


# DIGNITY, RESPECT AND PRIVACY IN CARE

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<b>REVIEWED BY</b>	Mariana Philipova	
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## OUR AIM

***One of our main aims is to ensure that every individual living in our home and uses our services is able to do so with dignity, respect and in privacy.***

## BACBACKGROUND

*This organisation is committed to the delivery of a quality service that maintains the privacy, dignity and respect of residents at all times. As some tasks that are undertaken by the staff are of a very personal and sensitive nature, it is imperative that boundaries are in place to protect the privacy, dignity and respect of the resident in these circumstances.*

***This home believes that the ability to live with dignity and respect is a basic human right and one that should be available to every service user living in a residential care.***

-  *Dignity can be defined as being able to live your life in such a way as to be worthy of esteem and respect and self-respect.*
-  *Privacy can be defined as the right to be alone or undisturbed and to be free from unwarranted intrusion or public attention.*

This home understands that the dignity, respect and privacy of service users is a major theme in the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010** and the essential standards of quality and safety with which the home must comply.

***Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) relate to respecting and involving people who use services and require all service providers to uphold and maintain the privacy, dignity and independence of people who use services at all times***

## **Social Care Institute for Excellence (SCIE) guidance**

As part of the Department of Health campaign, the Social Care Institute for Excellence (SCIE) published its Dignity in Care guidelines in November 2006.

*The guidelines state that factors that have contributed to a lack of dignity in care include bureaucracy, staff shortages, poor management and lack of leadership, absence of appropriate training and induction and difficulties with recruitment and retention leading to overuse of temporary staff. They also state that there may also be wider 'societal issues', including ageism and other forms of discrimination and abuse. The SCIE states that a great deal of work is needed to 'tackle negative attitudes towards older people, to bring about a culture change and to ensure that such attitudes have no place in the health and social care sectors'.*

## **The Dignity Challenge**

A key element of the SCIE guidance is the Dignity Challenge, which lays out the national expectations of what constitutes a service that respects dignity. ***The challenge focuses on the following 10 key aspects of dignity. High-quality care services that respect people's dignity should:***

- have a zero tolerance of all forms of abuse***
- support people with the same respect you would want for yourself or a member of your family***

- ✓ *treat each person as an individual by offering a personalised service*
- ✓ *enable people to maintain the maximum possible level of independence, choice and control*
- ✓ *help people to express their needs and wants and listen to them*
- ✓ *respect people's right to privacy*
- ✓ *ensure people feel able to complain without fear of retribution*
- ✓ *engage with family members and carers as care partners*
- ✓ *assist people to maintain confidence and positive self-esteem*
- ✓ *act to alleviate people's loneliness and isolation.*

National Dignity Council

## The Dignity Do's

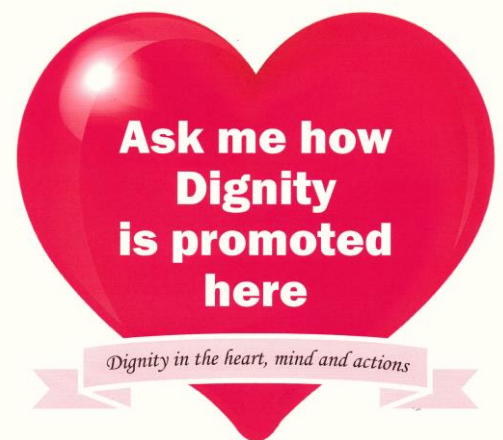
High quality services that respect people's dignity do:



It's everybody's business In the heart, mind and actions








- 1 Have a zero tolerance of all forms of abuse.
- 2 Support people with the same respect you would want for yourself or your family.
- 3 Treat each person as an individual by offering a personalised service.
- 4 Enable people to maintain the maximum 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.














Promoting Dignity with the  
National Dignity Council



Become a dignity champion at [www.dignityincare.org.uk](http://www.dignityincare.org.uk)

The idea of the challenge is that it is used as a checklist by all care services. However, the SCIE also suggest that it is used by the general public to assess the quality of the services that they receive. There are many aspects of care that relate to dignity. According to the guidance:

-  Respect for dignity should be seen as important by everyone in the organisation, from the leadership downwards, and care and support should be provided in a safe environment, free from abuse.
-  Staff should recognise that abuse can take many forms including physical, psychological, emotional, financial and sexual, and extend to neglect or ageism.
-  People should be cared for in a courteous and considerate manner, ensuring time is taken to get to know people.
-  People receiving services should be helped to participate as partners in decision-making about the care and support they receive – they should be encouraged and supported to take responsibility for managing their care themselves in conjunction with, when needed, care staff and other information and support services.
-  The attitude and behaviour of managers and staff should help to preserve the individual's identity and individuality.
-  Services should not be standardised but personalised and tailored to each individual.
-  Staff should take time to get to know the person receiving services and agree with them how formally or informally they would prefer to be addressed.

-  People receiving services should have the maximum possible choice and control over the services they receive.
-  Services should provide information in a way that enables a person receiving care to reach agreement in care planning and exercise their rights to consent to care and treatment.
-  Openness and participation should be encouraged.
-  Adequate support and advocacy should be supplied for those with communication difficulties or with cognitive impairment, such as service users suffering from dementia.
-  Personal space should be available and accessible when needed.
-  Areas of sensitivity which relate to modesty, gender, culture or religion and basic manners should be fully respected and people should not be made to feel embarrassed when receiving care and support.
-  People should have access to the information and advice they need.
-  Staff should support people to raise their concerns and complaints with the appropriate person and concerns and complaints should be respected and answered in a timely manner.
-  Relatives and care staff should experience a welcoming ambience and should be able to communicate with staff and managers as contributing partners to care – they should be kept fully informed, as appropriate, and receive timely information.
-  Care provided should aim to develop the self-confidence of the person receiving services, actively promoting health and well-being.
-  Adequate support should be provided in eating and drinking and staff and people receiving services should be encouraged to maintain a respectable personal appearance.
-  People receiving services should be offered enjoyable, stimulating and challenging activities that are compatible with individual interests, needs and abilities.
-  People receiving services should be encouraged to maintain contact with the outside community and staff should help people receiving services to feel valued as members of the community.

### **The Dignity in Care Champions Network**

The Dignity in Care campaign is supported by a Champions Network, which was developed in an effort to form an army of volunteers working together to raise the profile of dignity in care locally. The scheme is built on the pre-existing Older People's Champions, who have contributed to a similar role in challenging age discrimination.

Anyone can become a Dignity in Care Champion, and care organisations are being encouraged to enlist people on the scheme, staff, volunteers, relatives or service users. The Dignity in Care Champions are being asked to take forward a dignity in care agenda by:

- raising the profile of dignity in care and challenging bad practice in their local areas
- sharing with each other their experiences and expertise
- encouraging their local providers and commissioners to take up the Dignity Challenge.

Each Dignity Champion's role varies depending on their knowledge and influence and the type of work they are involved in. Even Champions who can only play a limited role make an important contribution. There are many small things that people can do that can have a big impact on the lives of others.

Dignity Champions include health and social care managers and frontline staff. They also include doctors, dieticians, porters, care workers in care homes, MPs, councillors, members of local action groups and Local Involvement Networks (LINKs), 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. Those interested in becoming a Dignity Champion can sign up through the Dignity in Care website or telephone 020 7972 4007.

### **Assessing Care Needs**

- a) We recognise that making an assessment of the needs of a resident can be very intrusive. We are obliged to ask questions about the most intimate areas of a resident's life and it is helpful at the outset of our contact to observe a resident in their own private environment where care will be delivered. We will do everything possible to limit the embarrassment a resident can experience at this stage and to provide all possible reassurances about the nature of our operations generally, but particularly the confidentiality of our information systems and the sensitivity of our workforce.
- b) Some potential residents will wish a carer or representative to be present during the assessment interviews, but we do not assume that they will necessarily be privy to all of the information the resident has to provide about themselves. If it seems helpful, we will arrange for some parts of the interview to take place with the resident alone.
- c) During the period when we are providing services, we occasionally need to review the situation to ensure both that our services remain appropriate, and to make adjustments to respond to changing care needs. If the staff who undertake a review are not already known to the resident then additional sensitivity will be required since, from the resident's point of view, they are confronting a stranger. Staff too may pick up some information about a resident's changing care needs during the process of service delivery. The staff should check with the resident whether they have any objection to details being recorded, though they may have to explain that information does indeed have to be shared with colleagues in the company.
- d) When information about residents has to be passed from a staff to a manager, or between staff, it will always be treated with respect. Arrangements for processing, handling and storing data are based on the need to retain as much privacy for our residents as possible.

### **Behaviour of Staff**

- a) We know that some residents have forms of address for themselves to which they are particularly attached, or, conversely, forms they find particularly offensive. Our staff will make note of and observe such individual preferences; staff will always address a resident by their chosen / preferred name, and know that the acceptable usage may vary between people or over time.
- b) Staff who carry out tasks which relate to residents' personal appearance will provide tactful help to ensure that their residents look as they would wish.
- c) We recognise that the carrying out of some tasks, particularly those relating to intimate bodily functions, places residents' privacy and dignity at severe risk. We will ensure that our staff demonstrate great tact in such situations.
- d) Some situations may carry additional sensitivity if the staff member is of a different sex from the resident; if asked, we will attempt to provide residents with same-sex staff.
- e) Staff have been instructed to be alert to the potential invasion of privacy involved in handling residents' personal possessions or documents, and will always respect boundaries a resident chooses to set.
- f) If a resident is particularly sensitive about their privacy or dignity in any other area of their lifestyle, staff will tread with particular care.
- g) **Residents from Minority Groups:** We are aware that issues of privacy and dignity may be especially relevant when the resident is from a minority group. We seek to make our staff alert to points of cultural difference they may encounter in their work, and we encourage our residents to draw to our attention any particular matter of which we should be aware. For example, in certain cultures the men are the head of the household and women cannot be spoken directly to or asked any questions of. During the assessment process care must be taken to ensure that these cultural differences are taken into account. Please refer to the Equality and Diversity Policy.

### **Further information**

Further information about Dignity in Care can be obtained from the Department of Health or from the Dignity in Care website at <http://www.dhcarenetworks.org.uk/dignityincare>.

### **POLICY**

In this home:

1. Service users' rights to privacy will be respected at all times.
2. Service users will be placed at the very centre of their assessment, planning and delivery of care and all of their treatment and support options will be explained to them and discussed with them wherever possible.
3. The autonomy of service users and their right to make their own decisions will be supported and respected at all times. This will include ensuring that service users are given the information they need to make choices and respecting their right to take informed risks, while balancing the need for preference and choice with safety and effectiveness.
4. The choice of service users to care for themselves or manage their own treatment, wherever they can, will be fully respected and appropriate levels of support provided.
5. Where a service user is suspected of having limited capacity to exercise choice and autonomy they will be assessed under the **Mental Capacity Act 2005**.
6. The privacy, dignity, independence and human rights of people who use our services will be supported by ensuring that:
  - the environment supports their privacy and dignity, particularly in the way their intimate care, treatment and support needs are met
  - clear procedures are in place which are followed in practice, monitored and reviewed, that ensure staff understand the concepts of privacy, dignity, independence and human rights and how they should be applied to the people who use the service
  - the confidentiality of service users is respected and protected at all times
  - staff actively listen to service users, their families and representatives, involving them and including them in decision-making wherever possible
  - staff actively listen to service users, their families and representatives, involving them and including them in decision-making wherever possible
  - staff recognise, respect and value the diversity and human rights of people who use our services, including 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
  - staff cooperate with independent advocacy services wherever a person who uses our services uses one
  - staff have access to appropriate training.
7. All service users will be offered private, single accommodation which they may use and enjoy as and when they wish, staying in their room if they want and spending time alone without being disturbed. Unless two service users wish to share a room.
8. The communal areas have been designed to provide for the needs of all our residents, including those who wish to spend times with others and those who prefer to spend some time alone. Service users will also be able to use the quiet room and the gardens to get privacy, as well as other areas which have been designed to allow residents to spend some time alone or sitting quietly with others.
9. Service users will be able to entertain family or guests in private in their rooms as they wish, or they can seek privacy with their guests in the 'quiet' communal areas.
10. Staff will always knock on the door before entering a service user's room. They will treat service users with dignity and respect at all times and will address them in the manner they prefer, i.e. Mrs / Mr / Miss and surname or by their first name or nickname.
11. The privacy of service users' records and personal information will be respected at all times by staff, and service users are entitled to expect confidentiality in all matters.
12. Service users will be consulted on any matter or activity that may impinge upon their life within the home in any way, and to have their wishes respected.
13. Every aspect of a service user's culture, religious practices, faith and beliefs will be respected at all times.
14. All service users will receive their mail unopened and will have access to a telephone that they can use in private.

### **Management duties**

Managers and supervisors in the home have a duty to:

- Ensure that this policy is operated throughout the organisation at all times and to keep all aspects of it monitored and under review.



- ☑ Investigate any complaints about privacy and dignity, or lack of respect, and review relevant incident reports, looking out for any trends or patterns that may indicate that improvement action needs to be taken.
- ☑ Communicate this policy to employees, agency staff, volunteers and relevant others.
- ☑ Provide training and guidance as appropriate and ensure the attendance of staff, including training on induction and management courses, covering respect for service users.

### Staff duties

Staff in this home have a duty to:

- ☑ Involve service users in their own care wherever possible, consulting them, providing adequate information to enable them to make informed decisions and respecting their decisions wherever appropriate.
- ☑ Respect service users' privacy and dignity at all times, especially when performing personal care tasks, and treat service users with sensitivity, respect and thoughtfulness.
- ☑ Knock before entering a service user's room and always address service users by the title or name that they prefer.
- ☑ Keep information about service users confidential and never discuss private or personal issues with a service user in public or gossip about service users.

### Applicability and scope











This policy applies to all staff, residents, visitors, volunteers and contractors without exception. All staff at the home are responsible for ensuring that they work within the remit of this policy and in the manner in which they have been trained.

### Responsibilities

Responsibility for the implementation, monitoring and review of this policy lies with the care home manager.

### PROCEDURE

#### 1. Staff must ensure that the following is upheld and maintained.

-  Always treat service users with sensitivity, respect and thoughtfulness.
-  Always knock before entering a service user's room.
-  Always address service users by the title or name that they prefer.
-  Always treat service users as individuals.
-  Allow service users to do things for themselves whenever appropriate.
-  Never gossip about service users.
-  Never discuss private or personal issues with a service user in public.
-  Avoid the use of patronising or insulting language.
-  Give appropriate room and space to service users.
-  Always treat service users in a dignified and sensitive way when performing intimate care tasks.

#### 2. Rights of Service Users

- a) The Home understands that it is the legal and moral responsibility of anybody working in the home to respect the rights of individual service users at all times.
- b) The home understands that all service users at the home have, among others, the following rights.
  - ☑ Right to dignity and respect.
  - ☑ Protection from abuse or maltreatment.
  - ☑ Right to choose how they want to be addressed.
  - ☑ To be treated as an individual.
  - ☑ To have access to a range of statutory and specialist services.
  - ☑ To choose what they want to eat or drink and where they want to eat or drink it.
  - ☑ To have access to an advocate if they are unable to express themselves.
  - ☑ To privacy in their own room.
  - ☑ To have any changes in their living arrangements discussed with them and agreed first.
  - ☑ To be able to suggest improvements / changes within reason

- ☑ To have visitors of their own choice.
- ☑ To have a clear and fair residency agreement.
- ☑ To register and vote in elections.
- ☑ To manage their own money.
- ☑ To mix with the local community.
- ☑ To choose their own GP and dentist.
- ☑ To be independent without unnecessary or unjust restriction on movement.
- ☑ To choose to take risks that they consider acceptable provided that appropriate and adequate information has been provided
- ☑ To have their cultural and religious views, beliefs and needs respected.

c) All staff at the home are expected to protect and uphold the above rights of service users at all times or to facilitate access to any available advocacy services wherever service users wish for representation but lack the capacity to seek representation for themselves.

### 3. Confidentiality

The home also believes that the right to confidentiality is a key principle in modern health and social care and should be respected at all times. The home expects all staff to refrain from voluntary disclosure of any information, learned directly or indirectly, about a service user to a third party unless given permission for disclosure by the service user.

### 4. Autonomy

The Home believes that every resident has the right to freedom and choice over how they wish to live their lives and, furthermore, believes that they should be enabled to live with as much independence as is possible.

This policy is intended to set out the values, principles and policies underpinning this home's approach to the autonomy and independence of its service users.

The home understands autonomy to be the freedom to choose and the right to live an independent life. It understands autonomy to cover basic choices such as the following:

- ☑ Choice of how a resident wishes to be addressed.
- ☑ Choice of times of going to bed and getting up.
- ☑ Choice of menu.
- ☑ Choice of use of time (ie of recreational activities).
- ☑ Choice in relation to furnishing a bedroom.
- ☑ Choice of who to associate with.
- ☑ Freedom to manage their own finances.
- ☑ Freedom to keep their own keys to their room.
- ☑ Freedom to self-administer their own medication.

The home also recognises its legal and moral duty to protect and care for service users, some of whom are vulnerable and may not always be capable of making choices that are in their, or any other service users, best interests. It will, however, ensure that such service users are enabled to exercise as much choice as possible, eg having access to people and services that help them to express and exercise whatever choices they can make.

The home's approach to autonomy is to ensure that its service users have as much freedom of choice in their lives as is possible within a communal, care environment, so long as that freedom does not expose them, or any other service user or member of staff, to unacceptable risk. In particular the home will do the following:

- ☑ Enable and help service users to handle their own financial affairs for as long as they wish to and as long as they are able to and have the capacity to do so.
- ☑ Inform service users and their relatives and friends of how to contact external agents such as advocates and voluntary representatives who will act in their interests should they wish.
- ☑ Encourage service users to bring personal possessions with them into the home, the extent of which will be agreed prior to moving in.
- ☑ Give service users full access to their own personal records in accordance with the Data Protection Act 1998.

Staff must ensure to adhere to the following:









- a) Always be aware of and respect service users' rights to make their own decisions.
- b) Avoid being overprotective or patronising to service users.
- c) Never attempt to bully or use force to coerce service users to do anything that they do not wish to do.
- d) Staff have a duty to protect service users and to ensure a safe environment for them to live in.

### 5. Training Statement

This is a fundamental core of delivering services and will be re-enforced during day to day practice.

### 6. Dignity Audit

The management undertakes an a Dignity Audit once all staff have undertaken individual dignity self-audit.

No	The Dignity factors	<p><i>"For me, dignity is about seeing the individual person and respecting their own space and their way of life"</i></p> <p><i>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.</i></p>	
1		<b>Choice and control</b>	<i>Enabling people to make choices about the way they live and the care they receive.</i>
2		<b>Communication</b>	<i>Speaking to people respectfully and listening to what they have to say; ensuring clear dialogue between workers and services.</i>
3		<b>Eating and nutritional care</b>	<i>Providing a choice of nutritious, appetising meals, that meet the needs and choices of individuals, and support with eating where needed.</i>
4		<b>Pain management</b>	<i>Ensuring that people living with pain have the right help and medication to reduce suffering and improve their quality of life.</i>
5		<b>Personal hygiene</b>	<i>Enabling people to maintain their usual standards of personal hygiene.</i>
6		<b>Practical assistance</b>	<i>Enabling people to maintain their independence by providing 'that little bit of help'.</i>
7		<b>Privacy</b>	<i>Respecting people's personal space, privacy in personal care and confidentiality of personal information.</i>
8		<b>Social inclusion</b>	<i>Supporting people to keep in contact with family and friends, and to participate in social activities.</i>



No	Human Rights Article	Meaning	Using Dignity in care to reduce risk of article breaches	Negative example	Positive example
1	<b>Article 2:</b> Right to Life	A person is entitled to have their life protected from real or imminent threat of danger.	Not tolerating any form of abuse.	Failing to intervene when you see a frail and vulnerable person in your care being neglected	Helping people to eat or drink who are unable to feed themselves. This will avoid persistent malnourishment, which could directly or indirectly result in their death.
2	<b>Article 3:</b> Protection from torture or inhuman or degrading treatment	No person should be subjected to torture or inhuman or degrading treatment or punishment.	Respecting privacy, help people maintain confidence and positive self-esteem help alleviate loneliness and isolation, ensure people can complain without fear of retribution.	Leaving a patient without a commode to soil the bed	Give personalised care therefore treating everyone as individuals with individual choices for their care. e.g. administering personal (intimate) care with privacy
3	<b>Article 5:</b> The right to liberty and security of person	A person should not be deprived of his liberty except in accordance with a procedure prescribed by law.	Not tolerating any form of abuse, give people the same respect as you would expect and ensure people can complain without fear of retribution.	Excessive restraint while in hospital or residential care e.g. being tied to beds or chairs rather than a less restrictive alternative	Residents of a care home being encouraged to enjoy the outdoor facilities including the garden local amenities and family visits with supervision / aid if required.
4	<b>Article 6:</b> The right to a fair trial		Ensure people can complain without fear of retribution	No access to assistance / advocacy where rights to care are being considered.	Everyone having access to transparent complaints procedures to help them to get the care they should receive.
5	<b>Article 8:</b> The protection of private and family life	Everyone is entitled to have their home and family life respected. This includes correspondence and personal information remaining confidential.	Offer everyone personalised services, help people maintain levels of independence, choice and control, Respect privacy, help people maintain confidence and positive self-esteem, help alleviate loneliness/isolation.	Sensitive medical advice discussed when other patients could overhear	Engaging residents of a care homes in decision making about their day-to-day activities and how they want to live.
6	<b>Article 9:</b> Freedom of thought, conscience and religion	A person is entitled to hold a belief or follow a religion and this should not be restricted.	Offer everyone personalised services, help people maintain levels of independence, choice and control, listen and support people to express needs and wants.	People's personal needs being managed in a way that offends their religious beliefs e.g. bathing by the opposite sex.	Choice of food being offered based on cultural or religious differences or general dietary choice e.g. vegetarian.
7	<b>Article 10:</b> Freedom of expression	A person is entitled to their own opinions, and should be able to express these opinions and ideas without interference. They are also entitled to give and receive accurate information.	Help people maintain levels of independence, choice and control, listen and support people to express needs and wants, ensure people can complain without fear of retribution, help people maintain confidence and positive self-esteem,	Ignoring feedback or complaints from people receiving care services or their carers	Engaging with individuals and consulting with representative groups to get their views on individual care and services in order to improve services so they better meet individual's needs.
8	<b>Article 14:</b> Freedom from discrimination	A person should be treated without prejudice on the grounds of their sex, race, colour, language, religion, political opinion, origin, birth, sexual orientation, disability, marital status and age.	Offer everyone personalised services, help people maintain levels of independence, choice and control, help people maintain confidence and positive self-esteem, help to alleviate loneliness/isolation.	Allowing an individual with a disability to receive inferior care because of their disability	Giving everyone the care they request/deserve based on an assessment of their needs which may include their age, disability, race, religion, gender or sexual orientation etc

**Related Policies**

*Adult Safeguarding*  
*Assessment of Need and Eligibility*  
*Care and Support Planning*  
*Continuity of Care or Support Workers*  
*Consent*  
*Cyber Security*  
*Data Protection*  
*Duty of Candour*  
*Equality and Diversity*  
*Good Governance*  
*Handling of Money – Residents*  
*Ill Treatment and wilful Neglect*  
*Meetings Needs*  
*Residents Records*  
*Social Inclusion*