


CHAPTER OF RIGHTS, RESIDENTS' RIGHTS

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It is the policy of Bendigo Nursing Home to enable the people who use services to lead as independent and fulfilling a life as possible and practicable by respecting their rights. In this respect the following Chapter of Service User's Rights will be observed by all staff and be readily available to be viewed by Service Users and representatives and anybody involved in their care.

1. This service and all staff involved in the care, treatment and support of the Service Users promotes and adhere to the following:
 - a) Recognise the diversity, values and human rights of people who use services by:
 - Discussing information about choices in a way they can understand.
 - Providing information about what their rights are.
 - Having staff who are aware of, understand and recognise the person's social and cultural diversity, values and beliefs that may influence their decisions and how they want to receive care, treatment and support.
 - b) Uphold and maintain the privacy, dignity, choices and independence of people who use services by:
 - Involving them, as far as is possible, in their needs assessment, planning and setting care, treatment and support goals.
 - Respecting their choice to care for themselves or manage their own treatment, wherever they can.
 - Enabling people who use services, or others acting on their behalf, to make informed choices even where there are risks involved with the decision they make.
 - c) *Put people who use services at the centre of their care, treatment and support by enabling them to make decisions.*
 - d) Provide information that supports people who use services, or others acting on their behalf, to make decisions about their care, treatment and support by being:
 - Given the information they need to make choices.
 - Able to discuss the options available to them with a person who:
 - understands their individual needs, choices and preferences
 - knows what the aims and limitations of the service are
 - understands the various choices that the person who uses the service could make
 - is aware of the consequences of the various choices that the person who uses the service could make
 - Is able to present the risks and benefits of the options based on evidence, research or experience.
 - Given the time they need to make their decision, taking account of the urgency of the situation.
 - Given relevant information to encourage them to change lifestyle behaviours that are placing their health at risk, so they can make informed choices about whether they wish to lead a healthier life.
 - e) Support people who use services, or others acting on their behalf, to understand the care, treatment and support provided by encouraging them and giving them opportunities to:
 - Describe their holistic needs and to discuss the impact of their care, treatment and support on the person who uses the service.
 - Raise specific needs or to express concerns relating to equality, diversity and human rights.

- f) Enable people who use services to care for themselves where this is possible.
- g) Encourage and enable people who use services to be involved in how the service is run by being given information on:
 - The aims, objectives and purpose of the service.
 - The facilities that are available for their care, treatment and support.
 - How their care, treatment and support is reviewed.
 - The cost of the services, where charges are applied.
 - How to raise a concern or complaint about the service, and how it will be dealt with.
 Enabling the access to:
 - Local advocacy services to represent the Service User's interests.
 - A representative user group made up of people who are using, or have used, the service or similar services.
 - The cooperation with local involvement networks, where they have the right to enter and view the service. The cooperation with any other relevant user forums.
 And giving opportunities for:
 - General discussions with the provider, on an informal basis, as the person who uses services wishes.
 - Periodic surveys or gathering of their views.
- h) Encourage and enable people who use services to be an active part of their community in appropriate settings by ensuring they can practice the:
 - The right to vote
 - The right to worship in the chosen faith
 - The right to express sexuality and develop and maintain sexual and personal relationship

2. *The management of the home recognises the right of the individual service user to live the lifestyle of his / her choosing, subject to an appropriate Health & Safety Risk Assessment of the individual. Specifically, this Policy summarises the arrangements in place to enable service users to cast their votes in local and national elections:*

- a) *It is the right of every service user to remain on the electoral roll for voting purposes. The home will ensure that the appropriate returns to the local authority are duly completed in order to do so.*
- b) *If appropriate and if the service user wishes, the service will arrange for 'postal voting' in advance. A staff member will assist with making the necessary application in due time.*
- c) *On polling days the service user, if able to do so, may leave the home for purposes of voting. A member of staff may accompany the service user if staffing levels and current duties permit. Alternatively, the service user's family or advocate will be contacted with a view to visiting and taking the service user out to vote.*

3. *The management of the home recognises the right of the individual service user to live the lifestyle of his / her choosing, subject to an appropriate Health & Safety Risk Assessment of the individual. Specifically, this Policy summarises the arrangements in place to enable service users to attend their chosen places of worship and / or receive visits from their appropriate Ministers of Religion:*

- a) *Representatives from a church congregation visit the home on regular basis.*
- b) *Service users may attend religious services either within or outside the home as they so desire. If services are outside the home the service user should, where possible, arrange for transport and accompaniment with friends or relatives. In the event of this not being possible, the key worker or another staff member may accompany service users on specific occasions if staffing levels permit.*
- c) *Service users have the right to meet clergy of their chosen denomination at any time. If required, a private room will be made available within the home for such meetings.*

4. This Home believes that service users in the home have the right to develop and maintain intimate personal and sexual relationships and to engage in sexual activity which is within the law and does not cause significant offence to others, that the accommodation, care practice and other arrangements of the home should facilitate the operation of this right, and that information

and guidance should be available if needed to help service users remain safe and healthy, enjoy pleasurable experiences and take appropriate decisions for themselves in this area of their lives.

a) We aim to ensure that:

- service users are able to have visitors at any reasonable time
- service users are able to entertain visitors in private in their own rooms
- service users are assured of privacy and the absence of interruption for any intimate or personal contacts or sexual activity in which they are engaged
- a service user who has a marital or sexual partner who resides outside the home is offered every possible assistance in maintaining the relationship if that is what they wish
- service users are able to decide whom they see and do not see, and if necessary are supported in these decisions
- a request by a service user to restrict or forbid an unwelcome visitor is recorded and complied with
- service users are as far as possible protected both within or outside the home from any personal contacts which are unwelcome or abusive
- special help will be given to service users who share rooms if they require privacy for intimate or sexual activities
- as far as possible, on occasions when intimate care is given, service users' wishes as regards the gender of the care worker are respected
- service users have ready access to any necessary advice or guidance to ensure that any sexual activity in which they engage is safe and pleasurable
- the sexual orientation and preferences of service users are treated with respect
- gay and lesbian relationships are accorded similar respect to that given to heterosexual activities
- service users are encouraged to recognise that living in a communal setting requires them to conduct personal relationships and engage in sexual activities in ways which are considerate towards other residents
- efforts are made to ensure that the personal relationships and sexual activities of service users are treated with respect by other service users and by others having contact with the home
- service users who form intimate relationships while resident in the home, either with another resident or with someone living outside the home, are offered every possible assistance in furthering such a relationship
- in instances where two service users who have an established intimate relationship come into the home together or one subsequently joins the other, arrangements are made, subject to their wishes, for them to share accommodation, to spend time together, and to take part in activities as partners
- if service users engage in any sexual activity or display which is offensive to others, prompt steps are discretely taken to discuss the matter with the person concerned and to help them contain their behaviour within reasonable limits
- all possible efforts are made to protect service users from any form of sexual abuse
- any service user who, because of a disability, requires assistance in fulfilling their sexual aspirations has the opportunity to discuss their needs with staff who, where possible, will arrange for appropriate help to be provided
- information about service users' personal and sexual relationships and activities is treated confidentially and sensitively and is passed only to those with a specific need to know
- the opportunity is provided for service users to discuss matters relating to their sexual relationships and activities within the care planning process, always with due regard to the need to treat these issues with confidentiality and sensitivity
- particular care and sensitivity are exercised if it is necessary to pass information between staff or to make a written record relating to any matter concerning a service user's intimate relationships or sexual activity
- service users' relatives, friends and representatives are fully informed about the contents of this policy and are provided with appropriate support and guidance if they seek it
- sexual relationships between staff and service users are prohibited.

b) Advice

A service user requiring advice on sexual matters or personal relationships can raise the matter with any member of the care staff or management with whom they feel comfortable or make a direct approach to any of the following:

- The service user's own GP, contact details can be found in their individual care plan
- Marriage Care – Telephone: 0845 660 6000 or www.marriagecare.org.uk
- Sexual Health Direct: 0845 122 8690
- Lesbian and Gay Switchboard: 0207 837 7324
- Relate – 22 Church Street, Eastbourne: 01323 410001

5. The right to Advocacy to represent the service user's interests. This service enables service users to have access to an advocate.

a) What is Advocacy?

- ☑ In the context of health or social care 'advocacy' is usually understood to refer to speaking up for, or acting on behalf of, another person who is vulnerable or unable to speak up for themselves.
- ☑ Some people are not clear about their rights, or have difficulty in fully understanding these rights. Others may just find it hard to speak up for themselves. In the case of those suffering from dementia advocacy is very important. Many people with dementia are unable to represent themselves and rely entirely upon others.

b) What can Advocacy achieve?

- ☑ Advocates generally help people to make informed choices or help them to have their rights respected.
- ☑ Advocacy is usually required to help service users to:
 - ☑ Make clear their own views and wishes
 - ☑ Express and present their views more effectively
 - ☑ Obtain independent advice and accurate information
 - ☑ Negotiate and resolve conflict.
- ☑ Advocacy enables individuals to do more for themselves and lessens their dependency on other people.

c) What does an advocate actually do?

- ☑ An advocate meets with the service user and develops a relationship with them, listening to them so they can understand their concerns. The advocate will then become involved wherever the service user wants representation. The process is led by the service user and activities that an advocate will commonly become involved with include:
 - ☑ Going to meetings with the service user.
 - ☑ Making a phone call for the service user.
 - ☑ Helping the service users to write a letter or writing a letter with the service user.
 - ☑ Helping the service user to send or write email.
 - ☑ Speaking for the service user to someone about their worries or about a particular problem.
- ☑ Advocacy is not about counselling, nor is it about mediation or persuading the person to agree with others. Advocacy is not an alternative complaints procedure but may involve the advocate in supporting the person in making a complaint effectively.

d) Who can be an advocate?

- ☑ Anyone can be an advocate. However, it is generally best if the advocate is independent of the service provider and can give objective advice. This ensures that there is no conflict of interest and no other pressures on the advocate. The advocate is then free to give independent, impartial advice and support.
- ☑ A whole range of independent voluntary advocacy services, organisations and groups exist. Many work with specific groups of people, such as those with dementia.

e) What is an Independent Mental Capacity Advocate?

- In situations where decisions are being made about serious medical treatment for a person who lacks mental capacity and has no one to speak for them, such as family or friends, the Mental Capacity Act makes provision for them to be supported by an Independent Mental Capacity Advocate (IMCA).

- Independent Mental Capacity Advocates, or IMCA's as they are known, were introduced under the Mental Capacity Act to strengthen the advocacy system and ensure that everybody who needed an advocate got access to one.
- An IMCA makes representations about the person's wishes, feelings, beliefs and values, at the same time as bringing to the attention of the decision-maker all factors that are relevant to the decision. The IMCA can challenge the decision-maker on behalf of the person lacking capacity if necessary.
- There are IMCA offices in all areas and a central training and co-ordination programme run by the Department of Health.

f) Is Advocacy the same as Befriending?

No. Befriending is when someone spends time with someone else who has not had the opportunity to make friends. The relationship is one of friendship and, while the befriender can offer advice and support for decisions and speak up for someone on occasions, it is unlikely that they would be able to maintain the objective position that is required from an independent advocate.

g) Further information

Further information about Independent Mental Capacity Advocates (IMCA's) can be found on the Department of Health website at: www.dh.gov.uk