**Guidance Notes to assist with completing the Dignity Award,**

**The Dignity Campaign – National Position**

Launched nationally by the Department of Health in November 2006, the dignity in Care Campaign aims to put dignity and respect at the heart of services that care for people.

Thousands of people have now joined the campaign as Dignity Champions. They are part of a nationwide movement, working individually and collectively, to ensure people have a good experience of care when they need it.

The campaign is about winning hearts and minds, changing the climate of care services and placing emphasis on improving the quality of care and the experience of citizens using services including NHS hospitals, Medical Practices/Surgeries, Dentists, Pharmacies, Optimists, Community services and home care support services etc.

**It includes action to:**

* Raise awareness of dignity in the care of others;
* Inspire local people to take action;
* Share good practice and give impetus to positive innovation;
* Transform services by supporting people and organisations in providing dignified services;
* Reward and recognise those people who make a difference and go that extra mile

Events have been held around the country asking people what dignity in caring for people means to those providing services. This resulted in the development of the 10 Dignity Do’s Challenge. The challenge depicts what high quality services that respect people’s dignity should include. The award format below has 10 standards based on the national challenge.

**The Derby and Derbyshire Dignity Campaign**

This aims to ensure that staff teams in Derby City get started on the dignity campaign in the following ways:

* **Registering a Champion:** Making sure a Champion from every service team is registered on the National register.

Champions receive updates and ideas about promotion of dignity. In Derby City, we want you to be active in your Champion role as described on the website.

* **Team Involvement:** engaging all the staff team in working for the dignity award; taking time out as a team to check their practice against the 10 Dignity Do’s challenge.

**The Derby City Dignity Award**

* **What we are looking for: Evidence! Evidence! Evidence!** Below each question we have shown the sort of evidence the assessors are looking for.
* **Give examples: always anonymise** theshort examples of how, what, when, whom and where that will enhance your application.
* **Cross Referencing:** If you quote an example which also gives evidence for another standard, cross reference it.
* **No attachments please or photocopies:** Just write on the dignity award format, the boxes expand as you write.
* **Assumptions:** Do not assume the assessor knows your service. Please do not use jargon, initials and acronyms.
* **The last question in each standard:** Each standard ends with “is this the best we can do?” here we want you to put a plan of action on how you can improve. It is a key aim of the dignity award for improvements to be identified.
* **It’s about your service:** The *10 Dignity Do’s* challenge is incorporated into 6 standards and your application **must** reflect how your service, depending on its purpose, contributes to promotion of dignity.
* **Not Applicable:** If you are not able to provide evidence because of the service you provide, say so, but think of the outcome more widely as we believe the service you provide will relate, in some way, to the standard.

A large majority of the applications we receive show very good practice but fail to achieve the award due to the lack of **real case examples provided.** I understand that completing the standards takes time and therefore it seems a shame to return the application because of this.

When completing your application please refer to the guidance below the question as it is there to help you.

**Assessment Ratings**

* **Fully Evidenced –** complete answers with clear evidence.
* **Partially Evidenced –** answer missing some evidence or clarity.
* **Limited Evidence –** little relevant evidence.

**Further Support Contacts:**

Email Address: [DSAB@derby.gov.uk](mailto:DSAB@derby.gov.uk)

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**DERBY & DERBYSHIRE DIGNITY CAMPAIGN AWARD**

***(Download a copy from the website and boxes will expand as you type)***

**SERVICE NAME:**

*(It is helpful too to give a couple of sentences here about the service provided, for example ‘we are a 20-bed residential home for older people’ this helps the assessors understand the service a bit better)*

**SERVICE CONTACT PERSON:** *good to include an email of the person we need to feedback here.*

**DATE SUBMITTED:**

**HOW MANY REGISTERED DIGNITY CHAMPION(S) YOU HAVE WITHIN YOUR ORGANISATION/TEAM?**

| **STANDARD** | | **EVIDENCE – ideas for what you might provide** |
| --- | --- | --- |
| 1. **Have a zero tolerance of all forms of abuse** | | |
| **1.1** | Provide a real case example of steps you have taken, when potential safeguarding concerns have been raised / exist about a person who uses your service. | * *Support provided for the victim and alleged perpetrator (if latter uses the service)* * *Show the team know the difference between abuse v cause for concern.* * *Derby and Derbyshire Safeguarding Adults Policy and Procedures* |
| **1.2** | Explain what training your team receives on safeguarding | * *What safeguarding training is provided and by whom?* * *How often is training updated?* * *How are safeguarding issues shared within the team to maintain awareness?* |
| **1.3** | Explain how the safeguarding policy offers a strong foundation for daily work | * *Does the service have an up-to-date policy consistent with Derbyshire/Derby City Adult Safeguarding Policy and Procedures?* * *Is the policy available for staff to access?* * *How is the policy publicised to the people who use your service?* |
| **1.4** | “Is this the best we can do?” Please list any improvements or changes you have made/will make | * *This is your plan of action on how you can improve how you deal with safeguarding issues i.e. add to team meeting agendas, supervision or 1-1s* |

| **STANDARD** | | **EVIDENCE – ideas for what you might provide** |
| --- | --- | --- |
| 1. **Support people with the same respect you would want for yourself or a member of your family and offer a personalised service** | | |
| **2.1** | Provide an example or examples of how the service responds to individual communication needs, and how reasonable adjustments are made to ensure they can access the service? | * *How do staff prepare to communicate with the person*   *at the initial assessment?*   * *Please provide a full range of communication options available e.g. easy read formats, picture cards, translator etc.* * *How is information displayed?* * *How is personalisation of services reflected in overall team practice- do they ask if something can be done in a different way?- who is involved in assessments and care reviews?* |
| **2.2** | How does your team understand cultural diversity and address this within a personalised service? | * *Describe staff training for diversity and equal opportunities.* * *Explain how your service address diversity- this might be for ethnicity, gender, occupational, religion etc. i.e. a person who has come from a farming background and is used to getting up early and going to bed early.* * *Explain what cultural events your service either holds or takes part in i.e. seasonal or religious celebrations, church visits or themed food nights, taking part in local cultural events.* * *What links does your service have with wider groups in the community e.g. the person going out to join in services, meetings or local community visiting your establishment?* |
| **2.3** | Provide an example or evidence that people who use your service are involved in how it is run? | * *How are people who use your service and their families communicated with and included in how things are running i.e. suggestion boxes, carer meetings, questionnaires’ for feedback.* |
| **2.4** | Using a real case example describe how you enable the involvement of family and friends as care partners? | * *Explain how you ensure that the person consents to family/carer involvement in their care.* * *How do you ensure that family/carer are informed and involved e.g. carer meetings, newsletters, telephone contact, shopping days out, hair dressing etc.* * *How is the carer or family member involved in the care of the person e.g. helps with meal times*, *washes hair weekly, takes out to a group or shopping etc.* * *How do you develop a sense of partnership with family/carer informing them about hospital visits or Doctor visits?* * *Describe how your team extends principles of dignity and respect to family or friends of people who use your service.* |
| **2.5** | “Is this the best we can do?” Please list any improvements or changes you have made/will make | * *Think about ways you can involve all concerned and how you can collect contributions of ideas and comments maybe introduce a quarterly newsletter.* |

| **STANDARD** | | **EVIDENCE – ideas for what you might provide** |
| --- | --- | --- |
| 1. **Enable people to maintain the maximum level of independence, choice and control as part of a personalised service** | | |
| **3.1** | Using a real case example demonstrate how everyone has a plan which addresses their individual needs / choices and actively promotes their independence? | * *Include how the care plan was created, by whom, how was the person involved, making reasonable adjustments - how does it promote positive outcomes and the person’s independence?* * *How is the person’s choice to take risks and contribute towards management plans to mitigate as many of possible consequences as possible been achieved?* * *How was the person been involved in the management of risk initially and as part of their continuing care?* * *How has the person regained some independence through having your service i.e. are they now able to do something for themselves- such as walking to the dining room, washing and dressing. Has their confidence increased? Have they maintained links in the community with your support such as being able to go to their preferred hairdressers/barbers, local pub because a staff member will walk with them?* |
| **3.2** | Describe how the plan is a working document that is reviewed regularly | * *Explain the care plan review process including how often this is done-who is involved in the review and when changes are made.* * *Explain how the changes to the care plan are communicated to the individual, the staff and family/carers.* * *How do you ensure that staff read and follow care plans?* |
| **3.3** | “Is this the best we can do?” Please list any improvements or changes you have made/will make | * *Do you have a realistic idea that would improve the promotion of independence, choice and control?* * *Has there been a comment in any meetings that you could act on?* * *Could you have a standard item on all meetings asking if there is anything you could change or improve on and promote.* |

| **STANDARD** | | **EVIDENCE – ideas for what you might provide** |
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| 1. **Respect people’s right to privacy** | | |
| **4.1** | Explain with a real case example how team practice ensures privacy and manages dignity where the service is delivered | * *How do you ask permission to give care and how do you respect the person’s property and space.* * *Explain how privacy is addressed in your care setting such as how you discuss personal information in an area where others cannot hear, covering people during personal care.* * *How do you minimise interruptions when privacy is needed?* * *Explain how people and their families will know that the environment offers privacy.* * *Explain how the culture of your service maintains dignity such as knocking on doors and waiting for a response before entering, providing a quiet room for private conversations, clinical room for medical professionals to use, end of life guest room etc.* |
| **4.2** | Explain with a real case example, practices which minimise risk for people who use your service whilst alone in a private place | * *How do you balance privacy with risk for a vulnerable person who has time alone?* * *Explain what equipment and aids you use for safety.* * *Explain where you have mitigated a risk to enable a vulnerable person who uses your service to have some privacy e.g. someone who chooses to smoke in their room, someone who is at risk of falling or wandering, or someone who does not wish to be disturbed at all, etc.?* |
| **4.3** | “Is this the best we can do?” Please list any improvements or changes you have made/will make | * *Include something here that your establishment or service could do to improve your provision of privacy.* |

| **STANDARD** | | **EVIDENCE – ideas for what you might provide** |
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| 1. **Listen and support people to express their needs and wants and ensure they feel able to complain without fear of retribution** | | |
| **5.1** | Explain how people who use your service are made aware of how to complain and are enabled to do so | * *Are people able to access the complaints policy and is it in an appropriate format?* * *How do you know they are confident to raise a concern or complain if they are dissatisfied?* * *Explain how your staff demonstrate that they understand the policy and have access to it.* * *Can people make complaints in their preferred way i.e. anonymously, verbally etc.?* * *How do ensure that a person has been listened to?* * *How do you monitor complaints?* * *How and where do you report on complaints i.e. corporately and/or local?* * *How is a complaint about another service is resolved e.g. Taxi driving too fast or always late, only wanting to see a certain Doctor or incorrect/late medication etc.?* |
| **5.2** | Provide a real case example where a person who uses your service has raised an issue informally or formally and it has been acted on and resulted in a change | * *For example, someone saying they miss a particular meal and it being included on the menu or a particular brand of sauce or a person raising the point that they were thirsty during the night and now everyone is provided with a fresh jug of water in their rooms at night etc.* * *What were the timescales of the process?* * *How was the complaint investigated-who did what and when?* * *What was the learning and how did you share the outcome with your staff?* |
| **5.3** | “Is this the best we can do?” Please list any improvements or changes you have made/will make | * *Have complaints on staff meeting agendas?* * *Meetings with people who use your service as an opportunity to discuss any issues.* * *Maybe easy read complaints policy on show.* |

| **STANDARD** | | **EVIDENCE – ideas for what you might provide** |
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| 1. **Assist people to maintain confidence and self-esteem and act to alleviate people’s loneliness and isolation retribution** | | |
| **6.1** | Your staff achieve/maintain the person’s confidence and self-esteem | * *Explain how you have found imaginative ways to really get to know and value a person who uses your service e.g. life books, memory box, this is me etc.* * *How do you measure self-esteem- record changes in observed behaviour or morale?* |
| **6.2** | Provide a real case example how your team has alleviated the isolation for one or two people | * *Give an example where a person has said they feel better about themselves as a result of your service and where you have seen a positive change in a person who uses your service as a result of what you provide for them, this could be joining in activities, helping with small tasks, gardening etc.* * *Explain how you measure your effectiveness.* * *Do you signpost people who use your service to occupational activity, befriending, local clubs or services such as advocacy etc.?* |
| **6.3** | How do you involve people and your service in the wider community? | * *Do people or groups come to your establishment?* * *Do you take part in community events?* * *Do you have volunteers?* * *A specific example of this would be: Asking if you have entertainment, volunteers etc. with specific tasks or events that come to your service.* * *Are you involved in community events such as coffee mornings, quiz evenings or garden fetes etc.?* * *Do you have faith/church groups, schools or nurseries carrying out projects?* |
| **6.4** | Provide a real case example of how you assess whether people are able to make their own decisions | * *Explain your assessment process.* * *How do you obtain information about a person who uses your service?* * *How is this updated?* * *Do you use advocacy?* * ***Please provide a real case example*** *of where a person who uses your service has the capacity to make their own decision that it is deemed to be “unwise” with some risk? This could be refusing to take their medication or dressing inappropriate.* |
| **6.5** | Provide a real case example how you ensure that the decision made for a person who lacks capacity is in their best interests and promotes confidence and self-esteem | * *Explain how staff receive training and access to information on the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS)* * *Explain where**a member of staff has undertaken a mental capacity assessment and best interest process in relation to a specific everyday decision in relation to the care of a service user/patient/resident.* * *Explain where a DOLS referral has been made if this is relevant to your service.* |
| **6.6** | “Is this the best we can do?” Please list any improvements or changes you have made/will make | * *Record here any improvements you think you could make to your service regarding MCA and DOLS if relevant. This could be more in house training or shared scenarios of Best Practice monthly highlighting the daily use of capacity assessments by staff.* |