



# **North East Lincolnshire Local Involvement Network (LINK)**

## **Privacy and Dignity in Care in North East Lincolnshire**

**Hayley Hamilton**

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14 Town Hall Street  
Grimsby, DN31 1HN  
Web: [www.nellink.org.uk](http://www.nellink.org.uk)  
Email: [link@vanel.org.uk](mailto:link@vanel.org.uk)  
Tel: 01472 315437

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**Voluntary Action  
North East Lincolnshire**



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LINK would like to thank all the Care Homes who have been involved in the project  
LINK also thanks the volunteers who dedicated their time and energy to the project:  
Jenny Loughran, Ray Oxby, Cherie Duffy, Elaine Flower, Maralyn Fox, Linda Green,  
Christine Smith, Jenny Smith, and Ray Waters

## **A. Executive Summary**

The Privacy and Dignity in Care project started with the 'Dignity Action Event' in April 2010. The aim was to raise awareness of Privacy and Dignity and Dignity Champions in Care Homes.

North East Lincolnshire Local Involvement Network (LINK) used the Enter and View tool to aid the Privacy and Dignity in Care project.

The project was conducted by teams of 3-4 LINK members visiting Care Homes in the North East Lincolnshire area. On arrival they would record the structural integrity, cleanliness and the level of personalisation of the residents rooms and living areas. They spoke to residents and relatives on how they felt about privacy and dignity and if they felt it was recognised within the Home. Staff ratios were also noted, as were the activities and trips outside organised by the Care Homes for their residents.

The team discovered that to the staff, dignity means respect, equality and protection from embarrassment; for both the service user and care staff. Unfortunately, the majority gave poor responses when asked if they felt valued and if the rate of pay was good. Comments from the relatives were mixed. However the common themes that emerged as important in maintaining Privacy and Dignity were the staff attitude and the cleanliness of the Home.

The main recommendations and concerns across the majority of the Care Homes visited were about the lack of frequent and diverse activities; closely followed by the equipment used by the residents e.g. ferrals on walking frames.

The Care Homes were given the opportunity to comment on the reports and the subsequent recommendations made. The responses given outlined changes and adaptations the Care Homes had made in accordance with the team's recommendations.

In this report, some LINK team members have made comments about their experiences on being involved in the project. Most of the members mentioned the need to improve on activities and trips out of the Care Home to keep residents mentally stimulated.

Overall, Privacy and Dignity appears to be in the mind of those involved in the caring system. However, the staffing ratios seem to put a constraint on allowing Privacy and Dignity to be maintained.

The Privacy and Dignity project has been an important piece of work that NEL LINK has carried out. For the next steps LINK will continue investigating Privacy and Dignity in Care.

## **B. Introduction**

Enter and View is an essential tool that enables LINKs to review the quality of Health and Social care services and the suitability of the premises used for the delivery of care.

To conduct Enter and View visits LINKs members must be authorised and trained. There is no national framework for the authorisation process and the training, the only legal requirement is for enter and view representatives to have satisfactorily undergone a Criminal Records Bureau (CRB) check.

North East Lincolnshire Local Involvement Network (LINK) has implemented a rigorous selection process which requires all members who wish to carry out Enter and View duties to complete an application form and to attend an interview with identified LINK members and an independent advisor. This interview panel will decide if the candidate has sufficient understanding of the role of North East Lincolnshire Local Involvement Network (LINK), and of the functions of enter and view, to be appointed.

The approved candidates must then complete a training course which covers the legislation and the code of conduct behind Enter and View, personal conduct and communication skills, evidence gathering and reporting, audit, health and safety and mental health training. At the conclusion of this training and after obtaining a satisfactory CRB certificate the candidate becomes an authorised enter and view representative.

Enter and View representatives can enter any premises in connection with health and adult social care service delivery where that care is wholly or partially funded through public money. There are exceptions which exclude a right of entry to people's homes and to make visits where the visit may compromise privacy, dignity and the standard of care. The code of conduct governing Enter and View powers can be accessed by the following hyperlink:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_087285](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285)

North East Lincolnshire Local Involvement Network (LINK) used the Enter and View tool to aid the Privacy and Dignity in Care project.

Jenny Loughran, LINK Governing Body member, initiated the project and part way through Ray Oxby, LINK Chair, took over the role of leading the Privacy and Dignity in Care project.

Care Homes hold such an important place in modern society. A Dignity Champion in all care homes, no matter how big or small, private or otherwise, would be able to disseminate good practice. To then establish a network of local Dignity Champions whom the care home Dignity Champions can go to, to receive support and share practice. This idea may help to bring people together with Dignity.

The definition of Dignity has been established in the 10 point challenge:

1. Have 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 rights 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

The project has been on going throughout LINK's financial year, April 2010 to April 2011.

The first stage of the project was the 'Dignity Action Event'. This event gathered Care Assistants, relatives of people in care and professionals working in the Health Care sector, to share experiences and to discuss dignity.

After the 'Dignity Action Event' questionnaires were sent out to all the Care Homes in North East Lincolnshire. These questionnaires (Appendix ① staff questionnaire) were designed for the care home staff to complete.

After an initial poor response from the Care Homes, it was decided to arrange a visit to most of the Care Homes in the North East Lincolnshire area. Teams of 3-4 LINK members were set up. It was felt a small team of 3-4 people would not be too intrusive in the residents home and be enough to assess everything.

The process for the LINK team was to speak to the manager of the Care Home upon arrival. The team would then look around the Home noting the structural integrity, the cleanliness and the level of personalisation of the residents rooms and living areas. The team also spoke to the residents and relatives, asking them to fill out a questionnaire (Appendix ② relative questionnaire), to find out how they felt about their privacy and dignity and if they felt it was recognised. Staff ratios were also noted, as were the activities and trips outside organised by the Care Homes.

## **C. Dignity Action Event**

The Privacy and Dignity in Care project started on 1<sup>st</sup> April 2010 when North East Lincolnshire LINK held a 'Dignity Action Event', in the Banqueting suite at Grimsby Town Hall. Invitations were sent to Health Care Assistants, Relatives of people in care, and Professionals working in the Health Care Sector. Over 25 people attended the event.

The event gave the Carers, Relatives and Professionals an opportunity to share their experiences, to provide workshop activities for attendees to learn more about privacy and dignity, give their views and inform them of the Department of Health's Dignity in Care campaign.

The event began with an introduction on the LINK and Dignity in Care; followed by Jo Wilson, Customer Care Manager at the Care Trust Plus (CTP), who gave a presentation on how the CTP listened to complaints and queries to help raise the profile of privacy and dignity.

The delegates then moved into different workshops, looking at 'Who is being treated with Dignity?' and 'How can you measure Privacy and Dignity?' focusing on the view point of Care assistants (Appendix ③ workshop A), Relatives (Appendix ④ workshop B) and Professionals (Appendix ⑤ workshop C).

Workshop A was about who is being treated with dignity. This workshop enabled conversation around what is important for person centred care and priorities for ensuring Privacy and Dignity is maintained to the best ability of staff.

Workshop B concentrated on enabling discussions around feelings that Carers, Professionals and Relatives have when dealing with their family/care home resident with regard to privacy and dignity.

Workshop C looked at what areas could be assessed and good indicators identified to assist in the development of an audit tool for privacy and dignity.

From evaluation, feedback identified that the event had been a positive experience for delegates, particularly the workshop activities which had raised the profile of privacy and dignity and had provided them with an opportunity to air their views and listen to others.

## D. List of Care Homes Visited

<b>No.</b>	<b>Nursing Home</b>	<b>Address</b>	<b>Specialism</b>	<b>No. of Beds</b>	<b>Visit Date</b>
<b>1</b>	Eaton Court	Augusta Street	Care Home with nursing	45	25 <sup>th</sup> June 10 14 <sup>th</sup> April 11
<b>2</b>	Eleanor House	19 Eleanor Street	Dementia, Mental health	17	8 <sup>th</sup> July 10
<b>3</b>	College View	71 Bargate	Dementia, Older people	12	12 <sup>th</sup> Aug 10
<b>4</b>	Homefield House	11 Welholme Road	Care Home	24	9 <sup>th</sup> Sept 10
<b>5</b>	Royal Court	20 Princes Road	Care Home	24	23 <sup>rd</sup> Sept 10
<b>6</b>	Temple Croft	42 Scartho Road	Dementia, Older people	40	30 <sup>th</sup> Sept 10
<b>7</b>	Waltham House	Louth Road	Dementia, Mental health, Older people, Physical disability, Sensory impairment	33	28 <sup>th</sup> Oct 10
<b>8</b>	Alderlea	St Thomas Close	Dementia	40	4 <sup>th</sup> Nov 10
<b>9</b>	Clover Lodge	68a Humberston Ave	Dementia, Older people	16	5 <sup>th</sup> Nov 10
<b>10</b>	The Lodge	29 Bargate	Dementia	29	9 <sup>th</sup> Nov 10
<b>11</b>	Bradley House	Bradley Road	Dementia, Older people, Physical disability,	56	11 <sup>th</sup> Nov 10
<b>12</b>	Brooklands	Springfield Road	Dementia, Older people, Physical disability, Younger adults	63	25 <sup>th</sup> Nov 10
<b>13</b>	Yarborough House	34 Yarborough Road	Dementia, Mental health, Older people, Physical disability, Sensory impairment	27	6 <sup>th</sup> Jan 11
<b>14</b>	Clarendon Hall	19 Church Ave	Older people, Physical disability, Younger adults	52	20 <sup>th</sup> Jan 11
<b>15</b>	The Old Library	Isaac's Hill	Care Home	30	3 <sup>rd</sup> Feb 11
<b>16</b>	Carisbrooke	35 Welholme Road	Learning Disability and Autism Spectrum Condition	12	17 <sup>th</sup> Feb 11
<b>17</b>	Eastwood House	7 Eastwood Ave	Dementia, Older people	18	24 <sup>th</sup> Feb 11
<b>18</b>	Ravendale Hall	East Ravendale	Dementia, Older people, Physical disability	34	3 <sup>rd</sup> March 11
<b>19</b>	St Margaret's	Littlecoates Road	Dementia, Older people, Physical disability	56	30 <sup>th</sup> March 11

## E. Findings

### Staff

A questionnaire about Privacy and Dignity in care was developed for the care staff to answer.

The questionnaires were distributed to all Care Homes in the North East Lincolnshire area. In addition to this, some of the questionnaires were filled in by care staff while LINK representatives were visiting at the Care Home.

The table shows some of the answers from the Privacy and Dignity questionnaire by Care Staff.

		<b>Do you feel that you are able to give/spend quality time with your residents?</b>	<b>Do you feel you are provided with enough training?</b>	<b>Do you feel valued as a home care worker? Do you feel that your rate of pay reflects this?</b>
<b>3</b>	<b>College View (2)</b>	<b>Yes (2)</b> - one commented that they try to spend at least 15 minutes a day with each resident	<b>Yes (2)</b> - commented that knowledge is updated regularly	<b>(2)</b> staff answered <b>yes</b> they feel valued, but <b>(2)</b> answered <b>no</b> the rate of pay was poor
<b>5</b>	<b>Royal Court (6)</b>	<b>Yes (6)</b> - one commented as a small home so it's easy to spend time with the residents individually	<b>Yes (6)</b> - one commented that they do regular training	<b>(6)</b> staff answered <b>no</b> the rate of pay was poor, and only <b>(2)</b> answered <b>yes</b> they feel valued
<b>7</b>	<b>Waltham House (1)</b>	<b>Yes</b> - commented that they chat to the residents and try to promote activities	<b>Yes</b>	<b>Yes</b> to being valued, but <b>no</b> to the rate of pay
	<b>Ashlea Court (2)</b> Report of visit not done	<b>No (2)</b> - one commented when there is a quiet spell then it is possible but the home is usually very busy	<b>Yes (1)</b> - commented have regular training events	<b>Yes (1)</b>
	<b>Sussex House (3)</b> Not visited	<b>Yes (3)</b> - yet one commented that the increase in paperwork is making less time available for residents	<b>Yes (3)</b>	<b>(2)</b> of the staff answered <b>no</b> the rate of pay was poor, and <b>(1)</b> answered <b>yes</b> they feel valued and the rate of pay was good

## **Comments by individual care staff explaining what dignity means to them**

### 3. College View:

- Show respect by asked the residents opinions in everything we do and being treated the same way I treat others in the workplace
- Dignity means to keep personal things personal, also dignity means to tell me that I am trusted and to be treated with no difference to anyone else

### 5. Royal Court:

- Privacy for the client such as knocking on the door and drawing the curtains when seeing to them, always being polite
- Be respected as a good member of staff
- Always be polite and patient

### 7. Waltham House:

- Choice, privacy, feeling happy and comfortable

### Ashlea Court (Report of visit not done):

- The presentation of privacy, keeping from embarrassment and harm, maintaining my reputation as a good nurse and expecting others to respect my privacy, beliefs and spiritual needs
- Expected to be treated the same

### Sussex House (Not visited):

- Respect for religion and values
- Keeping personal information private, making sure they dress appropriately
- Respect and equality from other members of staff

The general feeling of what dignity means across all care staff in all care homes is respect, equality and protection from embarrassment, for both the service user and care staff.

Unfortunately when asked the question about being valued and the rate of pay, the responses given were poor. Only half the staff answered yes they felt valued as a care worker and 11 out of 14 said they felt the rate of pay was "*very poor for the responsibility.*" If the majority of care staff feel this way, it indicates that dignity for them is not being upheld.

## **Family**

During the visits to Care Homes the LINK team asked residents and visiting relatives if they wanted to fill in a Privacy and Dignity questionnaire.

The table shows some of the answers from the Privacy and Dignity questionnaire designed for the relatives of residents living in care Homes.

<b>Individual Response</b>		<b>Dignity and Privacy are two of the most important elements in care, what do you feel is the third?</b>	<b>What do you feel are the homes strengths?</b>	<b>Comments on improving the Home</b>
<b>1</b>	<b>Eaton Court</b>	Personal attention	Kind staff	None
<b>1</b>	<b>Eaton Court</b>	Respect	Caring environment, socialising encouraged, staff are the greatest asset	None
<b>3</b>	<b>College View</b>	A 'genuine and kind nature' is essential	Good food, open plan lounges, friendly, cheerful carers, well organised at meal times, the carers seem to do their best and the kitchen staff and nurses are very obliging	Possibly separating some of the residents at certain times when certain residents are being very noisy or difficult
<b>7</b>	<b>Waltham House</b>	Compassion	Good caring staff, decent food, no smells, a clean environment and good accommodation	My mother can't join in with many of the activities, worried about isolation
<b>19</b>	<b>St Margaret's</b>	Medical attention	None	Deep clean, improved training for staff, improve menu, greater accountability for staff, improved communications
<b>19</b>	<b>St Margaret's</b>			Happy, full confidence in the Home to look after my mum

## **Individual Family members general comments about the Homes**

### 1. Eaton Court:

- Happy with every aspect
- Mum treated with respect, allowed to retain dignity, clean environment, good diet, good communications with cheerful competent staff, staff took time to get to know mum as a person and personal hygiene was attended to discreetly

### 3. College View:

- Generally well set out with nice chairs and lounges, most carers are helpful and some very helpful. Staff are nearly all very helpful at answering worries. My mother is treated with dignity, when she was ill one day she was put into the smaller lounge in the reclining chair and made very comfortable. My mother is meant to have a 'key worker' she does not seem to bother with mum much

### 7. Waltham House:

- Always clean, no smells, mother well cared for at all times, clean and well catered for

### 19. St Margaret's:

- Dirty, isolation for user, abuse, poor diet, lack of medical attention, poor communication with staff, users wishes were disregarded
- Did not want to leave, very happy and content with the Home

### Stallingborough Lodge (Not visited):

- Unfailing cheerfulness and gentleness of the staff, continuity in the carers, person centred care, residents kept clean and tidy, staff make efforts to dress residents suitable and colour coordination and regulate residents diet to increase and decrease weight when needed

Overall comments from the relatives of service users are mixed. There appears to be very few common themes across all the different Care Homes.

However the staff's abilities and the cleanliness of the Home seem to be of a high importance to the relatives as these areas are mentioned in almost all comments.

A clean house promotes a sense of pride in most people. Thus the cleanliness of the Home is a vital factor for service users to retain their dignity. The competence of the staff was also seen as a key factor. This is understandable as the staff are in charge of caring for and protecting their relatives and loved ones when they are vulnerable.

For relatives of the service users privacy and dignity is highly important to them and believe it to be influenced by the overall cleanliness of the Home and by the care staffs' abilities.

## F. Recommendations and Reports

The LINK team made recommendations in the individual reports to improve the Care Homes. Below is a generalised table of the recommendations made.

Nursing Home		Cleanliness	Structural Improvement	Activities	Equipment eg. Ferrals on aids	Health and Safety	Reported to the CQC
1	Eaton Court (Visit 1)			x		x	
1	Eaton Court (Visit 2)	x	x	x		x	
2	Eleanor House	x	x	x		x	x
3	College View			x			
4	Homefield House			x			
5	Royal Court		x	x			
6	Temple Croft	x		x	x		
7	Waltham House			x	x		
8	Alderlea			x		x	
9	Clover Lodge				x		
10	The Lodge		x	x	x		
11	Bradley House				x	x	
12	Brooklands				x		
13	Yarborough House		x	x	x	x	
14	Clarendon Hall	x	x				
15	The Old Library	x	x		x	x	
16	Carisbrooke	x	x			x	
17	Eastwood House	x				x	
18	Ravendale Hall		x		x	x	
19	St Margaret's			x	x		

The main concerns are the frequency and diversity of activities in Care Homes, closely followed by the equipment used by the residents.

Most Care Homes do employ an Activities Coordinator, who organises activities and day trips out for the residents. However the majority of Care Homes visited were recommended to improve the activities programme.

There is little evidence to indicate that Care Homes needing to improve the activities programme are affected by the size of the Home, as most of Care Homes recommended to improve the activities programme house less than 30 residents. This could be due to staff ratio's, as a Home with a larger number of beds employs more staff, therefore with a higher level of staff it is logistically easier to organise activities and day trips out.

### **Extracts from LINK members reports**

Following each visit LINK members wrote a report about their findings. The full reports can be obtained on request from the LINK offices. Below are extracts from their reports:

#### **1. Eaton Court**

*"Eaton Court appeared to be satisfactory, although it appears that it would greatly benefit from a higher ratio of staff to assure privacy and dignity for all the residents. All the residents that were spoken too appear to be generally happy and satisfied with the care provided."*

Second visit:

*"Staff were busy also helpful and friendly. Residents seemed to be contented, clean and mostly well dressed." However "we did not get chance to talk with them in private regarding any concerns"*

#### **2. Eleanor House**

*The staff "appear to care about the work they undertake but it seems they feel that they are taken for granted and thus feel unappreciated. They try to provide an environment that provides dignity and privacy but their working environment lets them down. They do not have the staff capacity or the time to provide person centred care."*

#### **3. College View**

*"The home was light, airy, clean and well presented. The residents that we spoke to seemed very happy living in the home and felt that they were treated with respect and dignity."*

#### **4. Homefield House**

Most residents spoken to "expressed the view that they thought the house was very well run and that they were happy living at the home." The care plans for residents were inspected and were "found to be comprehensive and specially tailored to individual needs... and updated monthly"

#### **5. Royal Court**

*"The ground floor of the home is in need of refurbishment. The communal lounge furnishings, carpets and décor are very dark, with very poor lighting, which raises Health and Safety concerns." Also "residents and relatives/visitors are generally happy with the care, but would like more social activities and outings to enhance the quality of life."*

## **6. Temple Croft**

*"Residents interviewed... highlighted that their privacy and dignity were always well respected. A family member was interviewed who reinforced the views expressed by residents." Yet "During the visit most residents were simply sat motionless at their seats with no apparent on going group activity."*

## **7. Waltham House**

*"The home keeps accurate care plans on each individual... and kept up to date... where necessary the home enlists the help of other health and social care professionals for advice and help." However concerns were raised as "some residents expressed the view that they would rather stay in their personal rooms rather than being potentially intimidated by dementia suffering residents."*

## **8. Alderlea**

*"There appeared to be adequate staffing levels and residents appeared clean and well cared for. Staff appeared focused in delivery of care and there was a homely atmosphere."*

## **9. Clover Lodge**

*"The home has an extensive and tailored programme of activities for the residents." In relation to diet and food choices, "individual tastes were accommodated upon request."*

## **10. The Lodge**

*"During the inspection the team found several issues with the structural integrity of the Home." The overall feeling of the Home was one of "being run down, a lack of serious investment over 20 years and a general lack of professional and sophisticated tailored care to individual residents."*

## **11. Bradley House**

The staff were *"welcoming and enthusiastic in their care and the residents look very well cared for and appear contented."* The Home recently built *"a large extension to provide further accommodation and had undergone a major refurbishment."* The residents' preferences were *"respected and they were treated as individuals."*

## **12. Brooklands**

*"The residents can go to bed when they want. They also have a choice in their menus, with the cook accommodating for their individual tastes."* The activities organised *"were very extensive."* Also the team noted that *"all the residents had very good hygiene and cleanliness."*

## **13. Yarborough House**

Residents were *"encouraged to actively participate both in choosing the décor and assisting in the decoration."* There were some Health and

Safety and general maintenance concerns *"outstanding and needed attention."*

#### **14. Clarendon Hall**

A relative stated that *"his mother could not reach her call bell despite him raising the matter with staff previously."* Corridors were noted to be *"wide, un-cluttered, and well lit with clear signage."* The staffing levels were *"determined by the number and dependency of the residents."*

#### **15. The Old Library**

*"Residents looked well cared for and were provided with excellent surroundings and facilities."* A visiting relative told the team they were *"generally happy with the home and stated there had been a lot of improvements since the present manager had been in post."*

#### **16. Carisbrooke**

Staff were *"friendly and helpful"*, and *"encourage the residents in their daily living activities."* Staff also ensure *"those with behavioural problems are given adequate attention, so as not to disrupt other home users"*. *"The residents were cleanly dressed... and given a very good activities programme."*

#### **17. Eastwood House**

The team stated that *"the staff gave generously to ensure residents' needs were met."* Also staff were given *"adequate training in house or by Social Services."*

#### **18. Ravendale Hall**

Most staff *"have or are working towards NVQ level 2."* Also the Home had *"appointed 2 Dignity Champions."* The Homes' communal sitting rooms and the dining room were found to be *"large and airy."*

#### **19. St Margaret's**

The Manager explained that she *"took up the Manager's post in November, and with Helen the Senior Nurse's assistance, has reviewed all policies and procedures."* The chef informed the team that *"he likes to see all new residents personally, to ascertain their personal likes and dislikes."* A resident who *"was due for discharge... was determined to stay at the home."*

## **G. Care Home Responses to Visit and Recommendations**

After the reports were written, they were sent to each of the Care Homes visited. The Care Homes were then presented with an opportunity to make comments about the reports and to give an update regarding the recommendations made.

Below are some of the comments made by the Care Homes.

### **1. Eaton Court (visit 1):**

- Felt the report largely focused on the negative aspects of the first visit

### **1. Eaton Court (visit 2):**

- It is most unusual that food is left out for more than 2 hours. All staff have received training in safe catering practices
- We try to ensure all social needs for residents are met and those that do not want to interact are visited and receive individual contact with staff
- We do our utmost to ensure the bathroom facilities are well maintained and problems addressed immediately
- Discussed with the hairdresser the importance of keeping a clean and tidy room after each session
- Our management are arranging for new flooring to be laid in reception and the corridors
- A recent Humberside Fire and Rescue inspection revealed no problems

### **4. College View:**

- Developed a daily activity programme, some staff have completed training for providing meaningful activity and recently 2 members of staff have completed a reminiscence course

### **5. Homefield House:**

- At the residents meeting activities and outings were discussed as usual and reminded that they could approach staff
- Resident in question has been approached and meetings held with her family, at present it is her choice to stay at the Home

### **6. Royal Court:**

- New Providers for the Home met with the manager and used the LINK's report to help facilitate improvements
- Next priority is to provide outdoor space
- At the next resident's meeting discussing a smoking area
- Employed an Activity Co-ordinator, joined the National Association for Providers of Activities (NAPA) and looking to get training for staff regarding the provision of activities, also met with the Charity Friendship at Home

### **7. Temple Croft:**

- Try to organise at least 4 trips per annum, but residents usually do not wish to go out
- Trying to set up several small groups to stimulate an interest and making an activities timetable and document the outcomes
- The manager is a moving and handling instructor and all staff check condition of slippers, ferrals, wheels etc.
- A cleaning regime is in place and previously had issues with new incontinence products and staff had training from the company

## **8. Waltham House:**

- Trying to involve more relatives in outings and visits
- The Falls Prevention Team visited and checked the condition of mobility aids and replaced worn and missing ferrals
- The Home consulted with the Alzheimer's Society and they felt it was better to mix dementia and non-dementia residents and when the Home expands it will be a priority to have a separate lounge

## **9. Alderlea:**

- The issue with outing visits was the lack of support from relatives<sup>i</sup>
- Out of hours medication accessibility is not a problem, the difficulty is in getting Doctors to come out of hours
- Privacy and Dignity are included in staff inductions and regular updates are provided
- All staff who administer medication received training in the last year to coincide with moving to Boots the chemist as the new provider

## **10. Clover Lodge:**

- Has links with the local school; Embersons who loan us their limousines and drivers free of charge; the local Methodist church; the local library service; and are members of Dial a Ride
- Had a visit from Falls Prevention Team before and requesting another one

## **11. The Lodge:**

- Repair and Maintenance of the home has been started and ongoing
- New Activity coordinator increased activity hours from 8 hours per week to 16 hours, a more fixed routine on activities is in place and working well
- Falls team have been contacted yet we are still awaiting a visit
- Assistant Manager has also been employed at the Lodge to oversee the general care, well-being, dignity etc.

## **12. Bradley House:**

- The "fire doors" in the dining room are not means of escape, but for access to the patio area. The fire doors are either side of the dining area
- We managed to book and take some Service Users to the Auditorium at Christmas
- Not accessed voluntary assistance from the sources suggested, but the Activities Organiser will be doing so in the near future

## **13. Brooklands:**

- A volunteer visits to do hand massage and manicures. Will look into finding volunteers from other sources
- The Falls Prevention Team visited and gave a presentation to residents and staff on 14/03/11
- The Falls Prevention Team also renewed all the worn ferrals on walking aids

## **14. Yarborough House:**

- Created an action plan covering all recommendations made

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<sup>i</sup> LINK team are concerned about this and intend to follow up this issue

**15. Clarendon Hall:**

- Roof repaired and awaiting re-tiling of the bathroom
- New supplier for our cleaning products carpets cleaned on a regular basis, also purchasing new carpets where needed
- Residents have been re-assessed for incontinence wear
- Staff meeting held on 8<sup>th</sup> February 2011, told the importance of answering call bells promptly

**16. The Old Library:**

- Hand sanitisers are now available and a suggestion box is in place
- Lighting on the stairs are adequate but maybe looking at getting sensor lights rather than switches
- Wheelchairs are kept in residents own rooms now and carpets are refreshed on a daily basis
- Refreshment times are adhered to without fail

**17. Carisbrooke:**

- A new strong ramp to the front of the building has now been completed
- A full electric check completed and certified in April 2007 and the next check is due in April 2012
- Asbestos review: this is not required as the risk is completely nominal
- Bath mat and waste bin have both been replaced
- Damp patched and wallpaper replaced
- Hard to reach cobweb and dust a suitable dusting tool is in operation to enable this kind of cleaning without staff being at risk on ladders.

**18. Eastwood House:**

- Were awaiting a new toilet seat at the time of the visit, now been replaced
- The handyman checks the environment on a weekly basis
- The two sanitizers in the home that are not easy to reach are not in the areas that service users use
- When clients are assessed for admission, the Home clearly states that loved ones are welcome to have meals with them, but the Home does state that whenever possible it is advisable not to visit at meal times as this disrupts other clients

**19. Ravendale Hall:**

- Tiles have been fixed
- Handyman was on sick leave and explained to the replacement handyman about potential hazards
- Wheelchairs were last checked and serviced on 15/02/11 and ferrals replaced immediately

**20. St Margaret's:**

- Have a plan of regular calendar events which has been updated and enhanced for residents
- Requested a visit from the Falls Prevention service to assess walking aids and footwear
- Wheelchair services have been contacted in relation to assessing the condition of resident's wheelchairs

## **H. Comments from some Team Members about their Involvement**

### **Ray Oxby (Privacy and Dignity in Care project leader):**

I have enjoyed the experience of gaining greater insights into the needs of others and the importance of catering for diverse and individual needs with residents. The commitment of staff at these homes in most cases was fantastic and inspiring.

### **Elaine Flower:**

I have really enjoyed visiting the care homes and in the main I have been pleased with their general environment and the level of care and dedication shown. Some staff go above and beyond to give a good quality of life to their residents. I do feel however there needs to be an improvement in taking residents out of the home on visits of their own choice, although I know this needs careful planning and having staff available. I am also concerned that older people who would like to spend their remaining years in a care home are being denied the choice unless they are able to self fund. This will cause many more homes to close which will restrict availability further.

### **Linda Green:**

During the visits to various "Care Homes" in the North East Lincolnshire area I found the experience enlightening. Looking after those who are less able, frail, or have learning problems is a very demanding task. The staff do not always have enough time to devote their energies to them as they would wish. Mostly I think this is because of staffing levels in some cases. These levels are not always of the Homes' making. Pay of carers are low for such dedicated work and I believe the general public don't always value their role in society. Mostly residents were well cared for but in some cases others were not and so if they have no relations/friends to be their voice, then the role of organisations such as LINK and the CQC on the public's behalf are vital to ensure their needs are being met just the same as every one else's'. I found it most enriching and rewarding, also a privilege to meet some of our senior citizens and younger members of this area who were making the most of their lives with a little help and understanding from "Those who Care".

### **Maralyn Fox:**

I have a great interest and passion for the needs of older people, thus found this project rewarding and interesting. I am committed to the belief that every single person should be treated with great dignity and care and I believe LINK is making a difference and we are gaining the respect of the residential and nursing homes, and also of the CQC.

### **Chris Smith:**

The standards were on the whole what should be expected regarding care, but I was disappointed that some quality of life issues, particularly individual trips out were left up to relatives. When this is introduced soon after admission it becomes an accepted part of life and the comments we heard "They do not want to go out" do not occur. I believe staff should take their charges out as some relatives do not feel able and sometimes there are no relatives to do this. I believe this is very important in reducing depression, and increasing wellbeing.

## **I. Conclusion**

The aim of the Privacy and Dignity in Care project was to investigate what Privacy and Dignity meant in Care Homes in North East Lincolnshire.

The 'Dignity Action Event' started off the project. The event was found to be very useful for all those involved across the different areas of the Caring system. Most felt the event should be replicated to enable the sharing of experiences and to communicate between each of the 3 different types of people in the caring system; Care Assistants, relatives, and professionals.

The majority of the staff were aware of Privacy and Dignity in Care and what it entails and tried their best to implement such practices. However it was felt that the staffing ratio did not allow them to fully cater for individual residents needs. The relatives of residents seemed to believe Privacy and Dignity in Care is important, and the main ways to uphold them included the staff and cleanliness of the Home.

Recommendations made varied for each individual Care Home. However there were two main recommendations made to the majority of the Homes visited. One was to request a visit from the Falls Prevention Team to give a presentation about falls; and repairs and replacements on equipment the residents used such as walking frames. The other recommendation was for improvement on activities and trips out of the Home. This recommendation appears to be an issue noticed by the LINK team, as well as some relatives visiting residents. Trips out of the Home help to give the residents some freedom for themselves which is important for maintaining their wellbeing. The LINK team considered this an important factor.

The Care Homes were requested to send in written updates as to what they have done about the recommendations. Almost all the Care Homes replied with a suitable update outlining what they have done or given a reasonable explanation as to why they have not complied.

Overall Privacy and Dignity appears to be in the mind of those involved in the caring system, but there is room for improvement. Staffing ratios can be a constraint on maintaining Privacy and Dignity. Care Homes need to consider greater staffing ratio's to enhance Privacy and Dignity in Care. Furthermore, annual training on Privacy and Dignity and its importance in the care setting should be introduced to all Care Homes for the Care Staff and management. The training would be used to try and improve Privacy and Dignity for the residents, but also for care staff, who from the staff questionnaires some do not feel valued as a person and worker.

The Privacy and Dignity project has been an important piece of work that NEL LINK has carried out. For the next steps LINK will continue investigating Privacy and Dignity in Care.



..... (Please attach another sheet of paper if you would like more space)

Q9 Please explain what dignity means to you.  
(Remember dignity is for everyone including you!)

A. From a resident's perspective:

.....  
.....

B. From you, as a member of staff:

.....  
.....

Q10 What do you feel your care home does to promote dignity?

.....  
.....

Q11 Do you feel you are able to provide an individual and person centred care to the people you are caring for?

Please circle which applies YES / NO

Please explain your answer:

.....  
.....  
.....

Q12 Do you feel you are provided with enough training and have in depth knowledge to be able to carry out your valuable role well?

.....  
.....

Q13 Do you feel valued as a home care worker? Do you feel that your rate of pay reflect this?

.....  
.....

Thank you for your feed back. This information is very important and we appreciate your time taken to complete this questionnaire. If you would like further information on the outcomes of this work please provide your name and contact details so we can pass this on to you. (Please print)

Name:.....E-mail:.....

Address:.....

Postcode..... Telephone number:.....



Person centered care (PCC) is ethical and evidence based care that puts the person first regardless of their level of mental or physical impairment. Person Centered Care evaluates the quality of being provided and each person's experience of well being, through the eyes of the person receiving that care.

7 Do you feel that the your loved one or relative or resident you are visiting receives this type of care? YES / NO

8 Do you feel their privacy and dignity is a priority at all times? YES / NO

Please explain your answer:

.....  
.....  
.....  
.....

9 Do you as a service user or family member have an opinion of what good care is and what does it look like?

Please explain your answer:

.....  
.....

10 Do you know what the staff ratio to residents is? YES / NO

11 What do you feel are the homes strength?

.....  
.....

12 If there was anything that you feel would improve the home, what would it be and why?

.....  
.....  
.....  
.....

Thank you for your feed back. This information is very important and we appreciate your time taken to complete this questionnaire. If you would like further information on the outcomes of this work please provide your name and contact details so we can pass this on to you. (Please print)

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## Workshop A

**Please imagine you are a care assistant. Please read through the following scenario and answer and discuss the questions.**

You work in a busy nursing home accommodating 45 residents and are paid minimum wage. The early shift start at 07.15 and you usually work with six other members of staff.

On this particular day, YOU have been identified as being responsible for **SEVEN** residents in your care. As you arrive to start your shift, **FOUR** of your residents ring their bells to get up for the day.

### **RESIDENT 1 – Mary**

Mary is totally immobile. To be able to get her up, she needs all moving and handling aids. She is catheterised and is compos mentis. She is one of your favourite patients (although you are fully aware that you should not have favourites)

### **RESIDENT 2. – Paul**

Paul is a lovely gentleman with dementia. In spite of his dementia he usually always cooperates with staff. He has some mobility problems and becomes breathless when moving. He is also incontinent

### **RESIDENT 3. – Kath**

Kath is one of the homes eldest residents. It is her bath morning and she always looks forward to having her hair washed. She does require the hoist to mobilise her and this means it can take a long time to get her bathed and ready. Additionally, there is only one bathroom on the floor you are working on that has a hoist, and you are aware that other residents are also waiting for a bath.

### **RESIDENT 4. - Joan**

Joan is totally mobile and independent. However she feels poorly this morning and is quite emotional so has asked you to help her wash and dress. She is quite capable of getting washed and dressed independently but makes you feel it is your company and time she would like this particular morning.

### **QUESTIONS.**

Please take some time to think about the following questions, initially on your own and then with your group.

- 1. Who would you attend to first?**
- 2. What order would you get the other residents up in?**
- 3. Why have you chosen this order?**
- 4. Lastly, which resident do you feel you have cared for in the most dignified way?**

These scenarios are factual. What thoughts and questions has this exercise provoked within you as a professional, or member of the public, in the health care sector?

## **Workshop B**

**Please read through the following scenario and answer and discuss the questions.**

Over the last week your mum who has been independent all her life has deteriorated suddenly and it has been recommended you place her in a care home. As her deterioration has been sudden you have no choice but to place her where there is a bed available in your area.

You feel a tremendous amount of guilt of having to place your Mum in a home. Your mum has always been a very loving and caring person who has always looked after herself. Over the next week you notice that she is beginning to smell.

During your next visit your mum tells you that she has been incontinent and becomes extremely upset and distressed by this. When you inform the staff they apologise and inform you that they are aware of this and will attend to mum as soon as they can.

You can hear other bells ringing.

### **QUESTIONS**

Please take some time to think about the following questions, initially on your own and then with your group.

- 1. How does this make you feel? .....as a daughter / son and a human being**
- 2. Are there any dignity issues here, and with whom?**
- 3. Does this scenario sound familiar?**

These scenarios are factual. What thoughts and questions has this exercise provoked within you as a professional in the health care sector or as a member of the public?

## **Workshop C**

### **Key areas for assessment for Nursing Homes**

- Dignity and Privacy e.g. choice of clothing
- Personal Health e.g. care plans reviewed with patient
- Services i.e. laundry, catering, activities e.g. activities are planned to meet patient need
- Staff e.g. staff support in role
- Information to residents/families/ staff e.g. CQC certificate displayed
- Health and Safety, Environment e.g. visitors asked to sign in and out
- Safeguarding e.g. all staff attended Abuse awareness training

### **Are there any more areas that you feel would need to be assessed?**

### **Looking at the 10 point Dignity Challenge statements identify areas of assessment which can be used as good indicators to develop an audit tool for dignity and privacy.**

The 10 point Dignity Challenge

1. Have 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 rights 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

For example, "have a zero tolerance of all forms of abuse".

An indicator that could be used would be: "When asked residents said that they were never shouted at".

