will be able to cater for your needs. We pride ourselves in helping people to live independently in their own homes with personal care, meal preparation, light domestic work, and by collecting shopping, paying bills and accompanying them out of their own homes.

Together, we will plan your care with support from relatives and care staff to ensure that your quality of life will ultimately be achieved. We will provide you and your family with information so that you have a real sense of what to expect from our home and the role that you can play. We believe that we can offer you a fully comprehensive and integrated service while promoting a person-centred approach in your home, ensuring we meet your needs by:

- Valuing you and helping you to maintain your sense of identity
- Treating you as an individual
- Building up your self-esteem
- Looking at the world through your perspective
- Encouraging links with your personal or cultural past
- Working alongside you to encourage independence and self-realisation
- Spending time with you, establishing a good working relationship, which enables you to feel a valued member of the community
- Having copies of our Statement of Purpose and the Customer’s Guide written in plain English and available in appropriate formats

We understand that what matters to you as an individual, including your values and wishes, is key to person-centred care. We will endeavour to provide the same staff whenever possible, as we recognise that this is important in helping staff and customers get to know each other.

The Government has plans to increase customer empowerment through introducing individual and personal budgets for social care provision, which will be similar in many respects to the existing system of direct payments. With the introduction of individualised budgets, customers will be in control of how they allocate their care budget. You may require help with housework, gardening, shopping, walking your dogs – this will be your choice. We have many customers who commission their services and are happy to offer any help and support you require in this area. Similarly, we can also help if you are arranging your care privately.

If you have problems with mobility or any other physical restrictions, we can refer you to organisations that can advise you on making your home more comfortable and suitable for your needs. There is a wide range of equipment available, such as grab rails, tap-turners and specially designed kitchen utensils. More substantial adaptations can include widening doors and providing ramps for wheelchair access, stairlifts and specially designed showers and baths. Equipment to assist people with visual or hearing problems is also available.

If you live by yourself, there are several different emergency alarm schemes available in Manchester that can alert others in case of an emergency, and we are happy to give any support necessary in obtaining information etc.
1. User-focused services

Care needs assessment
Outcome: The care needs requirements of service users and their personal or family carers when appropriate are individually assessed before they are offered a personal domiciliary care service.

We always carry out a Care Needs Assessment before offering a service, unless of course there is an emergency situation, and then it is done as soon as possible.

Standard 2

2.1 A domiciliary Care Needs Assessment for new service users is undertaken, prior to the provision of a domiciliary care service (or within two working days in exceptional circumstances), by people who are trained to do so, using appropriate methods of communication so that the service user and their representatives are fully involved.

2.5 When a service is provided at short notice or in a crisis, and a care needs assessment has not been undertaken, the person providing the service is trained and able to undertake an initial contact assessment if required.

2.6 Procedures are in place to enable care and support staff to report changes to the care needs and circumstances of service users and their carers, so that a reassessment of care needs can be undertaken if necessary.

Dignity Challenge statements: 3, 4, 5, 8, 10
Meeting needs

Outcome: Service users, their relatives and representatives know that the agency providing the personal care service has the skills and competence required to meet their care needs.

We only employ qualified staff who are experienced, highly skilled and thoroughly vetted. They are also reliable, personable and hold an NVQ 2 Certificate in Direct Care or are working towards it. We do not employ staff under the age of 18 in line with the Care Standards Act. All our staff are required to undertake training as part of their continuous staff development. Our training requirements reflect the needs of all our customers and assist us in achieving our aims.

Standard 3

3.2 Staff individually and collectively have the skills and experience to deliver the services and care that the agency states in its information material it can provide. The skills and experience of care staff are matched to the care needs of each service user and they are able to communicate effectively with the service user using the individual’s preferred method of communication.

3.3 All specialised services offered (and identified in the Service User’s Guide) are demonstrably based on current good practice, relevant to the agency, and reflect relevant specialist and clinical guidance. This includes specialist services for people with dementia, mental health problems, sensory impairment, physical disabilities, learning disabilities, substance misuse problems, intermediate or respite care.

3.4 When services are provided for specific minority ethnic communities, social/cultural or religious groups, their particular requirements and preferences are identified, understood and entered into a plan for the service user.
1. User-focused services

Confidentiality

Outcome: Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected.

Our policy is that information is only shared on a ‘need to know’ basis and confidentiality is always respected.

Standard 5

5.2 Service users have summaries of the agency’s policies and procedures on confidentiality, which specifies the circumstances under which confidentiality may be breached and includes the process for dealing with inappropriate breaches of confidentiality.

5.3 Care or support workers know when information given them in confidence must be shared with their manager and other social/health care agencies.

5.4 The principles of confidentiality are observed in discussion with colleagues and the line manager, particularly when undertaking training or group supervision sessions.

5.5 Suitable provision is made for the safe and confidential storage of service user records and information including the provision of lockable filing cabinets and the shielding of computer screens from general view when displaying personal data.

Dignity Challenge statements: 6
Responsive services
Outcome: Service users receive a flexible, consistent and reliable personal care service.

We understand how important it is for staff to arrive at the agreed time and stay for the agreed period. We use an electronic monitoring system to quality-check this.

We also make every effort to ensure that there is continuity of staff to enable the building of relationships and trust.

Standard 6

6.2 Staff arrive at the home within the time band specified and work for the full amount of time allocated.

6.3 Upon arrival in the home, care or support staff ask the service user if there are any particular personal care needs or requirements they have on that visit.

6.4 The registered manager ensures that there is continuity in relation to the care or support worker(s) who provide(s) the service each service user.

6.5 Care or support workers are only changed for legitimate reasons

Dignity Challenge statements: 3, 5
2. Personal care

Service user plan
Outcome: The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan.
We believe that maintaining your sense of identity is linked with positive self-esteem and perceptions about quality of life. Intrinsic to this personal sense of identity are aspects of gender, occupation, ethnicity and sexuality.

In addition, a number of other factors may impact on a person’s ability to maintain a sense of identity, including loss of health and/or cognitive ability restricting independence and self-realisation. With this in mind we promote a person-centred care approach in all aspects of our care.

We practise person-centred care, as this values you as an individual and provides care that meets your needs and not those of the organisation, encouraging the development of good working relationships between customers and their care providers.

Person-centred care is one of the standards of the National Service Framework for Older People and encompasses four elements:

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

Understanding what matters to you as an individual, including your values and wishes, is crucial to person-centred care.

**Standard 7**

7.1 A personal service user plan outlining the delivery arrangements for the care is developed and agreed with each service user, which provides the basis for the care to be delivered and is generated from the care needs assessment, service user plan, risk and manual handling risk assessment and the service contract or statement of terms and conditions.

7.4 The plan establishes individualised procedures for service users in relation to the taking of risks in daily living and for those service users who are likely to be aggressive, abusive or cause harm or self-harm, focusing on positive behaviour

**Dignity Challenge statements:** 2, 3, 4, 5, 9, 10
2. Personal care

Privacy and dignity
Outcome: Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.

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

- first and foremost regarding all customers as real people who have desires, hopes and expectations, and speaking to customers with respect
- regularly checking with customers how they wish to be addressed, eg. Mrs Jones or Jenny
- encouraging and enabling customers to decide how they dress
- consulting customers on matters to do with their own care
- engaging in conversation with customers at every opportunity, especially when helping with bathing, dressing and at meal times.

Our customers’ mental capacity to decide on all matters relating to dignity will be assessed and dealt with in line with the requirements of the Mental Capacity Act 2007. Where appropriate an IMCA (Independent Mental Capacity Advocate) may be needed and this will be arranged.

Standard 8

8.1 Personal care and support is provided in a way that maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times.

8.2 Personal care and support are provided in a way that maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times.

8.3 Service users, their relatives and their representative are treated with courtesy at all times.

8.4 Service users are addressed by the name they prefer at all times.

8.5 Care and support workers are sensitive and responsive to the race, culture, religion, age, disability, gender and sexuality of the people receiving care, and their relatives and representatives.

Dignity Challenge statements: 1, 2, 3, 4, 5, 6, 9
Autonomy and independence

Outcome: Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.

As our statement of purpose indicates, the policy of our agency is to maximise the potential of every customer, allowing them to choose their own care as far as possible, and ensuring that routines serve them rather than the organisation. If appropriate, we will establish a forum for you and your family to voice your views and opinions.

Our customers’ mental capacity to decide on any matters will be assessed in line with the requirements of the Mental Capacity Act 2007. Where appropriate an IMCA will be appointed.

Standard 9

9.1 Managers and care and support workers enable service users to make decisions in relation to their own lives, providing information, assistance, and support where needed.

9.2 Service users are encouraged, enabled and empowered to control their personal finances unless prevented from doing so by severe mental incapacity or disability.

9.3 Care and support workers carry out tasks with the service user, not for them, minimising the intervention and supporting service users to take risks, as set out in the service user plan, and not endangering health and safety.

9.5 Service users and their relatives and representatives are kept fully informed about the service they receive and are provided with information in an appropriate format.

9.6 Care and support workers communicate with service users in their first or, where agreed, their preferred language.

Dignity Challenge statements: 4, 8, 9
2. Personal care

Medication and health-related activities

Outcome: The agency’s policy and procedures on medication and health-related activities protect service users and assist them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves.

We understand how important it is to customers to be able to stay in their preferred place of care and endeavour to support this fully.

We will support all healthcare needs, bringing in other professionals as needed. Being able to access appropriate health and care support is crucial to your quality of life and we will ensure your needs and any extra support needs are fulfilled. By an improved routine assessment, clear policies and documentation, along with appropriate staff training (rather than simply managing the problems) we can make a significant improvement to the quality of life in your home.

Seemingly ‘unwise decisions’ are a person’s right, and we respect this and do not impose our own standards.

We ensure all our staff are fully trained in all aspects of medication. Under the Mental Capacity Act, if after a risk assessment you have the capacity to self-administer your own medication, then you will be encouraged to do so. Where for personal reasons you choose not to self-administer, this will be documented and you will be asked to sign for this, and all the details will be recorded in the care plan.
Standard 10

10.1 The registered person ensures there is a clear, written policy and procedure adhered to by staff, which identifies parameters and circumstances for assisting with medication and health-related tasks and identifies the limits to assistance and tasks that may not be undertaken without specialist training.

10.2 The policy should include procedures if required for obtaining prescriptions and dispensed medicines and for recording the information.

10.3 Staff only provide assistance with taking medication, administer medication or undertake other health-related tasks when it is within their competence; they have received any necessary specialist training.

10.4 Assistance with medication and other health-related activities is identified in the Care Plan, forms part of the risk assessment (Standard 12) and is detailed within the Service User Plan.

10.5 Care and support staff leave medication at all times in a safe place that is known and accessible to the service user or, if not appropriate for the service user to have access, where it is only accessible to relatives and other personal carers, health personnel and domiciliary care staff.

10.6 Care and support workers follow the agency’s procedures for reporting concerns, responding to incidents and seeking guidance.

Dignity Challenge statements: 4, 9
3. Protection

Safe working practices
Outcome: The health, safety and welfare of service users and care and support staff is promoted and protected.
Your health and safety is a major issue of concern to us and everyone working in the provision of personal domiciliary care. For this reason we take extra care, particularly when entering or leaving your premises. All staff carry and display proper identification at all times.

Training on all aspects of health and safety is essential and ensures our staff are able to respond appropriately and work in a manner safe for you and themselves.

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**Risk assessment**

**Outcome:** The risk of accidents and harm to service users and staff in the provision of the personal care is minimised.

Before we take on a new customer we always carry out a detailed risk assessment; we have staff specifically trained for the purpose. The assessment is comprehensive and includes, where appropriate, the risks associated with assisting with medication as well as any risks associated with travelling to and from your home, particularly late at night.

You retain responsibilities in relation to the health and safety of your home and should not place people visiting you at risk. Any risks identified must therefore be discussed fully and then a plan to manage them is compiled and agreed.

**Standard 12**

12.1 The registered person ensures that an assessment is undertaken, by a trained and qualified person, of the potential risks to service users and staff associated with delivering the package of care (including where appropriate, the risks associated with assisting with medication and other health-related activities) before the care or support worker commences work. This is updated annually or more frequently if necessary.
3. Protection

Financial protection
Outcome: The money and property of service users is protected at all times while the care service is provided.

We are not responsible for managing your private finances.

Our Personal Finances policy addresses the need for you to obtain adequate financial advice, as anyone giving advice on financial matters should be qualified under the Financial Services Act.

We have policies and procedures in place that cover payment of bills, shopping and collection of pensions etc.

These policies also cover guidance to our staff on NOT accepting gifts or cash (beyond a very minimal value); using loyalty cards except those belonging to you; making personal use of your property, eg. your telephone; involving you in gambling syndicates, eg. national lottery, football pools; borrowing or lending money; selling or disposing of goods belonging to you and your family; selling goods or services to you; incurring liabilities on your behalf; taking responsibility for looking after your valuables.

Standard 13

13.1 The registered person ensures that there is a policy and procedures in place for staff on the safe handling of service users’ money and property.

13.2 The agency’s policies and practices regarding service users’ wills and bequests preclude the involvement of any staff or members of their family in the making of or benefiting from service users’ wills or soliciting any other form of bequest or legacy or acting as witness or executor or being involved in any way with any other legal document.

13.3 The registered person ensures there is a policy and procedure for the investigation of allegations of financial irregularities and the involvement of police, social services and professional bodies.

Dignity Challenge statements: 1, 4, 9
We believe that home care and support workers play a key role in the wellbeing of the lives of the people they care for. Many people, even those employed in providing care, are still relatively unaware of the existence of abuse and its effects. All our home care and support workers are aware that abuse is not necessarily extreme or obvious. It can be unintentional or insidious and the cumulative result of ongoing bad practice.

We will not tolerate any form of abuse. Vigorous safeguarding training is provided for all staff annually to ensure they are aware of the scope and existence of abuse, covering their role and responsibility in reporting and responding to any incidents that could be neglectful or abusive. The importance of reflecting on personal practice is regularly discussed at staff meetings and individual supervision.

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

In line with the Safeguarding Adults ‘No Secrets’ Policy, we keep records of all reported incidents. Following an initial internal enquiry, concerns are referred to Manchester City Council’s Contact Centre for further investigation.

Throughout any investigation, the priority is the customer’s safety and wellbeing. The best interests of the customer will be considered if there are capacity issues, under the Mental Capacity Act. Staff are sensitive to the traumatic impact that abuse can have and are able to offer comfort and reassurance.

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

Protection of the person
Outcome: Service users are protected from abuse, neglect and self-harm.
3. Protection

Standard 14

14.1 Service users are safeguarded from any form of abuse or exploitation, including physical, financial, psychological, sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment through deliberate intent, negligence or ignorance in accordance with written policies and procedures.

14.2 The Registered Person ensures that the agency has robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle-blowing) to ensure the safety and protection of service users. The procedures reflect local multi-agency policies and procedures, including the involvement of the Police and the passing of concerns to the NCSC in accordance with the Public Interest Disclosure Act 1998 and the Department of Health guidance No Secrets.

14.3 All allegations and incidents of abuse are followed up promptly and the details and action taken recorded in a special record/file kept for the purpose and on the personal file of the service user.

14.6 Physical and verbal aggression by a service user, their relatives or friends is responded to appropriately. Physical intervention is only used as a last resort, in accordance with Department of Health guidance and protects the rights and best interests of the service user, including people with special needs, and is the minimum necessary consistent with safety.

14.7 Training on prevention of abuse is given to all staff within six months of employment and is updated every two years.

Dignity Challenge statements: 1, 2, 9
Security of the home

Outcome: Service users are protected and are safe and secure in their home.

Each member of staff has an identification card with photograph, name and employing organisation, date of issue and expiry date. These are displayed at all times, laminated or otherwise tamper-proof and are returned to the organisation when employment ceases.

Records kept in the home

Outcome: The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care.

Standard 15

15.1 Care and support workers ensure the security and safety of the home and the service user at all times when providing personal care.

15.2 Clear protocols are in place in relation to entering the homes of service users.

15.3 Identity cards are provided for all care and support staff entering the home of service users.

15.4 For people with special communication requirements, there are clear and agreed ways of identifying care and support staff from the agency.

Dignity Challenge statements: 1, 2, 4, 6, 9

Standard 16

16.1 With the users’ consent, care or support workers record on records kept in the home of service users, the time and date of every visit to the home, the service provided and any significant occurrence.

16.2 Service users and/or their relatives or representatives are informed about what is written on the record and have access to it.
4. Managers and staff

Recruitment and selection
Outcome: The wellbeing, health and security of service users is protected by the agency’s policies and procedures on recruitment and selection of staff.
We only employ qualified staff who are experienced, highly skilled and thoroughly vetted. They are also reliable, personable and hold either an NVQ 2 Certificate in Direct Care or are working towards it. They are recruited following our recruitment and selection policy, have all the necessary CRB/POVA checks, and undergo induction training.

**Standard 17**

17.1 There is a rigorous recruitment and selection procedure that meets the requirements of legislation, equal opportunities and anti-discriminatory practice and ensures the protection of service users and their relatives.

17.2 Face-to-face selection interviews are undertaken on premises that are secure and private, for all staff (including volunteers) who are shortlisted and may be engaged.

17.3 Two written references are obtained before making an appointment, one of whom should normally be the immediate past employer, and these are followed up by a telephone call prior to confirmation of employment. Any gaps in the employment record are explored.

17.4 New staff and volunteers are confirmed by post only following completion of satisfactory checks.

17.5 Checks on the suitability of temporary staff may be undertaken by an employment or recruitment agency on behalf of the provider agency, provided that the checks comply with the requirements of these standards.

17.6 New staff, including temporary workers and volunteers, are provided with a written contract specifying the terms and conditions under which they are engaged, including the need to comply with the agencies’ Staff Handbook for staff.

17.7 Staff are employed in accordance with the code of conduct and practice set by the General Social Care Council and are given copies of the code.

17.9 Staff are required to provide a statement that they have no criminal convictions, or to provide a statement of any criminal convictions that they do have.

**Dignity Challenge statements:**
6, 9
4. Managers and staff

Requirements of the job

Outcome: Service users benefit from clarity of staff roles and responsibilities.

Our staff are aware that should they commit any criminal offences they must inform their manager straight away. We keep full details of all disciplinary incidents in accordance with our disciplinary policy.

Standard 18

18.5 Staff are required to notify their employer of any new criminal offence they may have committed, including motoring offences.

18.6 An immediate investigation is undertaken on any allegations or incidents of misconduct and appropriate disciplinary action taken as necessary.

18.7 A record is kept of all disciplinary incidents and details entered in the personal file of the member of staff concerned.

18.8 Staff who are believed to have committed any offence prescribed by regulations are immediately reported to the Protection of Vulnerable Adults (POVA) list.

Dignity Challenge statements: 1, 6, 9

Development and training

Outcome: Service users know that staff are appropriately trained to meet their personal care needs.

Our staff have numerous opportunities to develop themselves and undertake training as and when necessary. We offer regular supervision and appraisal as we feel this is particularly essential for home care staff who work daily in stressful, but totally unsupervised work settings.

Standard 19

19.1 The registered person ensures that there is a staff development and training programme within the agency, reviewed and updated annually, that meets the workforce training targets of the Training Organisation for Personal Social Services, and ensures staff are able to meet the changing needs of service users, their relatives and representatives.
Qualifications

Outcome: The personal care of service users is provided by qualified and competent staff.

We only employ qualified staff who are experienced, highly skilled and thoroughly vetted. They are also reliable, personable and hold either an NVQ 2 Certificate in Direct Care or are working towards it. We do not employ staff under the age of 18 in line with the Care Standards Act.

All our staff are required to undertake training as a part of their continuous staff development.

Our training requirements reflect the needs of all our customers to assist us to achieve our aims.

Standard 20

20.1 All staff in the organisation are competent and trained to undertake the activities for which they are employed and responsible.

20.2 Newly appointed care or support workers delivering personal care who do not already hold a relevant care qualification are required to demonstrate their competence and register for the relevant NVQ In Care award (either NVQ In Care level 2 or level 3) within the first six months of employment and complete the full award within three years. This standard will be deemed unmet if employers attempt simply to dismiss staff and rehire every six months.

20.3 Unqualified staff employed for less than two years at the commencement of the application of the standards are phased into the relevant NVQ In Care over the following two years and complete the award within three years.

20.4 Fifty per cent of all personal care by the provider to be delivered by workers NVQ qualified or equivalent, or better, by 1 April 2008. A detailed review of this target to be made available by 1 July 2006 so as to assess progress. Further reviews annually to set targets for two years hence. New personal care staff must continue to take up the NVQ course even when the fifty per cent target has been reached.

20.5 Managers obtain a nationally recognised management qualification equivalent to NVQ level 4 in management within five years from the date of application of these standards, or following that period, within three years of employment.

20.6 Records of training and development undertaken and the outcome are kept on a central development file and on individual personnel files.

20.7 Managers undertake periodic management training to update his or her knowledge, skills and competence to manage the agency.
5. Organisation and running of the

Business premises, management and planning
Outcome: Service users receive a consistent, well-managed and planned service.
Our business infrastructure is sound; we operate from premises that are suitable and fit for purpose and we have a strategic plan that ensures the smooth running of our operation and stability of the business. Our management structure is appropriate to the effective management of a dispersed workforce who work in stressful and responsible situations, primarily on their own and in other people’s homes. The ratio of managers to staff reflects this and the complexity of the care needs of customers.

**Financial procedures**

Outcome: The continuity of the service provided for service users is safeguarded by the accounting and financial procedures of the agency.

**Standard 22**

22.1 The business operates from permanent premises and there is a management structure in place, including clear lines of accountability, which enables the agency to deliver services effectively on a day-to-day basis in accordance with the agency’s business plan.

**Standard 23**

23.1 The registered person ensures that sound accounting and other financial procedures are adopted to ensure the effective and efficient running of the business and its continued financial viability.
Record-keeping
Outcome: The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.

You can access your records and information stored by us and can choose to amend these records if necessary.

Your relatives do not have the right to access your personal information without your permission under the confidentiality regulations in the Data Protection Act, unless covered by the Mental Capacity Act.

Policies and procedures
Outcome: The service user’s rights, health, and best interests are safeguarded by robust policies and procedures that are consistently implemented and constantly monitored by the agency.

We have comprehensive Health and Safety policies and robust procedures; all staff are trained in the key areas: moving and handling, fire safety, food hygiene and infection control.

Standard 24
24.1 The agency maintains all the records required for the protection of service users and the efficient running of the business for the requisite length of time.

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Standard 25
25.1 The agency implements a clear set of policies and procedures to support practice and meet the requirements of legislation, which are dated and monitored as part of the quality assurance process. The policies and procedures are reviewed and amended annually or more frequently if necessary.
Complaints and compliments

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

We have procedures to enable you, your advocate or family carers, to make a formal complaint about our service and for the complaint to be investigated promptly and any necessary action taken.

We understand that some people are extremely reluctant to complain, even when they have very valid reasons, for fear that the service may be taken away from them, and so we have a process that is customer friendly, transparent and straightforward.

We also actively encourage compliments as well as complaints!

Standard 26

26.1 The registered person ensures that there is an easily understood, well-publicised and accessible procedure to enable service users, their relatives or representative to make a complaint or compliment and for complaints to be investigated.

26.3 Positive action is taken to encourage, enable and empower service users to use the complaints and compliments procedure, including access to appropriate interpretation and methods of communication.

26.4 All complaints are acknowledged in an appropriate form and the investigation commenced within the period specified in the information given to users.

26.5 Service users are kept informed at each and every stage of the investigatory process and are given information on the appeals procedure and for referring a complaint, to the regional office of the National Care Standards Commission, at any stage if they so wish.

26.6 A record is kept of all complaints and compliments, including details of the investigation and action taken; this record is also kept on the personal file of the service user kept in the agency and on the home care or support worker’s personnel record.

26.7 There is a system in place to analyse and identify any pattern of complaints.

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Quality assurance
Outcome: The service is run in the best interests of its service users

We benchmark our improvement year on year and aim to achieve our own targets within the timescale recorded. Our development plan is fluid and ongoing in that there is constant development during the year with a reassessment of what has been achieved at the annual review.

We believe that feedback is a positive tool in developing our services and will from time to time seek help from you.

Standard 27
27.1 There is an effective system for Quality Assurance based on the outcomes for service users, in which standards and indicators to be achieved are clearly defined and monitored on a continuous basis by care and support staff and their line managers.
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