



Dignity in Care for Older People

Scrutiny Inquiry Report

Introduction and Scope



Introduction

High quality health and social care services should be delivered in a person-centred way that respects the dignity of the individual receiving them. However, in acknowledging that older people in particular are not always treated with the respect they deserve, the Scrutiny Board (Health and Adult Social Care) agreed to conduct an Inquiry into Dignity in Care for Older People.

Concerns around services provided to older people led to the introduction of a National Service Framework (NSF) for Older People in March 2001. The Department of Health then published 'A New Ambition for Old Age' in April 2006, which set out the second stage of implementing the NSF. This prioritised the need to ensure older people are treated with dignity when using health and social care services.

Terms of reference for the Scrutiny Board's Inquiry were agreed in September 2006. The Inquiry commenced in November 2006 and at the same time, the Department of Health also launched its Dignity in Care campaign. This campaign aimed to stimulate a national debate around dignity in care and create a care system where there is zero tolerance of abuse and disrespect of older people.

The Department of Health hosted an event in Leeds on 6th March 2007 on Dignity in Care.



Ivan Lewis MP, Councillor Brenda Lancaster, Councillor Peter Harrand and Councillor Andrea Harrison at the DOH Dignity event in Leeds.

The Minister for Care Services, Ivan Lewis MP, attended this event and emphasised dignity in care as core business fundamental to the way organisations deliver services and not 'another initiative'. Throughout our own Inquiry we have also repeated this message. It is important to create a zero tolerance of lack of dignity in the care of older people, in any care setting. There is a need to inspire and equip local people, be they service users, carers, relatives or care staff with the information, advice and support they need to take action to drive up standards of care with respect to dignity for the individual.

We have been very impressed with the work already being carried out in Leeds to address dignity issues within health and social care. However, a number of recommendations have arisen from our own Inquiry to further promote the dignity in care agenda locally.

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Scope

The scope of the Board's Inquiry was based on the aims set out with the Department of Health's document 'A New Ambition for Old Age'. However, the scope did not extend to the aims and principles surrounding dignity at the end of life. Whilst part of a continuum of care, it was felt that the complexities and sensitivity surrounding end of life care would justify a separate and more detailed inquiry. However, references to best practice models used nationally, and being piloted locally, for end of life care of older people were made during the Inquiry.

The aim of the Inquiry was to make an assessment of and, where appropriate, make recommendations on:

- the measures in place, or needed, to help raise awareness of the dignity agenda amongst health and social care providers, staff and other stakeholders;
- whether the needs of older people within local hospitals and care homes are being met, with particular reference to their nutrition, privacy and physical environments;
- whether the assessment processes in place for identifying individual's needs adopt a dignified approach;
- the measures in place, or needed, to ensure particular vulnerable groups, such as older people with mental health problems, are treated with respect for their dignity;
- the skills, competence and leadership needs of the workforce to ensure that older people are treated with respect for their dignity;
- the attitudes of staff, particularly when communicating with older people;
- older people with long-term conditions and personal care needs having their specific needs met while receiving care for other reasons in any health or social care setting;
- the role of inspectorates and regulators in ensuring the issue of dignity is central to their work, so that breaches of dignity are regarded as serious failures;
- relevant complaints procedures and whistle blowing policies;
- the links to the wider Government work on equalities and human rights.

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Defining Dignity

At the beginning of our Inquiry, it was important to gain an understanding of what dignity in care actually means.

We found that dignity consists of many overlapping aspects, involving respect, privacy, autonomy and self-worth. Within its own guidance, the Department of Health uses a standard dictionary definition of dignity:

'a state, quality or manner worthy of esteem or respect; and (by extension) self-respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-respect regardless of any difference'.

While 'dignity' may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect.

Older people are the main users of many health and care services and they should be confident that their dignity will be respected whenever they receive treatment and care. Yet there are often examples of a lack of respect for the dignity of older people. We therefore need to put this right.

The dignity in care agenda

The dignity in care agenda is by its nature broad. However there are particularly important issues around ensuring that service provision around

communication, personal assistance, nutrition, privacy and the physical environment is all provided in a way that both recognises the impact that these can have on an older person's dignity and are delivered in a way that demonstrates respect for older people.

As part of our inquiry, we explored whether the needs of older people within local hospitals and care homes are being met, with particular reference to their nutrition, privacy and physical environments. We conducted a number of visits and heard evidence from senior officers within local NHS Trusts, Adult Social Services, Leeds Older People's Modernisation Team, (now called the Older People's strategic Partnership and Service Development Board), external regulators and inspectors and local organisations representing the views of older people. We are extremely grateful to everyone who has actively contributed to our Inquiry.

National Dignity Challenge

As part of the Department of Health's Dignity in Care campaign, the Dignity Challenge lays out the national expectations of what constitutes a service that respects dignity of older people. It focuses on ten different aspects of dignity that high quality care services should be aiming to achieve. These are as follows:

1. To have a zero tolerance of all forms of abuse

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2. To support people with the same respect you would want for yourself or a member of your family
3. To treat each person as an individual by offering a personalised service
4. To enable people to maintain the maximum possible level of independence, choice and control
5. To listen and support people to express their needs and wants
6. To respect people's right to privacy
7. To ensure people feel able to complain without fear of retribution
8. To engage with family members and carers as care partners
9. To assist people to maintain confidence and a positive self esteem
10. To alleviate people's loneliness and isolation

In March 2007, the Department of Health hosted a Dignity Event at Leeds, which attracted a wide range of health and social care agencies in the voluntary, statutory and independent sectors. The event was designed to enable people to learn from each other's experience and acquire new energy and ideas to make a difference.



DOH Dignity in Care event in Leeds

It is vital that all health and social care agencies continue to raise the profile of the Dignity Campaign. The Department of Health has made available publicity materials and practice guidance to help health and social care agencies raise the profile of dignity. We therefore recommend that local agencies take advantage of this resource.

**Recommendation 1:
That health and social care agencies in Leeds continue to raise the profile of the Dignity Campaign using existing publicity materials and practice guidance.**

Championing Change

As well as encouraging support for its campaign, the Department of Health has also set up a network of Dignity Champions to encourage organisations to discuss how it will respond to the Dignity Challenge.

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We were pleased to note that in June 2006, the Leeds Teaching Hospitals NHS Trust had already established a network of 65 dignity champions across the Trust. These dignity champions are led and supported by a nurse consultant for older people's services and include nurses, doctors, housekeepers, clerks, pharmacists, physiotherapists, occupational therapists, a chaplain and a facilities supervisor. These dignity champions attended a training event covering issues such as the needs of older people with mental health problems, safeguarding adults, nutrition, falls prevention, discharge and carer support. They are encouraged to implement the good practice they have learned about in their own areas and use the educational material they have to teach others.

In welcoming this good practice, we recommend that all statutory care providers set up internal Dignity task groups to co-ordinate dignity improvements across their organisation or incorporate the Dignity role in an existing senior group. We would also advise that this is led by an appropriate Dignity Champion.

Recommendation 2

That statutory care providers set up internal Dignity task groups to co-ordinate dignity improvements across their organisation or incorporate the Dignity role in an existing senior group. This should be led by an appropriate Dignity Champion.

Taking forward the dignity agenda on a local level

We are aware that the Leeds Older People's Strategic Partnership and Service Development Board is leading on a local project to drive forward the national dignity agenda and ensure that older people are treated with the highest standards of dignity when using health and social care services in Leeds. This project relates to all health and social care services used by older people in Leeds regardless of sector or provider.



We learned that the Leeds project sets out to deliver on the following objectives:

- Collation and analysis of main dignity issues for service users and their carers from local and national data
- Identification and dissemination of best practice examples to tackle dignity issues
- Audit of existing workstreams in the city that address older people's Dignity in Care issues
- Establishment of a Dignity in Care Champions Network for Leeds
- Dignity in Care Event for Leeds

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- Production and distribution of a range of awareness raising publicity materials
- Services undertaking the 'Dignity Challenge'

We very much welcome the work undertaken by the Leeds Older People's Strategic Partnership and Service Development Board in championing older people's rights and the need for dignity and respect. It is vital that this good work is not lost and that dignity in care continues to be explicitly addressed once the project has ended.

We recommend that the Leeds Older People Champions continue to act as Dignity Champions for the city to ensure that good practice developments continue to be shared between providers. The Dignity in Care Champions Network for Leeds would be an appropriate mechanism to share good practice developments.

Recommendation 3
That the Leeds Older People Champions continue to act as Dignity Champions for the city to ensure that good practice developments continue to be shared between providers.

Changing attitudes and promoting a culture of dignity.

We learned that some of the factors that have been held responsible for the

absence of dignity in care nationally 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.

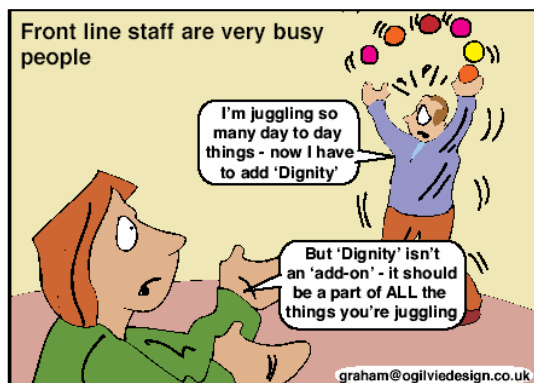
We acknowledge that a great deal of work is needed to tackle negative attitudes towards older people, to bring about a culture change and to ensure that such attitudes have no place in the health and social care sectors. It is vital that respect for dignity is seen as important by everyone within an organisation, from the leadership downwards. We therefore recommend that all local professional bodies support policy and practice development in their sectors to help promote a culture of dignity.

Recommendation 4:
That relevant local professional bodies support policy and practice development in their sectors in order to promote a culture of dignity.

Workforce training around dignity

Treating people with dignity should be at the core of all staff working with older people, whatever the setting and whatever other pressures staff may be under. It should be an integral part of a person's day to day role and not be regarded as an 'additional duty'.

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However, as we have already identified, there is a need to change attitudes towards older people and this very much applies to front line staff.

During our inquiry, we questioned how the skills, competence and leadership needs of the statutory sector workforce were being considered to ensure that older people are treated with respect for their dignity.

We believe that appropriate training programmes and career opportunities will provide staff with a greater understanding of dignity issues and make staff feel more valued, which in turn will encourage them to show respect to others.

Whilst we acknowledged the wide range of training methods being used within different local organisations for staff, we would prefer that a more consistent approach towards dignity training for front line staff is developed. We therefore recommend that an appropriate training package, aimed at front line staff, is developed by the Leeds Older People's Strategic Partnership and Service Development

Team to help address and challenge attitudes to older people.

Recommendation 5:
That an appropriate training package is developed by the Leeds Older People's Strategic Partnership and Service Development Team, aimed at front line staff, to address and challenge attitudes to older people.

Incorporating dignity requirements into service contracts

The Inquiry identified that as the health and social care statutory sector moves further towards commissioning models, and particularly joint commissioning, it is vitally important for commissioners of services to ensure that dignity in care is written into all contracts as a requirement of service delivery. It is also crucial that such requirements are monitored effectively by commissioners and that penalties are applied where this is not being met.

Recommendation 6:
That all commissioners of health and social care services in Leeds incorporate dignity requirements into contracts and monitor the implementation of these requirements.

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Effective complaints procedures

The monitoring of complaints can be an effective method of checking whether dignity in care is being delivered within a service. It is important that staff and managers view complaints as a means of ensuring that services are being responsive to individuals needs, and not seen as a threat. However, we acknowledge that some people are reluctant to complain in fear being seen as a 'trouble maker' and being treated differently as a result of their complaint.

It is vital that there is a fair, open and honest culture around complaints so that patients and their relatives and carers are able to voice any concerns regarding a service. It is equally important to develop whistle-blowing policies that provide opportunities for staff to express concerns without the fear of retribution from an employer. Whilst attitudes are changing, a lot still needs to be done to ensure that workers feel safe to air concerns.

During our inquiry, we discussed the complaints procedures and whistle-blowing policies within local NHS Trusts, Adult Social Services and care homes within the independent sector.

We learned that as part of the drive to ensure dignity in care, the Department of Health issued new regulations in September 2006 on complaints procedures for adult social services. In particular, the new procedures have shortened the timescales for resolution

at all stages of the process and now focus on ensuring less variation between local authorities and a more consistent response to complainants against measurable frameworks.

The White Paper, 'Our health, Our Care, Our Say' also provides a commitment to introduce a single complaints process covering both health and social care in the near future. Standard 16 of the National Minimum Standards for Care Homes also requires that 'there is a simple, clear and accessible complaints procedure which includes the stages and timescales for the process, and that complaints are dealt with promptly and effectively'.

Different procedures can appear confusing to a patient when making a complaint and therefore we fully support the need to develop more consistent complaints procedures and develop common standards across health and social care services. We would like to see a more patient focused complaints procedure with clear lines of accountability to patients' safety and dignity. In anticipation of further guidance arising from the White Paper, we encourage local professional bodies to consider how this can be delivered in Leeds.

Recommendation 7:

That the relevant local professional bodies consider the development of more consistent and patient focused complaints procedures and develop common standards across health and social care services in Leeds.

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Other Internal monitoring mechanisms

We particularly welcomed the approach taken by the Leeds Teaching Hospitals NHS Trust to conduct a dignity audit on all its older people's wards. The results of this audit enabled the Trust to plan the most appropriate support and training for specific areas in regard to dignity issues.

We understand that the Commission for Patient and Public Involvement is developing a national dignity audit toolkit and are pleased to note that the Leeds Older People's Strategic Partnership and Service Development Team will look to adapt this toolkit locally.

In March 2007, the Commission for Patient and Public Involvement published its report 'Care Watch' which sets out the findings of a national survey of patients' views on the privacy and dignity in the NHS.

128 NHS Trusts in England were visited by PPI Forums throughout February and early March 2007. Forum members asked a total of 2,462 patients for their views on crucial issues which could affect a patient's dignity, such as privacy, communication and assistance with eating. We also continue to value Patient and Public Involvement Forums in monitoring the standard of NHS services and their role should be

embraced by local NHS Trusts in helping to raise the profile of dignity.

External Regulation and inspection

Whilst we are encouraging Champions to drive forward the dignity agenda, this clearly needs to be combined with good external inspection and regulation processes.

During our Inquiry, we heard from the two relevant external inspectorates for health and social care services; the Healthcare Commission (HCC) and the Commission for Social Care Inspection (CSCI).

The Healthcare Commission explained that NHS Trusts need to demonstrate compliance towards specific dignity in care standards as part of the new self assessment process, the 'Annual Health Check'. The Commission explained that it also responds to concerns raised by a variety of sources, including Age Concern, the Department of Health and its own report on care of older patients, *Living well in later life*, published jointly in March 2006 with the Audit Commission and Commission for Social Care Inspection.

We were also informed that during 2007, the Healthcare Commission will be carrying out a review of acute services to ensure that older people are treated with dignity and respect. Once completed, a national report will be produced which will provide a commentary on the findings on dignity

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in care for older people while in hospital and will also provide some good practice examples.

Once the Healthcare Commission has completed its review and reported its findings, we recommend that the Leeds Older Strategic Partnership and Service Development Board ensures that any actions, concerns and best practices arising from the review is considered by the relevant local services.

**Recommendation 8:
That the Leeds Older People's Strategic Partnership and Service Development Board ensures that any actions, concerns and best practices arising from the Healthcare Commission's national review of acute services around dignity in care is considered by the relevant local services.**

With regard to care homes, we learned from CSCI that in 2002, the government introduced new national minimum standards for care homes for older people in England. These standards set out the quality of care, service and facilities expected from a care home. The role of CSCI is to monitor the national minimum standards and check the quality of care homes. We considered examples of CSCI inspection reports to understand the types of issues monitored in relation to dignity in care. All CSCI inspection reports are made publicly available on its website to

promotes an open and accountable process of inspection.

Dignity in care should be everyone's agenda

Once the focused national and local campaigns end, it will be vital to embed dignity in care in mainstream activity.

In March 2007, the Government launched the 2008/09 Beacon Council Scheme for Dignity in Care and invited Council's to apply for beacon council status. We have been very impressed with the extensive work and commitment already demonstrated by Leeds in driving forward the dignity in care agenda and therefore we would like to see Leeds apply for the beacon status for Dignity in Care.

Dignity in care should be on everyone's agenda and we can only achieve this by working effectively together.



Evidence



Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Reports and Publications Submitted

Report of the Director of Adult Social Services on Dignity in Care for Older People for the Health and Adult Social Care Scrutiny Board, 20th November 2006

Leeds Teaching Hospitals NHS Trust briefing paper on Dignity in Care for the Health and Adult Social Care Scrutiny Board, 20th November 2006.

Extract from 'A New Ambition for Old Age' Next Steps in Implementing the National Service Framework for Older People A Resource Document from Professor Ian Philip, National Director for Older People, Department of Health

General Hospital Care – Action Plan 2006. National Service Frameworks Older People (Standard 4), Long Term Conditions (Quality Requirement 11)

Feedback: Dignity Listening Event – Leeds, Monday 20 March 2006

Letter from Professor Ian Philip, Department of Health sent to all Older People's Champions. 3rd October 2006.

Welcome briefing on the first conference on Championing Change In General Hospital Care for Older People - Dignity Matters! June 2006.

Programme for Championing Change in General Hospital Care for Older People - Dignity Matters! - 28th June 2006.

Evidence



Reports and Publications Submitted (continued)

Report on safety, privacy and dignity for older people's mental health services in Leeds Mental Health Teaching Trust. 20th November 2007.

Extract from the Care Services Improvement Partnership Report 'Everybody's Business: Integrated mental health services for older adults – a service development guide'.

Report from the Commission for Social Care Inspection 'Care homes for older people. National minimum standards'.

Extract from Department of Health report 'Care homes for older people - national minimum standards'.

Extract from Department of Health report 'Care homes for older people - national minimum standards'.

Briefing note from the Healthcare Commission on dignity in care.

Leeds Teaching Hospitals NHS Trust procedure for investigating and resolving complaints.

Leeds Teaching Hospitals NHS Trust hearing staff concerns policy.

Leeds Teaching Hospitals NHS Trust policy for handling complaints from or on behalf of patients.

Leeds Mental Health Teaching NHS Trust framework for personal responsibility and guidelines for managers.

Leeds Mental Health Teaching NHS Trust whistle-blowing policy.

Evidence



Witnesses Heard

Mick Ward	Head of Strategic Partnerships and Development (Older People and Disabled People)
Mike Evans	Chief Officer, Adult Services
Tracey Cartmell	Employee Development Manager, Social Services
Gary Hostick	Associate Director, Mental Health Services for Older People, Leeds Mental Health Teaching NHS Trust
Clare Linley	Deputy Chief Nurse, Operations, Leeds Teaching Hospitals NHS Trust
Sally Mansfield	Nurse Consultant, Older Peoples Services, Leeds Teaching Hospital NHS Trust
James Woodhead	Project Manager, (Older People and Disabled People)
Susan Chesters	Chair of the Older People's Forum and representative of Residents and Relatives Association
Peter Hodgkinson	Director of Leeds Care Association
Sheila Grant	Commission for Social Care Inspection
Tania Matilainen	Area Team Manager, Healthcare Commission
John Holmes	Leeds Mental Health Teaching NHS Trust
Cathy Peacock	Head of Patient and Public Support Services, Leeds Teaching Hospitals NHS Trust
Karen Dunwoodie	Patient Relations Manager, Leeds Teaching Hospitals NHS Trust

Dates of Scrutiny

20th November 2006	Scrutiny Board Meeting
1st December 2006	Visit to The Mount, Leeds Mental Health Teaching NHS Trust.
7th December 2006	Visit to Leeds Teaching Hospitals NHS Trust (LGI and St James' Hospital)
22nd January 2007	Scrutiny Board Meeting
6th March 2007	Dignity in Care Department of Health Event in Leeds