

Dignity in Care Review

Select Committee on Health & Adult Social Care



Chair's forward

Dudley has an increasingly diverse group of older people and a growing older people population and in light of the increased profile of dignity we sought to conduct a review of dignity in care for older people services; encouraging a focus on Hospital settings.

Dignity is about respecting people as individuals, listening to them and responding to their needs. Treating people with dignity is often about an individual's attitude to their work or an organisation's culture and current guidance can at times be ambiguous in guiding day-to-day practice. To this end we suggested establishing a training programme for all front-line staff incorporating dignity issues from access to community services. Connected to this we would like to see the development of a 'dignity code' looking to move from well-meaning but often vague principles towards a set of explicit standards;. We also recommended the establishment of internal Dignity task groups to consistently co-ordinate and promote dignity improvements; and ensure the Dignity role is prominent across senior tiers.

The development of the Trust's patient experience strategy is designed to provide for more individualised care. We see this as an opportunity to ensure respect and dignity practices are hardwired in organisational structures and motivate leaders in taking action.

During the course of the review we learned the CQC recommended a number of suggested improvements connected to Dignity practice and we will be monitoring submitted actions plans to ensure services continue to meet expectations.

Older People are largest market consumers of health care and addressing challenges for these individuals means a better chance of getting things right for all.

As Chair I would like to thank members of Committee for support on this review. I would also like to thank staff called to give evidence who gave generously of their time and enthusiasm.

Cllr Susan Ridney

**Chair Select Committee Health and Adult
Social Care**



Summary and recommendations

The review identified that in 2010 approximately 19% of Dudley's population were older people (nationally defined as 65+) and over the next 20 years this is projected to rise by over 5%. With this in mind HASC felt it was increasingly important to gain an understanding from service providers in the health community succeed in delivering dignity in care to service users. Members were keen to begin their investigation within the hospital setting with the aim of establishing learning and parallels for the wider sector. Members were also keen to establish how the Council and stakeholders could provide assistance to this process in order to raise awareness of the services available to older people.

Comment: Something missing here

Independent and voluntary groups which support older people's groups as well as Dudley's Older People's Board will have an interest in driving forward the national dignity agenda and to ensure that older people are treated with the highest standards of dignity when using services in Dudley. They should be seen as key partners by the health community in developing a responsive dignity framework.

Recommendation 1

Members were encouraged by the commitment to promoting dignity in care and the mechanisms in place to evaluate and monitor dignity outcomes; including the Nursing Care indicator set which integrates Essence of Care benchmarks. However it was felt a shift was needed in the way dignity standards are monitored and implemented. HASC recognises that dignity issues go to the very heart of the way services for older people are provided and feel adherence to core dignity standards should be integrated in every day practice. HASC also noted the development of resources by the Royal College for Nursing to inspire improvements in Dignity practice and the quality of care. As such HASC proposes the development of a Dignity Code looking at RCN's Dignity resources; with the aim of shifting expectations from well meaning, but often vague, principles towards a set of explicit standards patients have the right to expect.

Recommendation: HASC would encourage DGOHft Trust to consider exploring with partners and community stakeholders the scope, feasibility and cost benefit of developing a Dignity Code in-line with guiding principles set out by RCN. This should look to move from well-meaning but often to vague principles explicit/tangible standards; and hardwired in workforce strategy as appropriate.

Recommendation 2

HASC recognises that Leaders need to be motivated to take action on dignity issues.

The development of the Trust's patient experience strategy is designed to make person-centred care a reality. HASC sees this as a timely opportunity to strengthen dignity principle issues in strategies in order to maximise long-term success through

greater ownership from leadership downwards. It will also help enable dignity issues to be systematically addressed across services.

Recommendation: The committee would encourage the Trust to ensure dignity issues are explicitly embedded in the development of the patient experience strategy in order to maximize long-term success and consistent implementation of dignity practices across services. Relevant community stakeholders and Dudley's Older Peoples Board should be consulted on its development in order to ensure a responsive dignity framework.

Recommendation 3

HASC is encouraged by practices to support patients at meal-times and were particularly impressed by the involvement of trained volunteers. Members were also pleased with the introduction of the red-tray system for patients who require assistance with eating and drinking or their food or fluid intake monitoring and commitment to protected meal times. Invariably patients would value the support from family members and carers at meal-times. Whilst members observed practices to support this, it was felt further engagement was needed to raise awareness amongst patients and their relatives; a 2011 Care Quality Commission compliance report also found more could be done to assist.

HASC suggests that DGOHFT develops services to raise awareness of existing practices designed to ensure relatives are able to assist at all meal-times; and that action plans are developed to address CQC improvements on this theme.

Recommendation 4 and 5 and 6

Staff shortages, poor management and lack of leadership, absence of appropriate training and induction and recruitment/retention difficulties are all recognised barriers for success in addressing dignity issues.

HASC acknowledges 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. Treating people with dignity should be at the heart of all staff working with older people, regardless of the setting or other pressures. It should be embedded in their role and not an seen 'additional duty'.

The review found there may not be a consistent approach to training and as a result there could be variations in the way people, who deliver services, approach dignity issues. This recommendation is primarily aimed at health and social care but HASC encourages all organisations who employ staff or utilise the services of volunteers that come into contact with older people to attend training on dignity issues; this should include staff groups involved in the patient pathway from the point of access to community care. In order to ensure consistently high standards across the health

community HASC suggests all key partners come together to share best practice on incorporating dignity issues into training for all front line staff including clinical and non-clinical staff.

Recommendation: HASC seeks assurance from DGOHft and key partners that the training provided to staff and volunteers in the sector appropriately highlights the importance of dignity in care for service users. HASC also suggests training packages are developed to include explicit deliverables realised within the principles of a dignity code mentioned earlier. Further, to encourage consistently high standards across the sector HASC suggests Trust and its partners to come together in collaboration with community stakeholders to share best practice on steps to ensure incorporation of dignity issues into training packages for all front-line staff from access to community care services.

Recommendation: HASC proposes that DGOHft works collaboratively with key partners and community stakeholders to develop shared local minimum standards on dignity issues based on regulatory expectations.

Recommendation: HASC suggests the establishment of internal Dignity task groups to consistently co-ordinate and promote dignity improvements and integrating the Dignity role across senior staff groups.

Recommendation 7

On external regulation and inspection we learned CQC visited the Russell's Hall (RHH) and Corbett sites in January 2011 which resulted in a number of required improvements against the national 'quality and safety' standards.

The RHH was judged as not fully meeting one or more essential standards which largely related to minor compliance issues with one moderate compliance issue; no major compliance issues or improvement notices were noted.

Improvements relating this review included:

- Availability of information in a format that meets people's needs
- Improve publication of details on how to make a complaint
- Ensure that patients always have enough assistance to eat their meals and that information is always available around diet and fluid requirements (e.g. cultural meals)

Recommendation: DGOHft ensures that action plans are developed to address required improvements and any other actions arising from the feed-back on CQC's visit in January. In addition HASC requests an update on monitoring and evaluation arrangements in-place to ensure improvements are hardwired in strategy to better meet expectations.

Recommendation 8

Members were pleased to learn about creative Nutritional Support posts to provide additional support to ward staff. Members hope this will provide for enhanced choice, mealtime assistance and nutritional practice through facilitating more effective MUST assessments (Malnutrition Universal Screening Tool)

HASC encourages the recruitment of Nutritional support posts to provide for effective nutrition systems and MUST assessments.

Introduction

Dignity in Care is higher on the policy agenda for care services than ever before. Services are now operating against a policy backdrop that places quality, patient experience, dignity and respect at the heart of care. Dignity features in key performance frameworks including the NHS Operating Framework and the *National Indicator Set* and is a consistent theme in the key strategies including: *Living Well with Dementia – a National Dementia Strategy* (February 2009), *High quality care for all adults at end of life* (July 2008) and *Carers Strategy – Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own* (June 2008).

The *NHS Next Stage Review* “*High quality care for all*” places a strong emphasis on dignity and respect and the new *NHS Constitution* includes the right for patients to be treated with dignity and respect. Key organisations representing service users and care providers are taking action to promote dignity in care. For instance, the *Care Quality Commission* has included dignity and respect as one of its six key area of inspection.

The Department of Health launched the Dignity in Care campaign in 2006 to promote dignity for older people in the health and social care sectors. It aims to end tolerance of care services that do not respect people’s dignity by:

- Raising awareness and stimulating a national debate around Dignity in Care
- Inspiring and equipping local people to take action
- Rewarding and recognising those who make a difference

The campaign also established the Dignity Challenge which, based on consultations with service users, carers and professionals, lays out the national expectations of what constitutes a service that respects dignity. It focuses on ten different aspects of dignity that high quality care services should be aiming to achieve; and can be seen as priorities that matter the most to people.

The programme was initially launched specifically to promote dignity for older people but gradually its focus is being extended to all those receiving health and social care services. For the purpose of this review the report is focussed on older people.

What is dignity?

The DOH adopted a provisional meaning based upon on a standard dictionary definition: *'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.'*

Dignity in care also covers the area of medication management, training of staff, quality of food and quality of care. Factors that have been suggested as possible contributors to any absence 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 the overuse of temporary staff.

It is recognized that Dudley has an increasingly diverse group of older people and a growing older people population and in light of the increased profile of dignity HASC sought to conduct a review of dignity in care for older people services. As focus can shift depending on the wide-ranging aspects of health and social care it was agreed to focus on transition between hospital settings. It is hoped the review would also raise awareness of amongst community groups of provisions available to older people.

Approach and Methodology

Aims and Objectives

It is recognised that Dignity is important in all aspects of health and social care for both providers and commissioners; and focus can shift depending on the areas being scrutinised.

As such Members agreed to focus on care in hospital settings for older people looking at the dignity challenge list issued by the Department of Health and assess whether the services provided at present, future policies and strategies will deliver dignity in care.

The review looked at practices which promote dignity and identify with challenges specific to the Borough of Dudley and consider whether the Trust has the support and services in place to tackle these challenges and if the practices were adequate/working well, addressing needs and providing the level of support required.

Collation of evidence

Evidence was gathered during the course of the review through:

- Desk based research of national best practice and external regulation and inspection data
- reviewing recent patient feed-back and performance monitoring data items
- convening a Members workshop with identified advisors and practitioners
- Response to questions as per ordinary call for evidence

Terms of reference

The review aimed to:

- Identify how services ensure dignity and respect is currently embedded in care for older people in hospital settings
- Explore the issues of medication, training, nutrition and quality of care and other non-clinical practical arrangements to ensure there is dignity in the care
- To consider the evidence from health partners on the success of dignity practices and explore best practice
- Finally, present recommendations for consideration on actions to be implemented for ensuring high standards of dignity and respect

The initial review proposal (scoping document) agreed by HASC is attached at appendix 1.

Findings

Incorporated in the dignity in care campaign launched by the DOH is the 'Dignity Challenge List' which lays out the national expectations of what constitutes quality care services that respects a person's dignity.

The Dignity Challenge List

- 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
- Listen and support people to express their needs and wants
- 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 a positive self-esteem
- Act to alleviate people's loneliness and isolation

Members Workshop and call for evidence

A workshop with nursing practitioners in Feb 2011 in order to help members gain a better understanding of practices in place to promote dignity; and was structured around the following areas:

- Choice and Control in care
- Communication
- Eating and nutritional care in practice

- Privacy and practical assistance

Choice and Control

Evidence was noted to indicate information was sought on the older person's needs and preferences from people who know them well. Patients with specific needs i.e. those with confusion or dementia also have a document completed by family/relatives who are familiar with their likes/dislikes and preferences. This is enabled through the 'Take the Time' tool used as a basis for that patient's individualised care.

Members were informed mechanisms in place to evaluate and monitor dignity outcomes in care including Nursing Care Indicators - an audit of patient notes to ensure quality of patient assessments and ward action plans against Essence of Care benchmarks. Patient experience measures, patients concerns and complaints are reported quarterly to the Board of Directors and Council of Governors.

Communication

Involving patients in their discharge arrangements starts on admission to hospital, where possible, and details of discharge processes are included in the ward welcome letter. Discharge coordinators meet patients with care needs to discuss arrangements discharge face to face before referral to in-house social care team.

Members recognise handover between shifts is vitally important for the safety of patients. The Trust staff document on each shift where care plans have been implemented and aspects of documentation is audited through Nursing Care Indicators. Some areas have been trialling electronic handovers to increase frontline support to patients and improve accuracy.

The Trust has worked with Dudley Voices for Choices to develop a staff learning disabilities awareness programme - delivered by people with learning disabilities. Dudley Voices for Choices also deliver short workshops as part of the Junior Doctors training programme.

Privacy and Practical Assistance

Members noted Sandringham Ward was re-opened during the 2010/11 year to offer continuing care for patients from acute medical wards at Russells Hall Hospital who are medically fit for discharge but whose discharge has been delayed. The facility provides care, rehabilitation and confidence building to 20 hospital patients in a more appropriate home-like environment while awaiting social services intervention.

All staff, including PFI partners, are required to comply with a confidentiality policy. The number of breaches is low with one in 2009/10 and two in 2010/11 and a quiz is used during staff inductions to test knowledge of practices.

Nutrition

The trust informed Members that they have a protected mealtime policy to ensure that non-urgent clinical activity stops at all mealtimes and that protected mealtimes are observed across the trust. The trust has implemented a red tray system whereby patients who require assistance with eating and drinking or their food or fluid intake monitoring will have their food served on a red tray. These are ordered by the dietician or nursing staff and provided by the catering team. Members also noted trained Volunteers provided additional support to ward staff at meal times and food is available and between mealtimes.

Members were encouraged about the creation of Nutritional Support Worker posts within the Older People's Speciality. The new posts will support the ward staff to assist patients with their menu choice, mealtime provision, provide assistance to those individuals who require it, completion of food charts & fluid balance charts. They will also undertake and maintain the MUST assessment (Malnutrition Universal Screening Tool score completed for all patients on admission). The Trust is currently in the process of recruiting for posts.

Comment: FOUR or For ??

The Trust also advised that a consultation on menu options is carried out through a sub group of the Nutrition Steering Group which meets quarterly with the catering manager and representatives, dietician manager, Speech and Language Therapist and Quality Project Lead to address any catering issues and to discuss ongoing compliance with National Targets.

External regulation and inspection

Inpatient 2010 survey

CQC use national surveys to find out about the experience of patients when receiving care and treatment from healthcare organisations. At the end of 2009, a questionnaire was sent to 850 recent inpatients at each trust. Responses were received from 375 patients at The Dudley Group of Hospitals NHS Foundation Trust.

The survey we the Trust scored 'about the same' as other trusts for patients perception that they are treated with dignity and respect.

NHS Choices

The comments from the inpatient and outpatient surveys on the NHS choices website generally praised the staff involved and the care received at the trust, but would have liked more respect from the doctors.

CQC Review of Compliance

At the time of registration with the CQC in April 2010, the Trust declared that they were not complying with the regulations for five outcome areas. They submitted

detailed action plans and provided regular updates on progress towards meeting these.

The review was carried out as part CQC's routine schedule of planned reviews across all health and social care provision. This was a review of the two locations provided by The Dudley Group of Hospitals NHS Foundation Trust. Russells Hall Hospital (RHH) is one location and includes The Guest Hospital. The second location is the Corbett Hospital. The CQC assessed the Trust against all of the 16 essential standards of quality and safety.

RHH was judged as not fully meeting one or more essential standards – largely minor compliance issues with one moderate compliance issue.

The CQC reported minor concerns connected to the essential standard: Respecting and involving people who use services which looks at whether privacy, dignity and independence respected. Overall the CQC found people's privacy and dignity is maintained however not all people had access to the information they need to ensure they are fully informed about their treatment and care.

The Trust's Patient Environment Action Team (PEAT) assessment was completed in February 2010. This is an annual assessment of non clinical aspects of care such as the environment, food and privacy and dignity for healthcare sites in England that have more than ten inpatient beds. The Trust was rated as 'Good' for privacy and dignity.

There are quarterly meetings with Dudley's Local Involvement Network (LINK) group, to discuss quality improvements and proposals for new quality initiatives.

CQC found that the complaints procedure was written in small text and that it was only in English Language. Staff told us that information was available in alternative languages but this would be upon request. There was no information available to people to inform them that they could ask for information in alternative formats and may mean that people do not always get the information they need.

The hospital has access to 'Language line'. This is a portable dual handset system that can be plugged into a telephone socket. People can be taken to one of three rooms so that the Doctor can communicate with them via an interpreter in their first language so they know what is happening to them.

Required Improvements arising from the Review overall included:

- Availability of info in a format that meets people's needs
- Improve publication of details on how to make a complaint
- Ensure that patients always have enough assistance to eat their meals and that information is always available around diet and fluid requirements (e.g. cultural meals)
- Improve the waiting time for medicines for taking home

Other Internal monitoring mechanisms

The review found evidence of the Trust seeking people's views through patient satisfaction surveys. These were seen by the CQC as user friendly and in an accessible format featuring 'smiley faces' meaning that most people would be able to complete these and give their views.

Members were informed that mechanisms were in place to evaluate and monitor dignity outcomes in care including Nursing Care Indicators - an audit of patient notes to ensure quality of patient assessments and ward action plans against Essence of Care benchmarks. Patient experience measures, patients concerns and complaints are reported quarterly to the Board of Directors and Council of Governors.

Royal College for Nursing: Dignity Campaign

Alongside the DH Dignity in Care Campaign, the RCN launched a 'Dignity: at the heart of everything we do' campaign in 2008 with the aim of providing support and direction to the nursing workforce and ensure patients are always treated with respect..

Members noted that the campaign provided a range of award-winning resources and learning tools to help nurses address dignity issues at work and featured examples of good practice across the UK. It showed how nurses were using practical, simple devices to give dignified care - from simple red clothes pegs to setting up 'clothes banks' for patients who had stained their clothes on admission.

Conclusion

Members were impressed by the energy and commitment to Dignity practices to the investigation. There is a clear recognition of the importance of dignity issues in organisational culture.

An even greater focus on listening to the views of older people and representatives when developing services and sharing best practice will help drive up standards even further.

Moving dignity issues to the heart of the way services are delivered across all services is the next challenge. Members hope their recommendations will help in taking the many steps toward making this a reality in Dudley.

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