



Draft Scrutiny Review of Dignity in Care

Report
June 2011

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1.0 PURPOSE OF THE REPORT

The purpose of the report, as outlined in the initial topic brief (at *Annex 1*) is to:

- ◆ Explore identified areas to ascertain if dignity standards are applied accordingly, for example, within a hospital setting.
- ◆ Consider national/north west best practice and research in terms of Dignity in Care and Personalisation.
- ◆ An opportunity to raise awareness/promote Dignity in Care and the value for service-users; and
- ◆ Make recommendations for improvements to Dignity in Care within Halton.

2.0 STRUCTURE OF THE REPORT

This report is structured with the introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations. The annexes include the topic brief, methodology detail, documents considered by the group, “My Life Before and After My Operation” presentation by Laura Green and Action Plan.

3.0 INTRODUCTION

3.1 Reason the report was commissioned

Halton Borough Council is the only local authority in the country with a Dignity in Care Co-ordinator, as well as the only one that covers both the Council and the wider remit of Health. The co-ordinator has been in post since July 2009, and it was felt this was an opportune time as part of an on-going evaluation to focus the scrutiny review on Dignity in Care. There is also a national drive for local authorities to carry out scrutiny reviews of Dignity in Care.

3.2 Policy and Performance Boards

This report was commissioned as a scrutiny working group for the Health Policy and Performance Board.

3.3 Membership of the Topic Team

Membership of the Topic Team included:

| Members | Officers |
|--|---|
| Cllr Ellen Cargill Cllr Joan Lowe Cllr Dave Austin Cllr Marjorie Bradshaw Cllr Margaret Horabin Cllr Martha Lloyd-Jones | Helen Moir – Divisional Manager Independent Living Services Tracy Ryan – Dignity in Care Co-ordinator Emma Sutton-Thompson – Principal Policy Officer for Adults and Older People |

4.0 Methodology Summary

This scrutiny review was conducted through a number of means:

- Monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff (detail of the presentations can be found in *Annex 2*);
- Provision of information;
- Service-user consultation;
- Field visit to a Productive Ward at Whiston Hospital

5.0 Evidence (summary of evidence gathered) and Analysis with findings/conclusions

5.1 Dignity in Care Awareness

Tracy Ryan, Dignity in Care Co-ordinator gave a presentation on Awareness of Dignity in Care at the first meeting of the topic group.

This covered:

- Background to the Dignity in Care Campaign
- Dignity Challenge and what people can expect from a service that respects dignity
- Briefing of Halton's achievements to date with Dignity in Care
- Halton is the only local authority with a dedicated Dignity in Care Co-ordinator and this covers both the Local Authority and health.

Dignity Awareness Sessions

Since having the Co-ordinator post, the following staff awareness sessions have taken place.

Information Packs are issued to all attendees providing details of:

- What is Dignity
- Information Flyers, Postcards & Posters
- Presentation hand-outs
- Dignity Balance & Challenge Tests
- Best Practice guide & Aide Memoire
- Staff Expectations Card
- Signposting Information e.g. Preventative Services and Multi-agency Contact Sheet for Complaints or Concerns

| HBC | Numbers | | Numbers |
|--|----------------|--------------------------------|----------------|
| Dorset Gardens and Extra Care | 7 | Adult Placement Service | 5 |
| SS2LL and volunteers | 9 | Adult Placement Carers | 12 |
| Adults with Learning Disabilities | 10 | Sheltered Housing Network | 4 |
| Day Services | 5 | Emergency Duty Team | 4 |
| Daytime, Community and Residential Support | 3 | Elected Members scrutiny group | 6 |
| HBC Total | | | 65 |
| Provider Services Health and Social Care | | | |
| RARS/Intermediate Care Assessment team | 2 | GP Practice Manager | 1 |
| Residential Care & Supporting People Provider Forum | 23 | HBC officers | 12 |
| Croftwood Residential Care Home | 10 | Safeguarding Adults Board | 30 |
| Domiciliary Care Provider Forum | 30 | Hospital leads | 4 |
| Sheltered Housing Provider Forum | 14 | PCT | 12 |
| Social Inclusion Provider forum | 20 | Age Concern UK | 3 |
| Social Care in Partnership Provider Forum | 15 | Halton Speak Out | 1 |
| Domestic Abuse and Sexual Violence Operational Group | 20 | SCOPE | 6 |
| Partnerships in Prevention group | 11 | ARCH initiatives | 8 |
| Leahurst Care Home | 12 | Widnes Hall Care Homes | 1 |
| Provider Services Total | | | 235 |

Public Awareness-Raising

Public awareness sessions have taken place across the borough. This has included events or meetings where the Dignity Co-ordinator has raised the issue and discussed the role and what dignity involves. There have also been awareness-raising sessions in public areas with display stands, talking to the general public and distributing information. For example:

- Open Door to Dementia Launch
- Disability Awareness Day
- Community Safety RESPECT weeks
- Residents living within Nursing/Residential Care Homes
- Focus Groups with people in receipt of care/treatment
- Dignity Matters Follow-up Event
- CQC Open Public Forum – Adult Social Care Inspection
- Good Place to Grow Old Event
- Dignity and Safeguarding publicity campaign issued borough-wide

Dignity in Care Champions Group

The Dignity in Care Champions group has the following remit:

- Strategic level multi-agency group responsible for overseeing Halton's Dignity in Care campaign for residents to gain/maintain autonomy, dignity and respect whilst in receipt of health and social care services;
- Lead group in rooting out age discrimination or lack of dignity in the treatment of people who use care services and their carers;
- Monitor progress against a Performance Framework of the Halton Dignity in Care Action Plan and Dignity Charter. The Dignity in Care Co-ordinator reports progress to the Older People's Local Implementation Team and Safeguarding Adults Board;
- Disseminate and share good practice working in partnership to improve the service users' care experiences; and
- Halton's Dignity in Care Action Plan and Dignity Charter is implemented multi-agency via Halton's Dignity Champions' Network.

Membership of this group includes:

- Halton Borough Council - All Adults & Older People's services
- Halton Borough Council - Elected Member
- Older People's Local Implementation Team
- Warrington and Halton Hospitals NHS Trust
- NHS Halton and St Helens (PCT)
- 5 Boroughs Partnership Foundation Trust
- St Helens & Knowsley Hospitals NHS Trust
- Halton Voluntary Action
- Age Concern UK
- Halton Older People's Empowerment Network (OPEN)/Local Residents
- Independent Providers: Residential Care, Domiciliary Care & Sheltered Housing

- Older People – Independent Chair
- Carer
- Halton LINK
- Halton Haven

Conclusion

The group concluded that the awareness-raising session clearly demonstrated the standards to which organisations should be working to and the expectations for people using those services. This was an excellent start to the scrutiny review as it set out the baseline from which to work. Having the Dignity Co-ordinator post has helped to ensure the message/information about dignity goes out to the public. This is key to the success in empowering people by giving them the knowledge to work with.

Members also noted that in the recent Care Quality Commission's safeguarding inspection of adult social care Halton was cited as being innovative and challenging in its approach to ensuring local people received high quality, individually tailored support that recognised their uniqueness and promoted their dignity and privacy. The inspection highlighted how the role, leadership and contribution of the Dignity in Care Co-ordinator was highly valued and effective in raising standards and tackling discrimination or poor treatment of people in a variety of settings. There were many examples of the positive impact of this post in promoting and sharing best practice and tackling poor performance.

Recommendations:

- (i) ***The group suggested that it would be useful to include the Multi-agency Contact Sheet for Complaints or Concerns in a future edition of Inside Halton.***
- (ii) ***Continue with briefing and training staff both within social care and health and continue with the public awareness raising.***

5.2 Dignity in Care and Personalisation

Helen Moir, Divisional Manager for Transformation, gave a presentation on Dignity in Care and Personalisation in the December meeting of the topic group. This presentation included the following main points:

- Currently a pilot offering Self-Directed Support (SDS) to everyone who receives a package of care from adult services using a choice of budget methods: Direct Payment, indirect payment, trust fund, managed account, individual service fund, or virtual budget.
- Robust procedures in place around Personal Assistants – including a series of guideline booklets around the selection, recruitment and training (including information regarding CRBs) for employers and employees.

- As part of the Putting People First milestones, HBC are committed to setting up a User Led Organisation (ULO) to host a forum for voluntary groups locally and to provide peer support and advocacy for the SDS process.

Conclusion

The group noted that in the recent Care Quality Commission's safeguarding inspection of adult social care Halton was cited as having excellent personalisation systems in place.

Recommendations:

- (i) ***Continue to positively promote the work of personalisation within Halton.***

5.3 Productive Wards

5.3.1 Presentation

During January, Anne Hyson, Senior Nurse, Professional Development from Whiston Hospital gave a presentation on Productive Wards prior to the site visit. This included:

- Explaining the concept of Productive Wards and the modular programme of implementation including core objectives of safety, quality, efficiency, patient experience and staff satisfaction;
- Showing "before" and "after" photos – these mainly highlighted how untidy areas such as store cupboards, offices and wards were tidied up and the difference this made to staff in accessing areas fully and finding equipment quickly and easily;
- Systems used in the implementation of Productive Wards: "Releasing Time to Care" time and motion study to establish firstly the baseline in terms of the percentage of nurses' time spent on direct patient care and secondly how this percentage changes after the implementation of the Productive Ward.

5.3.2 Site Visit

Following the presentation, the group were taken onto a Productive Ward and given a tour, including the reception area, open wards, private rooms, nurses' station, stock room. The group were shown the notice board with up-to-date information showing recent falls within the ward, MRSA (if any), staff sickness.

NB - A site visit to a ward at Warrington Hospital was proposed as part of the scrutiny review but it was unable to be included. However, a visit has been arranged for mid-June.

Conclusion

Actually visiting the Productive Ward and seeing it in action after hearing the presentation gave the group a really good understanding of how it works in practice. The group felt very strongly that there was a huge difference between a normal hospital ward and a productive ward in terms of:

- the whole atmosphere created by a productive ward being calm and relaxed;
- uncluttered and spacious areas adding to the calmness;
- clearly labelled stock stored in a uniform manner across every stock room so that staff did not have to spend time looking for equipment, meaning they had more time for direct patient care;

Recommendations:

- (i) The group would like to suggest the continued roll-out of the Productive Ward concept in both Whiston and Warrington Hospitals.***
- (ii) The use of Health Passports* throughout the care system and extended beyond Adults with Learning Disabilities.***
- (iii) In single-sex wards at Whiston Hospital the male/female sign on toilets should be accessible to people with a visual impairment.***

** Health Passports – The Health Passport is a document that helps NHS staff to understand the needs of adults with learning disabilities; when attending appointments or visiting hospital. The local version has been adopted from Gloucestershire NHS Foundation Trust.*

5.4 Safeguarding and Dignity in Care

During the February topic group meeting, Diane Gould, Safeguarding Co-ordinator from Whiston Hospital, gave a briefing around safeguarding the links to Dignity in Care.

- Health Passports are currently only used for people with a learning disability and only those people who are known to Social Services. Diane circulated one for the group to look at.
- Whiston Hospital is in the process of changing patient gowns to ones which don't have the gap at the back of them.
- Staff working on the wards are always encouraged to highlight any concerns they may have if they notice something on the ward that isn't best practice.
- With bed availability, patients are placed where they will be best managed in terms of their condition.
- Whiston Hospital uses the "red tray system" that highlights if a patient requires assistance with eating or drinking.

Conclusion

The topic group were impressed with the Health Passport and the concept of its use. Diane had clearly shown that safeguarding was a priority for Whiston Hospital and that measures were being put into place to improve safeguarding wherever possible.

Recommendations:

- (i) ***The use of Health Passports throughout the care system and extended beyond Adults with Learning Disabilities.***
- (ii) ***Whiston Hospital to implement training/guidance for staff to feel comfortable raising concerns/making complaints.***

5.5 Dignity in Care Forum

On 18th March, the group organised a Dignity in Care Forum for people who currently use services and had had recent experience of either a hospital visit or using care services and wanted to share those experiences.

The forum consisted of members of the topic group and service users from the following service areas:

- Older People Services
- Adults with Learning Disabilities
- Carers
- Mental Health Services
- Halton LINK

The session was facilitated by a Building Common Ground facilitator enabling group discussions which focussed on the following areas:

| Key Theme | Discussion Comments |
|--------------------------------|--|
| What's already working? | Only LA with Dignity in Care Co-ordinator, Events – listening to people's views, Improvement in care – Halton Hospital, End of Life Strategy and core standards, Health and social services working together, LINK – events, board meetings, Advocacy service, Halton Council leading on improving dignity, Dementia Pathways, Professionals working together, Located in same place, Council looking at Dignity and Raising Awareness, GP Practice, Whiston Hospital, Crossroads and sitting service. |
| Hopes/ Opportunities | People confident to raise concerns without fear of reprisal – either staff or people using services, Culture change, Training for care givers e.g. dementia, Bed availability, Times adhered to, MRSA, Nurses pay more attention i.e. Health Passports, Nurses attend to one ward only, better communication between staff, Hygiene issues addressed, |

| Key Theme | Discussion Comments |
|-----------------------------------|---|
| | Look at volunteer drivers to address transport issues, More staff. |
| Challenges/ Concerns Faced | No level of consistency in care givers – agencies, Lack of training – agencies, Staff not caring, Young staff and no uniforms, Paperwork looks good – practice very different, Confusion when trying to get help in a crisis, What works at home not transferred to other areas e.g. respite/hospital, Nutrition – not fed in hospital, Not enough staff to address needs, No acknowledgement of role and history and knowledge carers have, Transport – not always available, alternatives to Dial-a-ride expensive, Telephone responses from services – uncivil, Comprehensive care not given in hospital. Continuing Health Care – partnership working, lots of changes in the PCT, People not knowing how to complain or if they do, the fear of reprisal, Dignity is across the board – not just older people, Not having curtain closed properly when in hospital, buzzer being hidden, “Whistle-blowing” – seeing practice that isn’t good and feeling able to raise concerns. |

| | |
|---------------------------|---|
| Common Issues | Quality of Care, Attitudes, Lack of passion. |
| Action Needed | Dialogue – continue talking to each other, improve on what we have done so far, Revisit the role of Dignity in Care Champion – publicise this, info and education and job description, Everyone taking responsibility – speaking up, Not trivialising issues – small things make a big difference, Using and acting upon Passports throughout the care system, Never assume, Mandatory training for agencies, Raise standards of care – all settings, Increase numbers of Health Care Assistants in hospitals and raise role profile, Better auditing of agencies/hospitals to raise standards, Increase numbers of volunteers in hospitals and let care assistants care, Encourage carers to stay at hospital to support cared for person, Look at funding opportunities to develop volunteers, User satisfaction forms developed when leaving hospital. |
| What is the Vision | Build on today’s progress, Try to show compassion, Better audits/benchmark – dignity audits, People cared with compassion, People cared with consistency, Every moment is a proud moment, Not having to complain for basic dignity and care to be given, All carers to have an induction and training and have an interest other than profit, Same carer to attend to same person, Use of Hospital Passport, New practices looked at i.e. live in carer. |

Personal Experiences

The forum gave opportunity for attendees to relay their personal experiences and these highlighted both positive and negative aspects of dignity in care.

One member of the group requested that her experience was used as evidence with this review and Laura Green's presentation "My Life Before and After My Operation" can be read in full at Annex 3.

It is very moving to hear someone's experience of reality. Laura has been open and frank with her detailed description of events that occurred on her admission to hospital. Unfortunately this seemed to be a situation that other people in the forum had also experienced. One of Laura's quotes "I had a Health Passport that nobody bothered to look at right in the front of my file" demonstrates that although Health Passports are supposedly used, in practice the experience is very different. At the end of Laura's presentation is a section on "How I think it could change" and one of Laura's suggestions is "Nurses to check health passports more often". This has been put into the recommendations.

Conclusion

The topic group concluded that holding this forum was a very valuable exercise for this scrutiny topic. Hearing at first hand the experiences of people using various care services in the area was critical to pin-pointing common areas of concern or areas of good practice with regard to Dignity in Care.

Recommendations:

- (i) The consistent use of Health Passports across the North West area and extending this beyond Adults with Learning Disabilities. In particular, hospital and care services should include Health Passports as part of their admission procedures.**
- (ii) Local Authority to continue to strengthen partnership working with Health.**
- (iii) Implementing mandatory Dignity in Care training for all agencies, HBC developing Dignity E-Learning.**
- (iv) Revisit the role of Dignity in Care Champions to raise their profile including publicity, information and education.**
- (v) Improve customer care so people feel more comfortable and confident about raising concerns or have support in making a complaint.**

6.0 Overall Conclusion

This scrutiny review has been both a successful and a worthwhile exercise in terms of covering all the outputs and outcomes from the initial topic brief and gaining a thorough knowledge of Dignity in Care in Halton.

The scrutiny review has highlighted that Dignity in Care is at the forefront in Halton and much progress has already been made across all care services.

There are recommendations for further improvement that have been identified from this scrutiny review and these have been arranged into an Action Plan at Annex 5 for ease of reference and monitoring. The recommendations cover the wider spectrum of both health and social care and the majority of these will be progressed through the work of the Dignity in Care Co-ordinator post.

DRAFT

TOPIC BRIEF

| | |
|----------------------------|-------------------------------------|
| Topic Title: | Dignity in Care |
| Officer Lead: | Divisional Manager (Transformation) |
| Planned start date: | August 2010 |
| Target PPB Meeting: | June 2011 |

Topic Description and scope:

A review of Dignity in Care, focussing on exploring specific areas to ensure dignity in care standards are applied accordingly.

Why this topic was chosen:

Halton Borough Council is the only local authority with a Dignity in Care co-ordinator, as well as the only one that covers both the council and the wider remit of Health. The co-ordinator has been in post since July 2009, so this is an opportune time as part of an on-going evaluation to focus on Dignity in Care. There is also a national drive for local authorities to carry out scrutiny reviews of Dignity in Care.

Key outputs and outcomes sought:

- ◆ Explore identified areas to ascertain if dignity standards are applied accordingly, for example, within a hospital setting;
- ◆ Consider national/north west best practice and research in terms of Dignity in Care with regard to Personalisation;
- ◆ An opportunity to raise awareness/promote Dignity in Care and the value for service-users; and
- ◆ Make recommendations for improvements to Dignity in Care within Halton.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:

Improving Health:

Key Objective A: To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.

Key Objective B: To lay firm foundations for a healthy start in life and support those most in need in the community by maximising and promoting autonomy.

Key Objective C: To promote a healthy living environment and lifestyles to protect the health of the public, sustain individual good health and well-being and help prevent and efficiently manage illness.

Key Objective D: To reduce the burden of disease in Halton by concentrating on lowering the rates of cancer and heart disease, mental ill health and diabetes and addressing the health needs of older people.

Safeguarding Vulnerable Adults and Children - To improve the outcomes of vulnerable adults and children, so they feel safe and protected and when abuse does occur there are local procedures and processes in place to ensure that the abuse is reported and appropriate action taken against perpetrators and to support victims.

Nature of expected/desired PPB input:

Member led scrutiny review of Dignity in Care.

Preferred mode of operation:

- Review of Dignity in Care within a hospital setting;
- Literature review/best practice in other areas, in particular the impact of Personalisation
- Field visits including:
 - Warrington Hospital;
 - North-west authority/organisation with best practice in Dignity in Care within hospitals, and/or with personalisation; and
 - Focus groups involving partner organisations, for example, Halton LINK, Age Concern, Halton Open, service users and carers.

Agreed and signed by:

PPB chair

Officer

Date

Date

METHODOLOGY DETAIL

a) Presentations

The following officers gave presentations as part of this scrutiny review:

| Name of officer | Title of Presentation |
|--|---|
| Helen Moir, Divisional Manager | Personalisation and Dignity in Care |
| Tracy Ryan, Dignity in Care Co-ordinator | Dignity Awareness Session |
| Anne Hyson, Senior Nurse, Professional Development, Whiston Hospital | Productive Wards |
| Diane Gould, Safeguarding Co-ordinator, Whiston Hospital | Briefing on Safeguarding and the links to Dignity in Care |

“My Life Before and After My Operation” by Laura Green

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Annex 4

Documents Considered including Best Practice within the review

- Halton Dignity Champions' Network Dignity Action Plan and Charter
- Dignity "Challenge" Tests
- Halton Dignity Matters Follow-up Event Report & Action Plan
- Halton Dignity Best Practice Pack

- Halton's Dignity Audit Tools and Questionnaires will establish baseline of how far dignity embedded with action plans to track progress:
 - Residential Care;
 - Domiciliary (Homecare) Care;
 - Hospitals;
 - Generic services.
- Dignity Questionnaires for people living at home and those accessing services via hospital, residential care and day services will provide a balanced audit of services/teams

Walk a Mile in My Shoes - Scrutiny of dignity and respect for individuals in health and social care services: a guide, The Centre for Public Scrutiny, Improvement and Development Agency, November 2009

**DIGNITY IN CARE SCRUTINY REVIEW
ACTION PLAN**

ANNEX 5

| Action No. | Action | Responsible person | Timescale | Resources Required | Progress |
|-------------------|---|---|------------------|---------------------------|-----------------|
| 1 | Include Multi-agency Contact Sheet for Complaints or Concerns in a future edition of Inside Halton. | Tracy Ryan | | | |
| 2 | Continue briefing and training staff on Dignity in Care from health and social care and continue raising public awareness of Dignity in Care. | Tracy Ryan supported by Halton Dignity Champions' Network and Halton LINK | | | |
| 3 | Continue to positively promote the work of personalisation in Halton. | Helen Moir | | | |
| 4 | Continue the roll-out of the Productive Ward concept in both Whiston and Warrington Hospitals. | Warrington's Productive Ward lead and Anne Hyson at Whiston Hospital. | | | |
| 5 | The use of Health Passports throughout the care system and extended beyond Adults with Learning Disabilities. | ??? | | | |
| 6 | In single-sex wards at Whiston Hospital the male/female switch outside toilets should be accessible to | ??? | | | |

| | | | | | |
|----|--|--|--|--|--|
| | people with a visual impairment. | | | | |
| 7 | Visit a ward at Warrington Hospital | Emma Sutton-Thompson | | | |
| 8 | Whiston Hospital to implement training and guidance for staff raising concerns and making complaints. | ??? | | | |
| 9 | HBC to continue to strengthen partnership working with Health. | Tracy Ryan supported by Halton Dignity Champions' Network | | | |
| 10 | Implementing mandatory Dignity in Care training for all agencies, HBC developing Dignity E-Learning | Tracy Ryan & HBC Learning and Development | | | |
| 11 | Revisit the role of Dignity in Care Champions to raise their profile including publicity, information and education. Halton's Dignity in Care Co-ordinator is a board member of the National; Dignity Partnership Board and Chairs the NW Dignity Leads Network which are currently developing action plans to implement this | Tracy Ryan supported by NW Dignity Leads Network | | | |
| 12 | Improve customer care so people feel more comfortable and confident about raising concerns or have support in making a complaint. | Halton's Customer Care Group and Halton Dignity Champions' Network | | | |