

<b>REPORT TO:</b>	<b>ADULT SOCIAL SERVICES REVIEW PANEL</b> <b>17<sup>TH</sup> JULY 2012</b>
<b>AGENDA ITEM NO:</b>	<b>7</b>
<b>SUBJECT:</b>	<b>REPORT INTO WORK OF THE CARE SUPPORT TEAM IN FACILITATING THE DIGNITY IN CARE AGENDA WITH PROVIDERS</b>
<b>LEAD OFFICER:</b>	<b>EXECUTIVE DIRECTOR FOR ADULT SERVICES, HEALTH &amp; HOUSING</b>
<b>CABINET MEMBER:</b>	<b>COUNCILLOR MARGARET MEAD, CABINET MEMBER FOR ADULT SERVICES &amp; HEALTH</b>
<b>WARDS:</b>	<b>All</b>

**CORPORATE PRIORITY/POLICY CONTEXT:**

The recognition that making dignified care a key outcome in the delivery of care was incorporated into the department of health's green paper 'Independence, Wellbeing and Choice 2005 and white paper, Our health, Our care, Our say in 2006.

The Commission on Dignity in Care for Older People was established following the publication in February 2011 of *Care and Compassion*, the report by the Parliamentary and Health Service Ombudsman, Ann Abraham, which exposed shocking failures in the care of older people. The Commission stressed the importance of human rights legislation and the 2005 Mental Capacity Act, as well as meeting people's spiritual and religious needs. In November 2011 the Human Rights Commission enquiry in the care of older people in their own homes 'Close to Home' gave further impetus to making dignified care an essential standard.

Resulting from this report the commission has suggested basic rules for delivering dignified care. The Commission identifies the issue of the personal responsibility that each member of staff has to provide dignified care and to challenge poor practice. The commission considers the leadership required from professionals in positions of authority and decision making as well as medical and clinical professionals, care home managers, and boards and senior management teams and their role.

The Dignity Campaign focuses on ten different aspects of dignity. This is known as the 10 point challenge and is outlined below.

High quality services that respect people's dignity should:

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 peoples 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 peoples loneliness and isolation

**FINANCIAL IMPACT: N/A**

**FORWARD PLAN KEY DECISION REFERENCE NO.: N/A**

## **1. RECOMMENDATIONS**

That the Panel notes the Report.

## **2. EXECUTIVE SUMMARY**

This report outlines how the Dignity in Care standards are being implemented in Croydon.

## **3. THE ROLE OF THE CARE SUPPORT TEAM IN RAISING AWARENESS OF AND STANDARDS IN DIGNITY IN CARE:**

3.1 The Care Support Team works closely and collaboratively with other professionals in the Council and other statutory, voluntary, and private agencies to influence best practice including the Dignity Agenda. The Dignity Agenda is promoted by all the teams in DASHH as an integral part of their approach of assessment, interventions, care planning and reviews. The Social Work teams practice dignity in care as part of their overarching Code of Practice promoting person centred care, human rights and independence as part of their work with service users and their families.

3.2 All initial visits to provider services and teams of staff by the CST involve raising awareness; asking about how Dignity in Care is delivered and how many Dignity Champions are currently signed up. Reminders are made to provider services of the significance for LBC of this as a central and integral part of the expectations of delivering services.

3.3 In addition the Care Support Team links with LB Croydon's staff:

- Safeguarding Coordinator
- Commissioning teams for adult provider services
- Learning & Development including Skills for Care training for providers
- Social work, care management and Community Mental Health Teams

### **3.4 Outside of LBC**

Anna Butt – End of Life Care St Christopher's Hospice – CPR issues and Mental Capacity & Dignity

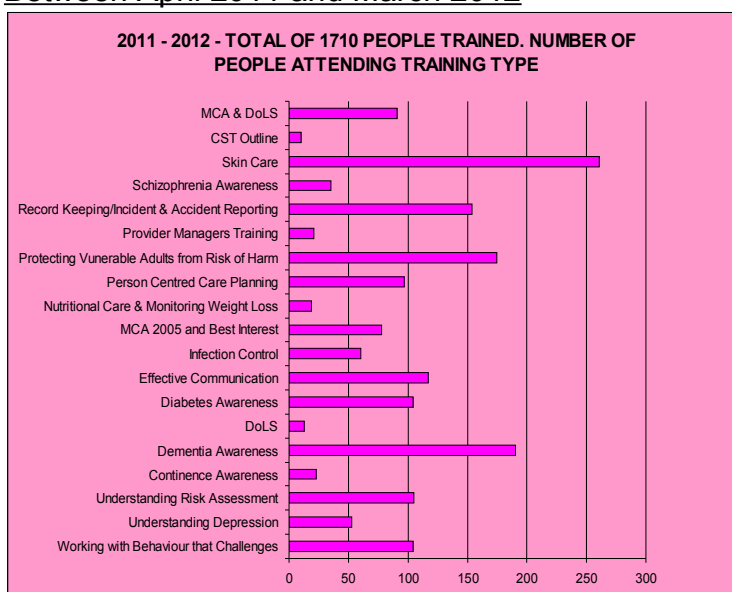
Barbara Jesson – Community Pharmacy Advisor NHS Croydon and 12 local

pharmacists who have a SLA to audit nursing and care homes  
 Croydon Voluntary Action – Health Watch training of volunteers  
 London Ambulance Service – who report incidents of poor practice in dignity to the CST through the feedback form

- 3.5 Events have been arranged by other lead staff within LBC to raise awareness and to encourage staff to sign up to Dignity Championship
- A multi agency event jointly held at CVA in February 2012 on Dignity in Care
  - Signing up staff as Dignity Champions in May 2012 in the Deli at Taberner House
  - Age Uk event on 19 June 2012 which focused on Dignity in Care as an underlining theme.
  - The CST are attending team meetings within Initial Contact Service to raise awareness and offer support to new staff around the Dignity Challenges
  - Vincent Docherty, safeguarding coordinator has a programme of training specifically around Dignity and Safeguarding which is available to providers

3.6 The Care Support team works with providers of care services across a number of themes to assist them to raise standards of care. The themes focus on safeguarding, understanding of the mental capacity act, deprivation of liberty safeguards and capacity issues in general, tissue viability, infection control and supporting people with dementia. Dignity is a golden thread that runs through all this training and is at the heart of all human transactions between care giver and the person being supported. The training delivered by the CST is tailored to the individual needs of the service and is service based. The CST workers go to the provider and not the other way round. This makes the delivery very specialized and encourages take up when releasing staff for training may otherwise be problematic. Work based training often has more relevance to staff than training in a formal setting elsewhere and helps to embed the learning into practice.

3.7 A total number of 1710 staff have attended training by the CST Between April 2011 and March 2012



workshops provided by the Care Support Team include:

- Helping staff to talk with service users reinforcing the importance of listening as a skill to develop.
- Reminding staff of the importance of getting to know individuals, developing rapport and trust in order to appreciate their uniqueness - the keystone of dignified approaches to care
- Taking time to engage by asking simple questions such as 'Do you have everything you need?' or 'Is there anything you would like me to explain?'
- Talking through the steps of a task before and while it is being performed allowing the person to express themselves and allay anxiety and giving the person more control over their personal care needs, treatment and environment.
- Responding to individual's request which should never be ignored; reassuring the person that they have been heard.
- Offering assistance in the way that you would wish to be treated yourself.
- Remembering to consider nutrition and hydrations needs.
- Encouraging formal and informal feedback to improve practice, challenge poor or inappropriate practice observed by others and learn as a staff team from analysis of suggestions made by service users.

3.9 Along with this is the message of what the consequences of poor or inappropriate practice can result in. Breach of Human Rights – Compensation Claims, Safeguarding (actions considered as abusive), challenges for breach of contract, illegal acts under s.44 MCA for willful acts of neglect or omission, disciplinary measures or deregistration from professional regulatory associations.

### 3.10 **Further Key messages to staff & managers of provider services incorporated into training and workshop sessions**

- Caring for others is skilled, demanding and rewarding work. Staff who feel valued and encouraged by their line manager towards professional development will feel valued by the organisation and are more likely to acknowledge that they perform a valuable and important role. The work of care home staff can be challenging and accompanying the challenges are high levels of responsibility for dignity and safety.
- While existing 'dignity champions' perform an important role, everybody involved in the professional care, assistance or support to another person must feel personally responsible for championing dignified care.
- All members of staff need to be clear that it is their responsibility to challenge neglectful, insensitive and discriminatory behaviour towards a service user as soon as it occurs, and need to make compassion and kindness an integral part of their everyday vocabulary and practice.
- Challenging undignified care needs to be done in a constructive manner, rather than in a confrontational way, as this is far more likely to engage staff in understanding the right approach and to bring about lasting change.

The message that it is individual decisions to do the right thing that ultimately changes an organisation's culture.

### 3.11 **Key messages to managers of provider services :**

**Managers of services and proprietors must recognise that a culture of personal responsibility is grounded in:**

- clear expectations of performance
- both mandatory training and development opportunities to enhance practice
- that the organisation is responsible for putting into place policy, operational procedures and other mechanisms that enable staff to highlight and correct poor care
- encouragement, recognition of good practice will be a support for staff who highlight shortcomings.

**3.12 Overall Messages which supports the model and methods of training provided by LBC**

There is evidence that traditional training, often based in lecture rooms, does not always bring about the kinds of changes in attitude and behaviour that are required; in contrast, there have been major advances in learning and development carried out in workplaces. Evidence provided from researchers at the University of Ulster, Sheffield University and Edinburgh University and locally from the research carried out by Kings College London (of the work of the CST) which demonstrates the benefits of integrated learning and development strategies, which take place in the work-place. This has been termed Active Learning which essentially means 'learning through doing; (Professor Jan Dewing Canterbury Christchurch University and East Kent University Hospitals NHS Foundation Trust)

**3.13 Building and commissioning dignified caring care:**

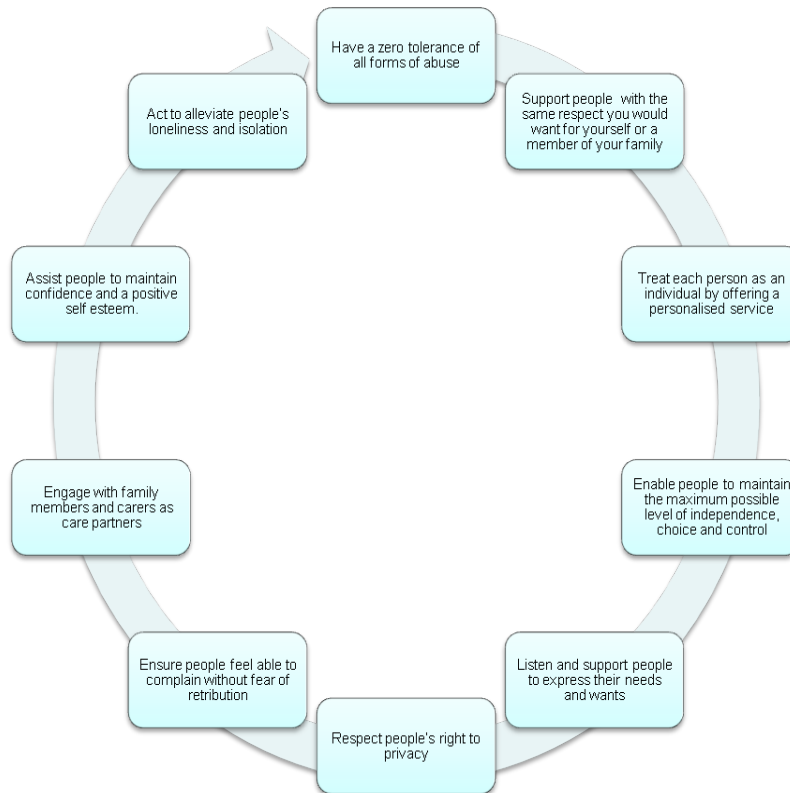
- Local authorities are responsible for commissioning care home placements, alongside those commissioned privately by people themselves and their families and carers.
- It is therefore important that a shared vision articulates an understanding across the care system of what dignified care means.

**3.14 Commissioning care services involves, among other aspects:**

- developing a shared vision of high-quality care with service users and providers
- working with providers to improve quality and integrate more effectively with other services
- listening to feedback from services users and their representatives
- holding providers to account for any shortcomings.
- robust contracts and contract compliance that place dignity to the fore

**3.15 Conclusion**

- Dignity in Care in Croydon is taking place and being promoted in a wide variety of ways with the involvement of a range of professionals and teams. Dignity in care is not a task or set of tasks; it is a philosophy which is translated into an approach supported by values.
- No one person is currently leading on Dignity within the council although a number of people are taking strong action to promote champions who shine a light on the importance of sharing the values and aspirations of the ten dignity challenges.



#### **4 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

4.1 There are no financial implications or risks.

#### **5. LEGAL CONSIDERATIONS**

5.1 There are no legal implications for the service.

#### **6. HUMAN RESOURCES IMPACT**

6.1 There is no human resource impact arising from this report.

#### **7. EQUALITIES IMPACT**

7.1 There is no equalities impact.

#### **8. CRIME AND DISORDER REDUCTION IMPACT**

8.1 There are no crime and disorder impacts.

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**BACKGROUND DOCUMENTS:** None