Home Carer’s Workbook

Name .........................................................................................................................

Organisation ..............................................................................................................

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

<table>
<thead>
<tr>
<th>Outcome measured</th>
<th>If no, please give reason</th>
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<tbody>
<tr>
<td>Are you a Dignity Champion?</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Is your manager a Dignity Champion?</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Is the Dignity campaign poster on display in the head office/staff room where everyone can see it?</td>
<td>Yes [ ] No [ ]</td>
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<tr>
<td>Is Dignity an agenda item on staff meetings?</td>
<td>Yes [ ] No [ ]</td>
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<tr>
<td>Is Dignity an agenda item at staff supervision sessions?</td>
<td>Yes [ ] No [ ]</td>
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<tr>
<td>Have you watched the ‘What do you see?’ DVD?</td>
<td>Yes [ ] No [ ]</td>
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<tr>
<td>Are the Dignity principles reflected in all staff training?</td>
<td>Yes [ ] No [ ]</td>
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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 are 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:

– Do you have an up-to-date CRB?
– Have you attended safeguarding training?
  When?
– Is valuing people as individuals central to your philosophy of care? Give examples.
– Do the policies of your home care organisation uphold Dignity and encourage vigilance to prevent abuse? Give examples.
– Is there a whistle-blowing policy in place that enables you to report abuse confidentially? Explain how this works.
– How do you support customers throughout any safeguarding investigations?
– Do you discuss scenarios in staff meetings? Give examples.

Answers: (if no, please give reason)

Yes [ ] No [ ]
Yes [ ] No [ ]

What CQC outcomes say about abuse

Outcome 7 Safeguarding service users 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 and 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

<table>
<thead>
<tr>
<th>Dignity checklist:</th>
<th>Answers:</th>
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<tr>
<td>– Are you polite and courteous to customers even when under pressure? Give example.</td>
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<tr>
<td>– Do you support and encourage customers rather than do things for them? Give example.</td>
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<tr>
<td>– Do the organisation policies and practices emphasise that you should always try to see things from the customer’s perspective?</td>
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<tr>
<td>– How do you ensure that customers are not left in pain or feeling isolated or alone?</td>
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<tr>
<td>– Do you always ask customers how they would like to be addressed and respect this? Give example.</td>
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<tr>
<td>– What input do you have in developing and updating customers’ care plans?</td>
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<tr>
<td>– Is there a staff policy on use of personal mobile phones during work time? What is it?</td>
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<tr>
<td>– Do you regularly ask customers if they need anything? Give examples.</td>
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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 the organisation’s policies and practices promote care and support for the whole person, respecting their beliefs and values? How?
– Does the care and support given to customers consider the individual physical, cultural, spiritual, psychological and social needs and preferences?
– Do policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices, and protect human rights?
– Badly managed or unacknowledged pain is one of the most powerful threats to older people’s dignity. What systems are in place to manage pain control, especially at the end of life?
– Personal preferences should be respected, as well as choice in how support is provided. For example, choosing when and how to carry out personal care tasks, using customers’ own toiletries, enabling them to choose what to wear etc. How do you promote and achieve this?
– Do you assist cleaning teeth or glasses?
– Do you regularly check with customers who use a hearing aid that the batteries are in working order?

Answers:

What CQC outcomes say about choice and control – pain management

Outcome 4: Care and welfare of people who use services
Relates to the care and welfare of people who use services. With regard to care at the end of life it requires that people are involved in the assessment and planning for their end-of-life care and are able to make choices and decisions about their preferred options, particularly those relating to pain management.

What CQC outcomes say about personal hygiene

Outcome 8:
Relates to cleanliness and infection control within health and social care settings
DIGNITY CHALLENGE 4

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

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

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:

– Choice and control is about freedom to act, for example to be independent and mobile, as well as freedom to decide.

– Does your organisation support customers (if possible) to be involved in community activities? How is this done?

– How do you ensure that you deliver care and support at the pace of the customers? Give example.

– How do you ensure that you avoid making unwarranted assumptions about what customers want or what is good for them? Give example.

– When being involved in individual risk assessments how do you promote choice in a way that is not risk-averse? Give example.

– How are customers involved in any decision that affects their care – including personal decisions (such as what to eat, what to wear).

– Do you have the opportunity to influence your home care organisation’s policies and practices?

Answers:

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 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; ensuring clear dialogue between workers and services.

Dignity checklist:

- How do you ensure that you truly listen with an open mind to customers receiving services? Give example.

- How do you enable and support customers to express their needs and preferences in a way that makes them feel valued? Give example.

- How do you demonstrate effective interpersonal skills when communicating with customers, particularly those who have specialist needs such as dementia or sensory loss?

- Is all information accessible to customers in an understandable and culturally appropriate way?

- How do you 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 well do you link what you learn from customers, through good communication with managers, to person-centred care? Care plans should include ‘time to talk’, giving people a chance to voice any concerns or simply have a chat.

- If a customer does not speak English, how do you access translation services?

- Have you attended training on how to communicate with people who have cognitive or communication difficulties?

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

Answers:
**What CQC outcomes say about communication**

Information for service users 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 taken into account that overstimulation can sometimes adversely have an impact on 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 it is practical to do so.
DIGNITY CHALLENGE 6

Respect people’s right to privacy

By this we mean:
Personal space is available and accessible when needed. Areas of sensitivity that relate 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:
– How do you ensure that customers receive care and treatment in a dignified way that does not embarrass, humiliate or expose them?
– What do you do to ensure that only those who need information to carry out their work should have access to people’s personal records or financial information?
– Do you always ask customers for their permission before accessing their personal belongings/mail (open/read) etc?

Answers:

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, and where necessary bathroom and bathing facilities, that take into account people’s diverse needs, promoting 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; enabling people to raise their concerns freely.

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

Answers:

What CQC outcomes say about complaints
Outcome 7: Safeguarding service users 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 person receiving services.

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<tr>
<th>Dignity checklist:</th>
<th>Answers:</th>
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<tr>
<td>Are you encouraged to value the role of relatives and carers, and respond with understanding? How?</td>
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<tr>
<td>Do you provide support for carers who want to be closely involved in the care of the customers, and provide them with the necessary information? How?</td>
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<tr>
<td>Are you aware of the possibility that relatives’ and carers’ views are not always the same as those of the customer? What would you do if you thought there was a problem?</td>
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<tr>
<td>Is there a customer ‘log’ giving contacts and telephone numbers for key people in the organisation and families/carers, as well as medication details and special dietary requirements? If yes, where is it located and how do designated or approved people know how to access it?</td>
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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 person receiving services, 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

– When providing support with personal care, how do you take the customer’s lifestyle choices into consideration – respecting their choice of dress and hairstyle, for example? How do you achieve this?

– How do you maximise customers’ abilities at all times during eating and personal care and hygiene activities?

– Good nutrition depends on the needs of the individual. People may be overeating or undereating and may have health conditions that affect their needs. How do you ensure that people’s individual needs are met?

Answers:

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 (if needed) for the purpose of enabling people to eat and drink sufficient amounts for their needs.
DIGNITY CHALLENGE 1o
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 you provide information and support to help individuals engage in activities that help them participate in and contribute to community life? How?
– Are responsibilities of all staff towards achieving an active and health-promoting culture made clear through policies, procedures and job descriptions?
– Some customers may want to make new friendships or relationships. How could you help to support this?

Answers:
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

Notes
Appendix A

The eight Dignity factors

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

**DIGNITY FACTOR 1**
*Choice and control*
Enabling people to make choices about the way they live and the care they receive.

**DIGNITY FACTOR 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 B

Stand up for Dignity

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

**STAND UP FOR DIGNITY 1**
**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 C

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 D

Dignity Factsheets

Choice and control

- 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

- 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 to 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.
Eating and nutritional care

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

**Ideas you could use**

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

**Recruit volunteers to improve mealtimes**
Create a pool of volunteers to help make mealtimes more sociable and assist people with eating where needed.
Dignity in Care factsheet

Pain management

- Raise staff awareness that people may not report pain, that it can have a significant impact on dignity and wellbeing, and that it can be identified and treated.
- Enquire about pain during assessment.
- Ensure that night staff receive the same training on pain identification and treatment as 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 underdiagnosed and undertreated.
- 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 behaviour.
- 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.

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

• Support people to maintain their personal hygiene and appearance, and their living environment to the standards 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 antibacterial 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.
Practical assistance

• 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 they want.
• Tap into or develop local services to provide help for people in the community, eg. gardening, maintenance.
• Make use of volunteers.
• To reduce risk of abuse through people being identified as not coping and subsequently targeted, encourage homeowners 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 relaunched 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, to help 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 to care for their pets. They provide help by walking and grooming dogs, taking pets to the vet, cleaning cages, or short-term fostering. Lifelong fostering can also be arranged.

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

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Privacy

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

Ideas you could use

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

Use ‘Do not disturb’ signs to respect people’s privacy
To respect people’s privacy at certain times, you could consider introducing ‘Do not disturb’ signs.

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Social inclusion in practice

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

Idea 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.

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