

Handout 1 – Legislation

Human Rights Act 1998

The Act is based on the European Convention on Human Rights of 1950, which was drafted after the end of World War II to protect human rights and freedoms.

The Act came into effect in October 2000 and outlines 16 rights and freedoms for individuals. It contains rights such as the right to life and the prohibition of torture. Some of these rights and freedoms carry more weight than others and some might be restricted in times of national security or in the interests of public safety.

The Act makes it unlawful for any public body to act in a way that contravenes the rights and freedoms of people and must be taken into account on a day-to-day basis.

The Rights that have an impact on providing dignified services include:

Article 8 - Right to respect for private and family life

This means that everyone is entitled to have their home and family life respected. This includes correspondence and personal information and everyone has the right for this to remain confidential.

This Article is relevant when providing social care because the provision of care should remain confidential and the person providing the care should have respect for the home, the way the person lives their life and written correspondence they see should remain confidential

Article 9 – Freedom of thought, conscience and religion

This means that anyone is entitled to hold a belief or follow a religion and this should not be restricted.

This Article is relevant to social care because someone who belongs to a particular religion is entitled to have this respected. This may have an impact on times of visits, particularly if visiting during a religious event. It will affect the purchase and provision of food and personal hygiene and care.

Article 10 – Freedom of expression

This means that a person is entitled to their own opinions, and should be able to express these opinions and ideas without interference. They are also entitled to give and receive accurate information.

This Article is relevant to social care. A person should receive all of the information known or required, with which to make an informed choice about their care and treatment. In addition, people should be listened to and their opinions acknowledged, accepted and acted on.

Article 14 – Prohibition of discrimination

This means that a person should be treated without prejudice on the grounds of their sex, race, colour, language, religion, political opinion, origin, birth, sexual orientation, disability, marital status and age.

This Article is relevant to social care. Everyone should receive the same level of care and should not be disadvantaged on any of the above grounds.

Sex Discrimination Act 1975

This Act prohibits discrimination on the grounds of gender or marital status.

Race Relations Act 1976

This Act prohibits discrimination on the grounds of race, nationality, colour, or ethnic origin.

Race Relations (Amendment) Act 2000

This Act places the onus on public bodies to eliminate discrimination and promote equality.

Disability Discrimination Act 1995 and 2005

This Act prohibits discrimination on the grounds of disability.

Employment Equality (Sexual Orientation) Regulations 2003

This Act prohibits discrimination on the grounds of sexual orientation.

Employment Equality (Religion or Belief) Regulations 2003

This Act prohibits discrimination on the grounds of religion or belief.

The Employment Equality (Age) Regulations 2006

This Act prohibits discrimination on the grounds of age.

Mental Capacity Act 2005

This Act provides a framework to ensure that people who are unable to make decisions about their lives, are protected.

It assumes, in the first instance, that everyone has the capacity to make their own decisions, even if these decisions are unwise. Where this becomes difficult, people are given support to make their own decisions.

Where decisions made on behalf of a person who lacks the capacity to make their own decisions, these decisions will have the best interests of the person in mind and the decision made should be the least restrictive option available.

Mental Health Act 2007

This Act protects those who do not have the capacity to consent to their care and treatment, from the deprivation of their liberty, which should be avoided wherever possible.

Withdrawal of someone's liberty can only be authorised if an assessment has deemed this necessary to protect the person from harm. The Mental Capacity Act 2005's principles of supporting the person to make a decision apply and previous wishes and feelings of the person are considered.

Sexual Offences Act 2003

This Act prohibits any sexual activity between a care worker and someone with a mental disorder, even if the person is able to and does consent.

Safeguarding Vulnerable Groups Act 2006

This Act introduces a new scheme to help avoid harm or risk to children or vulnerable adults by preventing unsuitable people the ability to work with them.

Data Protection Act 1998

This Act provides a set of principles with which people holding information about an individual must comply. These principles include only keeping records for a specific purpose; that records kept are relevant; that they are accurate and only kept for as long as is necessary.

Freedom of Information Act 2000

This Act provides members of the public with the right to request information held by public bodies. This includes records held by hospitals and local authorities.

Handout 2 – Dignity – best practice areas

Communication

Service users and their chosen advocates, engage in a two-way dialogue with care workers, about their physical, psychological and emotional needs and preferences. The assembled facts and information form an agreed care plan that gives the service user a choice about the care they receive.

Respect

Service users should receive respect for their rights as individuals, their values, beliefs, personal relationships and their property. Care workers treat these with courtesy and thoughtfulness at all times.

Privacy

Service users should be able to maintain their privacy at all times, this includes privacy of their personal care, confidentiality of any information owned by or kept about the service user and privacy of their personal space.

Autonomy

This means service users are able to take control over their own lives, making independent choices about their care, treatment and day-to-day living activities without reproach by care workers.

Social inclusion

Service users should not be discriminated against because of their age, ethnic origin, sexual orientation or health status. They should be included in a range of social activities to enable them to feel integrated into their communities and in society in general. This means where possible, having contact with family and friends, being able to go shopping, to go out socially, to be in control of their own financial arrangements and to do all this safely.

Diversity and equality

There is a large amount of legislation designed to prevent unfair, unequal practice and discrimination. When people are in receipt of care services, there may be a tendency because of their age, gender, ethnic origin, religion or other reason, to treat a person differently. This would be discriminatory.

Pain control

Keeping people pain free is a key aspect of providing dignified services, particularly toward the end of life. However, many older people do not receive adequate pain control and often have excruciating pain, which prevents them from being independent. Care workers ensure service users receive sufficient pain control at all times.

Eating and nutrition

To some service users, mealtimes can be the highlight of the day, particularly if they do not receive any company other than during these times. It is therefore important to make mealtimes significant and to ensure that the food received is highly nutritious. It is also essential that food is of the quality, quantity and variety expected by the service user, delivered at the times set by them.

Personal hygiene

A person's appearance is central to their feeling of self-worth. Care workers ensure the standard service users set for themselves with their personal hygiene continues, particularly when they are unable to take care of this for themselves.

Personal care

Personal care includes those aspects of a service user's daily life, other than personal hygiene, about which they may be concerned. This will include the care they receive due to any illnesses, such as pain relief (see later), or wound care and general health promotion, such as food and nutrition (see later) but also other issues such as cleanliness of the house, laundry, general décor, care of any pets and tidiness of the garden. Part of a care worker's role will be to ensure they assist service users to meet these additional needs.

Abuse

Abuse is a wide-ranging subject, of which there are many different types such as physical, psychological, financial, sexual, discrimination and neglect. Care workers must be alert to the presence of abuse.

Whistle blowing

Care workers and other staff should feel supported by the organisation when raising concerns about any poor practice or abuse they witness or hear about on behalf of service users.

End of life care

Many service users are concerned with the potential loss of dignity when it comes to the end of their life. It is the task of the care worker to maintain the level of dignity of the service user when the time comes; by ensuring they achieve all the actions required in all the domains above.

Handout 3 – Best practice criteria

Communication

Service users and their chosen advocates engage in a two-way dialogue with care workers and organisational staff about their physical, psychological and emotional needs and preferences. The assembled facts and information form an agreed care plan that gives the service user a choice about the care they receive.

In reality, this means:

- The organisation has a communication policy that all staff understand and adhere to at all times
- Asking service users how they would like to be addressed
- Ensuring service users are not patronised or belittled
- Staff use respectful language and gestures and are courteous when communicating with service users
- Ensuring service users can understand the accent or language of care workers
- An interpreter is provided if needed
- Appropriate methods and tools for effective communication are used
- There is the use of a room for private communication if required
- Care workers are trained in how to carry out an assessment correctly and effectively
- A service user is always asked about their needs and preferences
- Care workers do not make assumptions about service user's needs and preferences
- Discussion, assessment, risk assessment and agreement of the care package and plan takes place at a mutually agreeable time and place
- Sufficient time is allowed for service users to communicate their needs and preferences
- Service users are able to communicate their needs and preferences at all times and these are considered and acted upon appropriately
- Care plans are jargon free
- Service user's views are listened to, valued and respected.

Respect

Service users should receive respect for their rights as individuals, their values, beliefs, personal relationships and their property. Staff treat these with courtesy and thoughtfulness at all times.

In reality, this means:

- Service users are treated as individuals
- Service users are treated as a whole person and not as an illness
- Service users are treated without discrimination
- Service users are treated as an equal
- Sufficient time is given for care to be provided at the service user's pace
- Care workers treat service users with courtesy
- Care workers ensure that the service is person centred and not task oriented
- Staff allow time to listen to service users

- Care workers allow time to talk to service users
- Service users are asked how they would like to be addressed
- Service users are involved in planning the service they receive
- Care workers respect the service user's personal space
- Care workers do not make assumptions about services users
- Care workers allow time for service users to communicate their choices and preferences
- Service users are not disturbed or interrupted and care workers knock before entering their room
- Privacy is maintained at all times by the care worker being aware of when privacy could be compromised and negating against this
- Single sex facilities, including toilet and bathing facilities, are provided.

Privacy

Service users should be able to maintain their privacy at all times, this includes privacy of their personal care, confidentiality of any information owned by or kept about the service user and privacy of their personal space.

In reality, this means:

- The organisation has a confidentiality policy that all staff understand and adhere to at all times
- Service users are not embarrassed when receiving personal care
- Service users are not exposed in front of others
- If the service user's own clothes cannot be used, appropriate clothing should be sought
- Care workers do not invade the service user's personal space
- Single sex accommodation is provided
- Toilet and bathing facilities respect privacy
- Privacy is maintained in respect of sexual relationships
- Care workers knock and, where possible, wait for an answer before entering a service user's room
- If an interpreter is required, they are chosen with the consent and participation of the service user
- Service user's personal possessions and documents remain private
- Service user's private conversations, phone calls and mail all remain private
- Where documents need to be shared, this is with the consent of the service user
- A service user wishing to have a private conversations is able to do so.

Autonomy

This means service users are able to take control over their own lives, making independent choices about their care, treatment and day-to-day living activities without reproach by care workers.

In reality, this means:

- Staff communicate with service users in the most appropriate way
- Care workers do not make assumptions about whether or not the service user can make decisions by themselves, even where mental capacity is an issue

- Care workers allow service users time to communicate their requests for the day's activities and care workers adhere to these
- Staff inform service users about local advocacy services to assist them to make decisions about their daily activities
- Care workers do not make assumptions about the likes and dislikes of service users
- Care workers treat service users as equals
- Staff provide information in an understandable way, free from jargon to allow service users to make their own choices
- Service users are allowed to take risks without compromising their care workers safety
- Care workers ensure service users are given the opportunity to participate in their chosen activities as fully as possible
- Services are accessible to people with disabilities, for example providing service information in alternative formats for people with visual impairment.

Social inclusion

Service users should not be discriminated against because of their age, ethnic origin, sexual orientation or health status. They should be included in a range of social activities to enable them to feel integrated into their communities and in society in general. This means where possible, having contact with family and friends, being able to go shopping, to go out socially, to be in control of their own financial arrangements and to do all this safely.

In reality, this means:

- Staff treat service users with dignity and respect
- Service users are able to choose their day-to-day activities and arrangements with care workers without fear of rebuke
- Care workers take time to talk to service users whilst carrying out their care
- Care workers respect the past skills and experiences of the service user
- Staff enable service users to go out socially by addressing the barriers to this such as transport and safety issues
- Care workers respect the service user's right to retain involvement in the day-to-day management of their own household and finances.

Diversity and equality

There is a large amount of legislation designed to prevent unfair, unequal practice and discrimination. When people are in receipt of care services, there may be a tendency because of their age, gender, ethnic origin, religion or other reason, to treat a person differently. This would be discriminatory.

In reality, this means:

- The organisation has an Equality and Diversity policy that staff understand and adhere to at all times
- Staff treat service users how they would expect to be treated themselves
- Staff treat service users with respect
- Staff listen to service user's requests and take the appropriate action
- The individual wants, needs and preferences of service users should be taken into consideration and if these cannot be achieved discussion should take

place as to what can be achieved instead and whether this is acceptable to the service user

- Care workers should not be insensitive to the service user's individual needs and preferences
- Care workers give care suitable for the service user's individual needs

Pain control

Keeping people pain free is a key aspect of providing dignified services, particularly toward the end of life. However, many older people do not receive adequate pain control and often have excruciating pain, which prevents them from being independent. Care workers ensure service users receive sufficient pain control at all times.

In reality, this means:

- Care workers should be proactive in discussing pain control with the service user
- Care workers are empathetic about the pain that service users experience
- With the consent of the service user, care workers report uncontrolled pain to the doctor or prescriber
- Care workers encourage service users to discuss uncontrolled pain with the doctor or prescriber
- Care workers find activities for the service user that alleviates rather than exacerbates pain.

Eating and nutrition

To some service users, mealtimes can be the highlight of the day, particularly if they do not receive any company other than during these times. It is therefore important to make mealtimes significant and to ensure that the food received is highly nutritious. It is also essential that food is of the quality, quantity and variety expected by the service user, delivered at the times set by them.

In reality, this means:

- Care workers discuss the ways they can assist the service user with the preparation, cooking and serving of their food and drink
- Care workers understand the importance of nutrition and hydration and know the signs and symptoms of malnutrition and dehydration
- Care workers have been trained in the subject of nutrition and food hygiene if assisting service users with food and drink
- If there are problems with nutrition, care workers discuss with service users the help they might need to improve this
- If the service user is assessed to be malnourished or dehydrated, after discussion with the service user, care workers refer the service user to the appropriate professional eg. doctor or dietician
- Service users are enabled to maintain their independence with shopping, cooking, eating and clearing up for as long as possible
- Care workers discuss food and drink likes and dislikes with service users before preparing menus and shopping lists
- Care workers discuss any religious or special dietary needs the service user might have before preparing menus and shopping lists

- Care workers don't make assumptions about service users food requirements in relation to their cultural or religious beliefs
- Care workers respect the requests and wishes of the service user in relation to their diet
- Care workers pay attention to any religious or cultural needs the service user has with regard to food eg, hand washing prior to eating
- Care workers assist service users to identify aids that may help the service user maintain their independence with eating
- In consultation with the service user, care workers provide assistance with eating
- Service users are not rushed when receiving assistance with food
- Service users are not interrupted when eating their food
- Care workers ensure any food prepared by them looks appetising for the service user
- Care workers ensure a drink is given with all food
- Care workers assist service users to clear away food and food debris afterwards according to their wishes.

Personal hygiene

A person's appearance is central to their feeling of self-worth. Care workers ensure the standard service users set for themselves with their personal hygiene continues, particularly when they are unable to take care of this for themselves.

In reality, this means:

- Service users decide the level of assistance they need from care workers with their personal hygiene
- Care workers don't make assumptions about the level of cleanliness the service user chooses to adopt
- Care workers assist with all aspects of personal appearance that the service user is unable to maintain for themselves, ensuring they maintain the service user's privacy and independence at all times. This includes assistance with:
 - Washing and dressing
 - Shaving
 - Oral hygiene
 - Hair care
 - Nail care
- Service users choose the times they receive help with personal hygiene
- Service users choose the clothes they wish to wear each day
- Care workers assist service users to identify aids and adaptations that may help the service user maintain their independence
- Care workers provide information, advice and support for the funding and fitting of aids and adaptations
- Care workers assist service users with their toileting or continence needs as requested.

Personal care

Personal care includes those aspects of a service user's daily life, other than personal hygiene, about which they may be concerned. This will include the care they receive due to any illnesses, such as pain relief (see later), or wound care and general health promotion, such as food and nutrition (see later) but also

other issues such as cleanliness of the house, laundry, general décor, care of any pets and tidiness of the garden. Part of a care worker's role will be to ensure they assist service users to meet these additional needs.

In reality, this means:

- Care workers discuss with service users their arrangements and preferences for organising laundry and ironing services
- Care workers discuss the service user's requirements regarding the cleanliness of the house, tidiness of the garden and any assistance with décor to make the living accommodation more hospitable and safe
- Care workers discuss with service users the assistance they require with pets
- Care workers discuss with service users how they might keep the house free from odours that cause the service user distress
- Care workers treat the service user's preferences with respect.

Abuse

Abuse is a wide-ranging subject, of which there are many different types such as physical, psychological, financial, sexual, discrimination and neglect. Care workers must be alert to the presence of abuse.

In reality, this means:

- Care workers receive training about the different types of abuse and how these are revealed
- Care workers follow the organisation's abuse and whistle blowing policies and procedures for the reporting of incidents
- Staff are protected under the whistle blowing policy from recrimination by members of staff who are reported for abusing service users
- Suspicions of abuse should be reported by managers to the local Adult Protection Co-ordinator.

Whistle blowing

Care workers and other staff should feel supported by the organisation when raising concerns about any poor practice or abuse they witness or hear about on behalf of service users.

In reality, this means:

- The organisation has a whistle blowing policy that staff know about and understand and which covers the statutory disclosures protected under the Public Interest Disclosure Act 1998 including:
 - A criminal offence
 - A breach of a legal obligation
 - A miscarriage of justice
 - A danger to the health and safety of an individual
 - Damage to the environment
 - Deliberate covering up of any information from the above list
- The policy is accompanied by a procedure for staff to follow when whistle blowing
- Training should be given to staff about whistle blowing

- Staff are empowered to blow the whistle when they observe poor practice or abuse
- The organisation adopts a 'no blame' culture for those who whistle blow
- Organisations see whistle blowing as a means of quality assurance for their organisation
- Actions taken by the organisation show staff who whistle blow are supported
- Whistle blowers are protected by the organisation
- Whistle blowers have the interests of vulnerable service users at heart
- Whistle blowers should ensure their information is factual and observations have been recorded accurately

End of life care

Many service users are concerned with the potential loss of dignity when it comes to the end of their life. It is the task of the care worker to maintain the level of dignity of the service user when the time comes, by ensuring they achieve all the actions required in all the domains above.

In reality, this means:

- Service users at the end of their life receive care with regard to privacy
- Service users at the end of their life are treated with dignity and respect by care workers
- Care workers provide service users with high quality care and treatment at the end of their life
- Care workers ensure that the service user's surroundings are as comfortable as possible at the end of their life
- Service users receive pain relief to fully control their pain at the end of their life
- Care workers respect the service user's personal preferences during this time