

## **DIGNITY IN CARE**

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### ***Executive Summary***

*Dignity in Care is a national campaign to implement a zero tolerance approach to the abuse of and disrespect towards older people. The report outlines the areas of work Wirral may wish to consider taking forward to measure awareness of the need for respecting people's dignity.*

## **1 Background**

- 1.1 The Dignity in Care Campaign was launched in November 2006; it aims to stimulate a national debate around the need for people receiving care services to be treated with dignity. The aim is to create a care system where there is a zero-tolerance approach to the abuse of, and disrespect towards, older people.
- 1.2 The campaign is about winning hearts and minds, changing the culture of care services and placing a greater emphasis on the quality of care services in, for example, hospital, care homes and community services.
- 1.3 The campaign is being led by the Government in partnership with many organisations that provide care and protect the interests of those using care services.
- 1.4 It includes action to:
  - Raise awareness of dignity in care;
  - Inspire local people to take action in support of the campaign;
  - Share good practice and give impetus to positive innovation;
  - Transform services by supporting people and organisations in providing dignified services; and
  - Reward and recognise those staff and teams that make a difference and go the extra mile.
- 1.5 In support of this campaign, people across the country from all walks of life are signing up as Dignity Champions.

## **2. Dignity Champions**

- 2.1 Dignity Champions are people who believe that ensuring dignity and respect for people using care services is a cause worth pursuing. To Dignity Champions, being treated with dignity isn't an optional extra; it's a basic human right. They believe it is not enough that care services are

efficient. They must be compassionate too. Champions aim to work in partnership with care providers to improve the quality of services.

2.2 Dignity Champions are people who, in their own way, are committed to taking some action, however small, in order to create a care system that has compassion and respect for those using its services. The role is not intended to require lots of time, energy and experience. For example, even commending staff on a personal level for respecting dignity helps the campaign.

2.3 Dignity Champions include health and social care managers and frontline staff. They also include MPs, councillors, non-executive directors, members of local action groups and Local Involvement Networks, and people from voluntary and advocacy organisations. People, who use care services, their relatives and carers, as well as members of the public, are also becoming Dignity Champions

### **3. The Dignity Challenge**

3.1 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

3.2 What is important to older people in maintaining dignity when receiving health and social care services?

### **4 Autonomy**

4.1 This is a major aspect of dignity in care and involves:

- Support to be involved in care if people want to be:
  - Appropriate, sensitive and timely assistance available to help people to make decisions
  - Availability of advocacy services
- Ascertaining people's desire to be involved in their own care
  - establish what people would like to do for themselves and what they would like help with, and providing them with choice wherever possible
  - constant review of cognitive capacity

- involving people in their own care:
  - in care planning, if desired
  - in care and treatment
  - wishes and needs taken into account when planning treatment
  - complaints listened to, taken seriously and acted upon where necessary
  - responsibility for own medication where possible
- Support to maintain and maximise independence including :
  - support and services available to help maintain independence (even at the end of life)
  - availability of appropriate equipment to maximise independence in all settings
  - availability of accommodation/environment that meets needs and matches expectations and preferences.

## **5 Communication**

5.1 The domain often reveals the attitudes of health and social care professional towards service users, and should include:

- readily available, approachable, qualified staff to discuss any concerns
  - appropriate, courteous and sensitive communication from staff at all times.
  - being acknowledged and seen as real people
  - feel listened to and understood by care professionals
- Effective communication, including
  - consistent messages about treatment, condition or everyday living arrangements
  - clear and understandable explanations of treatment and conditions.

## **6 Eating and nutrition**

6.1 Dignified care entails more than simply ensuring patients eat enough. It should include:

- choice of when and what to eat
- sensitive, appropriate and timely assistance with eating
- presentation of food (e.g. proper cutlery; eating as a social experience at a nicely laid table)
- drinking and dehydration (particularly during end-of-life-care).

## **7 Privacy**

7.1 Privacy is regarded as a key aspect of being able to preserve one's self respect and includes:

- Design of care environments for example curtains and blinds that close
- Respectful staff attitudes in relation to all aspects of care including privacy when washing, dressing and using the toilet, knocking on doors

before entering the room and waiting to be invited in, privacy during examinations and treatment by health professionals.

- Availability of appropriate facilities to help maintain privacy like single-sex wards and washing/toilet facilities and gowns that do not gape.

## **8 Personal Care**

8.1 This includes:

- Respect an individual's preferred lifestyle, including: flexibility to meet individual needs, timetables to suit the client, assistant that reflects individuals wishes.
- Respectable delivery of care and support
- Sufficient time for home care visits

## **9 Action**

9.1 A number of Councils and NHS Trusts have set up specific initiatives to recruit dignity champions and increase awareness of the importance of respecting people's dignity.

9.2 A small task group to be established across Social Care, Health, LINKs and Older People's Parliament to develop an action plan for Wirral.

9.3 Areas to consider are:

- Publicise our intent
- Active Media Campaign
- Include Dignity criteria in contracts for commissioned services
- Include Dignity challenges as an essential aspect of all job descriptions
- Seek people to register as Dignity Champions
- Consider a local Dignity in Care Aware Scheme and Awards for individual staff
- Link Dignity agenda to personalisation, Adult Protection and equality and diversity agendas
- Undertake survey/audit of Dignity in Care and develop centres of excellence

## **10 Financial Implications**

None arising from this report

## **11 Staffing Implications**

None arising from this report

## **12 Equal Opportunities Implications**

The campaign promotes effective equality and diversity practice

**13 Community Safety Implications**

The campaign would enhance the work of the partnership approach to community safety being taken in Wirral.

**14 Local Agenda 21 Implications**

None arising from this report

**15 Planning Implications**

None arising from this report

**16 Anti Poverty Implications**

None arising from this report

**17 Social Inclusion Implications**

This invitation would contribute to the social inclusion agenda. Recognising the value and importance of all people including those who need support.

**18 Local Member Support Implications**

The campaign applies to all wards within the Borough and active support from members is encouraged

**19 Health Implications**

The campaign is actively supported by the Department of Health

**Background Papers**

Reference – Dignity in Care Becoming a Champion Department of Health 2008.

**20 Recommendations**

That

- (1) The Committee notes this report and approves the suggested actions

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