east coast
community healthcare

Privacy and Dignity Policy

January 2021

Being Treated with Dignity and Respect is the Right of Every Patient

Version No: 5

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DOCUMENT CONTROL SHEET

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Version Control

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0.3	31/07/2017	H Howman	CQC guidance updated
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0.5	29.01.2021	A Jennings	Review, no further amendments

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- ❑ **All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)**
- ❑ **Service developments**
- ❑ **Estates and facilities developments**

Name of Policy / Procedure / Service	Privacy & Dignity Policy
Manager Leading the Assessment	Executive Director of Quality
Date of Assessment	July 2020

STAGE ONE – INITIAL ASSESSMENT

Q1. Is this a new or existing policy / procedure / service?

☐ **New**

✓ **Existing**

Q2. Who is the policy / procedure / service aimed at?

✓ **Patients**

✓ **Staff**

✓ **Visitors**

Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?

☐ **Yes**

✓ **No**

If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.

Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

Adverse Impact Identified?

Age	No*
Disability	No*
Gender reassignment	No*
Marriage and civil partnership,	No*
Pregnancy and maternity	No*
Race/Ethnic Origin	No*
Religion/Belief	No*
Sex	No*
Sexual Orientation	No*

- Can this adverse impact be justified?
- Can the policy/procedure be changed to remove the adverse impact?

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome N/A
What changes, if any, need to be made in order to minimise unjustifiable adverse impact? N/A

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1. INTRODUCTION

As a provider of commissioned healthcare services to the local population, East Coast Community Healthcare (ECCH) recognises the fundamental importance of maintaining the dignity and privacy of all our patients and clients wherever care is provided for them. We are committed to ensuring that compromises in dignity do not happen in any area of our operation.

This document sets out the expectations of the ECCH in maintaining dignity and privacy, and provides a framework on which patients, staff and the public can determine our performance.

2. PURPOSE

The purpose of this policy and procedure is to ensure that people using the service are treated with respect and dignity at all times while they are receiving care and treatment.

To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people's dignity and treats them with respect at all times.

This includes making sure that people have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in their local community.

3. SCOPE

This policy applies to all ECCH staff irrespective of the type of contract of employment, e.g. permanent, temporary, fixed term, part time, bank, locum staff. It also extends to those who are working with ECCH as trainees, and are involved in both the direct and indirect care of patients.

ECCH expects those people who perform work on its behalf such as volunteers, students, independent contractors and agencies to recognise and respect the principles of this policy and that such a requirement may be formalised through contract and service level agreements where appropriate.

This policy has been developed in accordance with views from patients and carers taken from NHS Patient Satisfaction Surveys and the Essence of Care – Patient Focused Benchmarks (DH, 2003)

4. DEFINITIONS

- Privacy refers to freedom from intrusion and relates to information and practice that is personal or sensitive in nature to an individual.

- Dignity is being worthy of respect

The Social Care Institute for Excellence defines dignity in the following way:

“Dignity consists of many overlapping aspects, involving respect, privacy, autonomy and self-worth. The provisional meaning of dignity is based 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.

While 'dignity' may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect."

5. RESPONSIBILITIES

All staff members (as outlined in Section 3. Scope) have a duty to ensure that the privacy and dignity of all service users are respected.

The Chief Executive Officer (CEO) has overall responsibility to ensure that the privacy and dignity of all service users are respected.

The Lead Nurse is responsible for ensuring that this policy is accepted within ECCH and will receive regular (reports on issues relevant to dignity, respect and privacy of our patients).

Each Senior Manager of a patient care area is responsible for monitoring the implementation of this policy and ensuring the required privacy and dignity audits are completed.

The Governance and Compliance team are responsible for ensuring relevant ECCH personnel are advised of potential and actual breaches of this policy. Regular reporting of patient satisfaction, comments, formal and informal complaints and incidents relating to this policy will be reported through the reporting structure.

6. POLICY STATEMENT

Providers must have due regard to the protected characteristics as defined in the Equality Act - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10.

The report 'Caring for Dignity' published by the Healthcare Commission in 2007, highlighted a number of common examples of compromises in dignity taken from complaints received by the Healthcare Commission, these include

- Being addressed in an inappropriate manner
- Being spoken about as if they were not there
- Not being given proper information
- Being left in soiled clothes
- Being exposed in an embarrassing manner
- Not being given appropriate food or help with eating and drinking
- Being placed in mixed sex accommodation
- Being left in pain
- Being in a noisy environment at night causing lack of sleep
- Having to use premises that are unclean and smelly (toilets and wards)
- Lack of protection of personal property including personal aids (hearing or visual)
- Being subjected to abuse and violent behaviour

CQC states that 'Providers must have regard to the following guidance'

10(1) Service users must be treated with dignity and respect.

When people receive care and treatment, all staff must treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way.
All communication with people using services must be respectful. This includes using or facilitating the most suitable means of communication and respecting a person's right to engage or not to engage in communication.

Staff must respect people's personal preferences, lifestyle and care choices.
When providing intimate or personal care, provider must make every reasonable effort to make sure that they respect people's preferences about who delivers their care and treatment, such as requesting staff of a specified gender.

People using the service should be addressed in the way they prefer.
People using the service must not be neglected or left in undignified situations such as those described in the guidance for Regulation 13(4) below.

10(2) Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular:

Providers must make sure that they treat people using services with dignity and respect. In particular this includes the things listed in 10(2) (a)-(c) but these things are not exhaustive and providers must demonstrate that they take all reasonable steps to make sure that people using their service are always treated with dignity and respect.

10(2) (a) ensuring the privacy of the service user;

Each person's privacy must be maintained at all times including when they are asleep, unconscious or lack capacity.
All reasonable efforts should be made to make sure that discussions about care treatment and support only take place where they cannot be overheard.

Staff must make sure that people have privacy when they receive treatment and that they are supported to wash, bath, use the toilet and hold private conversations.
Each person's privacy needs and expectations should be identified, recorded, and met as far as is reasonably possible.

People's relationships with their visitors, carer, friends, family or relevant other persons should be respected and privacy maintained as far as reasonably practicable during visits.
People using services should not have to share sleeping accommodation with others of the opposite sex, and should have access to segregated bathroom and toilet facilities without passing through opposite-sex areas to reach their own facilities. Where appropriate, such as in mental health units, women should have access to women-only day spaces.

If any form of surveillance is used for any purpose, providers must make sure this is in the best interests of people using the service, while remaining mindful of their responsibilities for the

safety of their staff. Any surveillance should be operated in line with current guidance. Detailed guidance on the use of surveillance is available on CQC's website.

10(2)(b) supporting the autonomy, independence and involvement in the community of the service user;

People who use services must be offered support to maintain their autonomy and independence in line with their needs and stated preferences. When offering support, staff should respect people's expressed wishes to act independently but also identify and mitigate risks in order to support their continued independence as safely as possible. (See Regulation 12(2)(a) & (b) for more detail).

People must be supported to maintain relationships that are important to them while they are receiving care and treatment.

People must be supported to be involved in their community as much or as little as they wish. Providers must actively work with people who wish to maintain their involvement in their local community as soon as they begin to use a service. The provider must make sure that people are not left unnecessarily isolated.

Note: Where people are detained in high security settings, 'the community' relates to the facility where they are detained and their level of involvement in it will depend on their care and treatment needs.

10(2)(c) having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.

People using services must not be discriminated against in any way and the provider must take account of protected characteristics, set out in the Equality Act 2010.

The protected characteristics are age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.

This means that providers must not discriminate, harass or victimise people because of these protected characteristics. This includes direct and indirect discrimination, which is described in the Equality Act 2010.

Providers must also make sure that they have due regard to people's protected characteristics in the way in which they meet all other regulatory requirements. For example, in relation to care and treatment reflecting the person's preferences in Regulation 9(1) (c) or in relation to community involvement in relation to Regulation 10(2)(b).

The Dignity Challenge

The Dignity Challenge lays out the national and individual expectations of what constitutes a service that respects dignity. It focuses on ten different aspects of dignity – the things that matter most to people. These are backed up by a series of dignity tests that can be used by providers, commissioners and people who use services, to see how their local services are performing. The

Care Services Minister is challenging those who provide services, those who receive services and those who commission services – to see how services measure up to the Challenge.

ECCH accepts the Dignity Challenge and will work to ensure that the 10 challenges are embedded in the services commissioned and provided for the local population.

1. Have a zero tolerance to all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self-esteem
10. Act to alleviate people's loneliness and isolation

The National Health Service (NHS) Constitution

The NHS Constitution sets out the rights and responsibilities of patients and staff, these include privacy and dignity and the Constitution should be taken into account in implementing this policy.

7. PROCEDURE

When patients use the services of ECCH, all members of staff will ensure that the following rights are adhered to in all settings:

A. Personal Consideration and Respect

- Be treated as individuals
- Be welcomed and offered assistance on arrival
- Be listened to and have their views taken into account
- Be treated courteously at all times
- To know who is looking after them
- Be cared for in a single sex environment, ensuring patients never share a bay with patients of the opposite sex unless in an emergency or times of significant crisis.

It is possible that there will be both men and women patients on the ward, but they will not share your sleeping area. You may have to cross a ward corridor to reach your bathroom, but you will not have to walk through opposite-sex areas.

You may share some communal space, such as day rooms or dining rooms, and it is very likely that you will see both men and women patients as you move around the hospital.

It is probable that visitors of the opposite sex will come into the room where your bed is, and this may include patients visiting each other.

It is almost certain that both male and female nurses, doctors and other staff will come into your bed area.

If you need help to use the toilet or take a bath (e.g. you need a hoist or special bath) then you may be taken to a “unisex” bathroom used by both men and women, but a member of staff will be with you, and other patients will not be in the bathroom at the same time.

Have access to appropriately segregated toilet and washing facilities.

ECCH is commitment to privacy and dignity. ECCH strives to make patients feel that their privacy and dignity are respected while they are in hospital, whether it be “same sex” or “mixed sex” wards. ECCH prioritises the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect.

‘Mixed sex accommodation’ refers not only to sleeping arrangements, but also to bathrooms or WCs and the need for patients to pass through areas for the opposite sex to reach their own facilities. As long as men and women are cared for in separate bays or rooms and have their own toilet facilities, then it may be appropriate for them to be on the same ward being cared for by the same team of doctors and nurses. ECCH ensures the premises protect people's rights to privacy, dignity, choice, autonomy and safety at all times.

Examples of good practice to achieve personal consideration and respect can be found in Appendix A.

B. Confidentiality

Patients have the right to expect that:

- All staff are bound by a legal duty of confidentiality to protect personal information that they may come in contact with
- All staff are obliged to keep any personal identifiable information safe and strictly confidential
- Patient information is shared to enable care, with their consent

Examples of good practice to achieve confidentiality can be found in Appendix C

C. Privacy, Dignity and Modesty

Patients have the right to:

- Be treated with dignity at all times
- To have their modesty protected
- To remain autonomous and independent wherever possible
- To be cared for in an environment with high standards of cleanliness to reassure service users

Examples of good practice to achieve Privacy, Dignity and Modesty can be found in Appendix B

D. Equality and Diversity

Patients have the right to:

- Have their spiritual and cultural needs recognised and respected
- Have their gender, race, sexuality, disability, illness or age recognised and respected
- Help to access to our services or direction to the most appropriate services

The Dignity Challenge

ECCH also adopts the Dignity Challenge and requires staff to meet the expectations laid out with the 10 challenges. Staff will be encouraged to become Dignity Champions and the Dignity Tests will form part of the monitoring process to ensure compliance with this policy.

8. MONITORING AND REVIEW

How/who/which group will be monitoring and reviewing this policy.

9. AUTHOR

Paul Benton, Executive Director of Quality

APPENDICES

APPENDIX A

Expected Good Practice Guides

A. PERSONAL CONSIDERATION AND RESPECT

Examples of good practice to achieve personal consideration and respect include:

- Staff introducing themselves on initial contact with patients, including telephone conversations, and stating their name and role

- Staff wearing identification badges at all times

- Staff asking each patient how they wished to be addressed, e.g. Mrs/Ms and avoid lapsing into over familiarity, using colloquial titles such as “dear” or “petal” unless this is acceptable to, and agreed by the patient first

- Staff working with children and young people in all settings, should promote and protect their individual rights of where they receive care and treatment. This involves being cared for in a culturally sensitive environment; ensuring privacy and confidentiality during all episodes of care (Royal College of Nursing (RCN),2003)

- Dealing with patients requests for assistance promptly

- Avoiding personal conversations with co-workers that exclude the patient e.g. talking to a

colleague about the rest of the day's workload while caring for the patient or answering their mobile phone. Staff who are required to carry and respond promptly to a work mobile phone should do so with sensitivity e.g. ensuring the phone is switched off during meetings with parents and families.

- Knocking before entering a room or attaching a notice to curtains saying" do not enter" when the patient is being examined and waiting for a reply before opening curtains, Curtain clips should be used to secure curtains
- Discussing with a patient whether they have any objection to healthcare professionals not directly involved in their care being present at ward rounds, outpatients consultations etc. prior to these events occurring so that the patient has the opportunity to refuse.
- Being aware of how body language may be interpreted by a patient/carer; standing at the foot of a patient's bed, with folded arms and avoidance of eye contact, may lead a patient to feel that the intervention was impersonal and/or intimidating.
- Ensuring that a patient who does not speak or understand English has access to interpretation services in a timely manner.
- Ensuring patients never share a bay with patients of the opposite sex unless in an emergency, whilst waiting to be moved.
- On a case by case basis adolescents' needs should be assessed and if indicated they should be cared for in a single sex bay or cubicle.
- Ensuring that patients admitted to mixed sex accommodation are moved within 24 hours. Where there is a delay beyond this time, or if the patient declines, this must be recorded in the clinical record.
- Where mixed sex bays occur, incident forms must be completed.
- Ensure patients have access to segregated toilet and washing facilities.
- Practitioners in a patient's home will act as a guest, ensuring entering the property and using the facilities are with the patent's permission.
- Patients and relatives should be communicated with and not at and no assumption should be made about pace, level or format. Staff should always be ready to alter their speed, check and repeat or explain information in a different way to ensure understanding.
- If appropriate staff should make use of advocacy services to support patients

B. CONFIDENTIALITY

Examples of good practice to achieve confidentiality include:

- Patient's information should only be shared according to ECCH Confidentiality and Information Sharing policies.

- Only sharing information that a patient discloses, with the staff who are directly involved with the patient's care and with the patient's verbal consent

- Obtaining a patient's consent prior to disclosing information to family and friends.

- If appropriate, ask patients on admission to nominate one key person who will be responsible for liaising directly with the healthcare staff

- Being aware of and alert anyone who may overhear staff conversations, e.g. when handing over, at the bedside and when on the telephone. It is not acceptable to discuss clinical information in public areas even if a patients name is not used.

- Ensuring written patient information which contains confidential details are disposed of correctly, in confidential waste bags, and are not left in public areas.

- Precautions are taken to prevent information being shared inappropriately e.g. computer screens being viewed and white boards being read.

- Staff should avoid displaying patient's personal information on wards or in clinics unless this information is required for maintaining and promoting health and safety.

- Young people (under 18) have the right to receive confidential health care as soon as they reach an age where they can fully understand the issues and implications (Gillick Competence) when a young person attends for healthcare (Gillick vs West Norfolk 1985).

- Patients may read their own care plans, but visitors/relatives – as maybe in patient's own home, may only read them at the discretion of the patients.

C. PRIVACY, DIGNITY, MODESTY

Examples of good practice to achieve Privacy, Dignity and Modesty include:

- Closing curtains fully and positioning screens correctly in all areas where patients are required to undress.

- Not asking a patient to take off more clothing than is necessary

- Following physical examination, patients should have an opportunity to re-dress before the consultation continues

- Checking with a patient that they give their permission to be washed or examined by a person of the opposite sex, and respect their wishes where this is possible

- Offering a chaperone to patients as appropriate and giving them a choice as to who is present during examinations and treatment

- Obtaining written consent from patients requiring clinical photography

- Patients not having to wait in a consulting room for prolonged periods of time alone either

before or after consultation.

- Encouraging patients to dress in their own clothing during the day
- Encouraging patients to wear their own night attire to sleep in. When this is not possible or appropriate, patients should have access to hospital clothing that protects their modesty and is acceptable to them
- Adequately covering a patient if they do not have their own clothing or is too unwell to be dressed prior to leaving the ward.
- Expecting patients to be transported out of the hospital to be dressed if going home, or adequately covered if too unwell to get dressed
- Arrangements are made so that patients can have private telephone calls
- Patients and carers should have access to an area for complete privacy, this should be considered both in hospital settings and in the community. In hospital patients and their relatives/carers should be advised of how to access safe, quiet private space on the site.
- Patients incapable of helping themselves must never be left without a covering to maintain their modesty and dignity, even during bed bathing and changing of bed linen/night attire
- Every effort will be made to ensure patients who continually expose themselves are shielded from the view of others.
- Care plans will be in place for all patients within 24 hours of admission and these will be reviewed at least weekly to ensure they remain up to date
- Use of specific care pathways including end of life care pathway should be actively promoted throughout Community Services
- Protected meal times will be available on all inpatient wards
- Carers and relatives will be involved in decisions regarding care, with the consent of the patient

D. EQUALITY AND DIVERSITY

Examples of good practice to recognise Equality and Diversity include:

- Barriers to services are identified and removed and that no person is treated less favourably on the grounds of their race, ethnic group, religion or belief, impairment, age, gender, sexual orientation, or mental health status. Where barriers cannot be removed, adjustments will be made.
- Staff will work with patients and families in ways that, where ever possible, take into account that they may have different attitudes, values and beliefs about health and healthcare. Where it is not possible to take this into account clear information and explanations will be given.

Culturally sensitive meals should be available 24 hours a day and to achieve this food provision should reflect a wide range of dietary needs

APPENDIX B

The Dignity Challenge Including the Dignity Tests

1. Have a zero tolerance to all forms of abuse

   By this we mean:

Respect for dignity is seen as important by everyone in the organisation. Care and support is provided in a safe environment, free from abuse. It is recognition that abuse can take many forms including physical, psychological, emotional, financial and sexual, and extend to neglect and ageism.

Dignity Tests:

- Is valuing people as individuals central to our philosophy of care?
- Do our policies uphold dignity and encourage vigilance to prevent abuse?
- Do we have in place a whistle blowing policy that enable staff to report abuse? confidentially including a confidential reporting telephone line?
- Have the requisite Disclosure and Barring Service(DBS) and their Safeguarding lists been checked?

2. Support people with the same respect you would want for yourself or a member of your Family.

By this we mean:

People should be cared for in a courteous and considerate manner, ensuring time is taken to get to know people. People receiving services are helped to participate as partners in decision-making about the care and support they received. People are encouraged and supported to take responsibility for managing their care themselves in conjunction with, when needed, care staff and other information and support services.

Dignity Tests:

- Are we polite and courteous even when under pressure?
- Is our culture about caring for people and supporting them rather than being about ‘doing tasks’?
- Do our policies and practices emphasise that we should always try to see things from the perspective of the person receiving services?
- Do we ensure people receiving services are not left in pain or feeling isolated or alone?

3. Treat each person as an individual be offering a personalised service

   By this we mean:

The attitude and behaviour of managers and staff help to preserve the individual’s identity and individuality. Services are not standardised but are personalised and tailored to each individual. Staff take time to get to know the person receiving services and agree with them how formally or informally they would prefer to be assessed.

Dignity Tests:

- Do our policies and practices promote care and support for the whole person?
- Do our policies and practices respect beliefs and values important to the person receiving our services?
- Does our care support and consider individual physical, cultural, spiritual, psychological and social needs and preferences?
- Do our policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices, and protect human rights?

4. Enable people to maintain the maximum possible level of independence, choice and control

By this we mean:
People receiving services are helped to make a positive contribution to daily life and to be involved in decision about their personal care. Care and support are negotiated and agreed with people receiving services as partners. People receiving services have the maximum possible choice and control over the services they receive.

Dignity Tests

- Do we ensure staff deliver care and support at the pace of the individual?
- Do we avoid making unwarranted assumptions about what people want or what is good for them?
- Do individual risk assessments promote choice in a way that is not risk averse?
- Do we provide people receiving services the opportunity to influence decisions regarding our policies and practices?

5. Listen and support people to express their needs and wants.

By this we mean:
Provide information in a way that enables a person to reach agreement in care planning and exercise their rights to consent to care and treatment. Openness and participation are encouraged. For those with communication difficulties or cognitive impairment, adequate support and advocacy are supplied.

Dignity Tests

- Do all of us truly listen with an open mind to people receiving services?
- Are people receiving services enabled and supported to express their needs and preferences in a way that makes them feel valued?
- Do all staff demonstrate effective interpersonal skills when communicating with people, particularly those who have specialist needs such as dementia or sensory loss?
- Do we ensure that information is accessible, understandable and culturally appropriate?

6. Respect people’s right to privacy

By this we mean:
Personal space is available and accessible when needed. Areas of sensitivity which relate to modesty, gender, culture or religion and basic manners are fully respected. People are not made to feel embarrassed when receiving care and support.

Dignity Tests

- Do we have quiet areas or rooms that are available and easily accessible to provide privacy?
- Do staff actively promote individual confidentiality, privacy and protection of modesty?
- Do we avoid assuming that we can intrude without permission into someone's personal space, even if we are the care giver?
- Can people receiving services decide when they want `quiet time' and when they want to interact?

7. Ensure people feel able to complain without fear of retribution

By this we mean:
People have access to the information and advice they need. Staff support people to raise their concerns and complaints with the appropriate person. Opportunities are available to access an advocate. Concerns and complaints are respected and answered in a timely manner.

Dignity Tests

- Do we have a culture where we all learn from mistakes and are not blamed?
- Are complaints policies and procedures user-friendly and accessible?
- Are complaints dealt with early, and in a way that ensures progress is fully communicated?
- Are people, their relatives and carers reassured that nothing bad will happen to them if they do complain?
- Is there evidence of audit, action and feedback from complaints?

8. Engage with family members, carers and care partners

By this we mean:
Relatives and carers experience a welcoming ambience and are able to communicate with staff and managers as contributing partners. Relatives and carers are kept fully informed and receive timely information. Relatives and carers are listened to and encouraged to contribute to the benefit of the person receiving services.

Dignity Tests

- Do employers, managers and staff recognise and value the role of relatives and carers, and respond with understanding?
- Are relatives and carers told who is `in charge' and with whom issues should be raised?
- Do we provide support for carers who want to be closely involved in the care of the individual, and provide them with the necessary information?
- Are we alert to the possibility that relatives' and carers' views are not always the same as those of the person receiving services?

9. Assist people to maintain confidence and a positive self-esteem

By this we mean:
The care and support provided encourages individuals to participate as far as they feel able. Care aims to develop the self-confidence of the person receiving services, actively promoting health and well-being. Adequate support is provided in eating and drinking. Staff and people receiving services are encouraged to maintain a respectable personal appearance.

Dignity Tests

- Are personal care and eating environments well designed for their purpose, comfortable and clean?
- Do we maximise individual abilities at all times during eating and personal care activities?
- Do we ensure people receiving services wear their own clothes wherever possible rather than gowns etc?

10. Act to alleviate people’s loneliness and isolation

By this we mean:
People receiving services are offered enjoyable, stimulating and challenging activities that are compatible with individual interests, needs and abilities. People receiving services are encouraged to maintain contact with the outside community. Staff help people receiving services to feel valued as members of the community.

Dignity Tests

- Do we provide access to varied leisure and social activities that are enjoyable and person-centred?
- Have we reviewed the activities we offer to ensure they are up to date and in line with modern society?
- Do we provide information and support to help individuals engage in activities which help them participate in and contribute to community life?
- Are responsibilities of all staff towards achieving an active and health-promoting culture made clear through policies, procedures and job descriptions?

Appendix 2

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Decide what type of document you are producing.
Follow requirements in (Section 7.0 Step 1)

Carry out an Equality and Diversity Impact Assessment (Appendix 1) and attach to the end of the document (Step 2)

Complete the Document Control Sheet (Appendix 2) and insert after the Title Page. (Step 3)

Submit the document to the relevant Group for approval/ratification. (Step 4)

- Medicines – related policy including SOPs
- Infection Control
- Appropriate Clinical Group
- Human Resources
- Health and Safety
- Estates
- Finance

Once approved/ratified by the appropriate group/committee, the policy must be sent to ecch.policies@nhs.net(Step 5)

Once received via ecch.policies@nhs.net the Quality Team will upload the new policy onto ECCHO, advising staff of the updates via ECCH Communications.. (Step 6)

It is the business unit directors, heads of professions, service heads and ward manager responsibility to ensure that previous issues are removed from circulation and archived. (Step 7)