Manual for Promoting Dignity & Compassion in Care

During this module, you will be asked some questions to simply provoke thought and test your current knowledge please have a notepad or supervision workbook to hand to make notes. Your performance will only be measured by the answers you select when completing the knowledge test at the end of the module.

Contents

Learning Outcomes

- Understanding what is meant by ‘dignity’ and ‘compassion’
- Knowing the ten points ‘dignity challenge’
- Recognizing threats to dignity
- Knowing how to work in a way that promotes dignity
- Understanding appropriate ways of demonstrating compassion

Complementary Manuals

- Equality, Diversity and Inclusion
- Introducing Person-Centered Approaches
- Safeguarding
- Mental Capacity Act 2005

Introduction

Dignity and compassion are crucial pillars of care, yet their definitions remain elusive, and imparting them is a challenging task. Detecting a deficiency in dignity or compassion while attending to someone is more straightforward than pinpointing the specific elements that constitute dignified and compassionate care.

The primary objective of this manual is to enhance your consciousness regarding the impact of your actions, attitudes, as well as those of your employers and society on the well-being and quality of life of the individuals under your care.

In light of recent prominent news reports detailing incidents like bullying and mistreatment of individuals with learning disabilities, and the growing number of elderly people suffering from malnourishment due to inadequate mealtime support in hospitals, we aim to illustrate how the absence of dignity and compassion can significantly influence every aspect of a person's life.

Take a moment to contemplate and jot down in your notepad certain words, phrases, or actions linked to dignity and compassion.

Chapter One

Dignity Definition

"Regardless of how impoverished or afflicted the vessel that houses it may be, each existence merits a particular level of honor and respect."

— Rick Bragg, All Over but the Shoutin'

In 2006, the government commenced an initiative aimed at promoting dignity in care, seeking to draw attention to deficiencies in providing health and social care services to the elderly. Despite these efforts, instances of undignified treatment and disregard for vulnerable adults continue to be prominently featured in the news.

Though the bulk of research on this matter concentrates on elderly care, it is crucial to bear in mind that anyone can be impacted. Regardless of age, economic status, race, or gender, all individuals necessitate some form of health and social care and could potentially encounter substandard treatment in the following scenarios:

- **While at your GP's office?**
  a. Is there confidentiality maintained during consultations?
  b. Are the receptionists responsible for keeping information private?
  c. Is the location of the weighing scales in a public area?
- **At the dentist**
  a. Does your dentist put you at ease?
  b. Are you fully informed about what's being done?
- **Throughout childbirth / Throughout an operation**
  a. Do you have control over the presence of individuals in the room?
  b. Do you receive maximal privacy, if feasible?
  c. Do healthcare personnel exhibit professionalism in their behavior?

Certainly, factors that contribute to individuals' susceptibility to undignified and unsympathetic treatment encompass a range of elements, such as:

- Physical impairments
- Frailty of the body
- Advancing age
- Mental health issues
- Learning challenges
- Communication barriers

Despite diverse cultural, age-related, religious, and societal backgrounds, the concept of dignity remains nearly universal as a benchmark for the way we desire to be treated. Nevertheless, the challenge lies in the definition of dignity, as it can assume multiple interpretations.

Dignity, as defined in the dictionary, refers to a state or quality of being deserving of respect or esteem, including self-respect by extension.

The 2006 Dignity in care initiative proposed that care, irrespective of the setting, should uphold and enhance an individual's self-respect without undermining it, regardless of any differences.

When comparing these definitions with the terms used on page 4, it is probable that your attempts to encapsulate dignity have encompassed a variety of values and issues that are absent here. The table below exhibits some broader

considerations derived from multiple sources, such as Department of Health surveys and government guidance documents.

Values associated with dignity	Support needs	Areas of concern/issues
• Privacy • Autonomy • Respect • Choice • Rights • Individuality • Independence • Control • Partnership • Self-esteem • Self-worth • Personalization	• Social inclusion • Communication • Equality and diversity • Person-centered care	• Pain control • Nutrition • End-of-life care • Personal hygiene and • Appearance • Abuse • Whistleblowing • Staff attitudes

In this manual, we will examine each of the items mentioned above. If the connection between the words and phrases in the table and dignity isn't immediately apparent, it will be clarified at some stage.

Dignity in Care Initiative

The aims central to the dignity in care initiative, which all healthcare providers should strive for, are as follows:

- Maintaining a zero-tolerance policy towards all forms of abuse.
- Providing support to individuals with the same level of respect one would desire for oneself or a family member.
- Offering personalized services that treat each person as a unique individual.
- Empowering individuals to retain the highest possible level of independence, choice, and control over their lives.
- Actively listening to and supporting individuals in expressing their needs and desires.
- Respecting and safeguarding people's right to privacy.
- Ensuring that individuals feel confident in voicing complaints without fear of reprisal.
- Engaging with family members and caregivers as valued care partners.
- Assisting individuals in maintaining confidence and fostering positive self-esteem.
- Taking action to alleviate loneliness and isolation experienced by individuals.

Take a moment to reflect on the ten challenges. Consider what you may already be doing to achieve these aims and where improvements could be made. Are there any of these aims that you find uncertain or disagree with?

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The power to evaluate the care quality provided by registered providers is vested in the Care Quality Commission (CQC) under the act. The CQC has generated a document titled 'Guidance for providers on meeting the regulation,' which provides details on adhering to the revised regulations.

In the overall regulations, the notion of dignity holds a crucial position and is independently acknowledged in Regulation 10: dignity and Respect. Refer to page 3 for a summary of the regulation, or access the comprehensive information by downloading the guidance from www.cqc.co.uk.

Other Acts and Guidelines

Given the same structure, here's a paraphrased version:

The vast amount of information available on dignity in care can be overwhelming. To navigate through it effectively, I suggest familiarizing yourself with the key authoritative sources offering advice and guidance on best practices and compliance with industry standards.

A comprehensive resource to explore is the SCIE (Social Care Institute for Excellence) guide 15 on Dignity in Care, accessible for download at www.scie.org.uk. This guide provides an in-depth analysis of dignity-related issues in care, along with practical examples and advice on adhering to good practices and legal obligations.

Equally noteworthy are the government-commissioned documents 'National Service Framework for Older People,' 'Valuing People Now,' and 'Putting People First.' These publications outline the government's strategies for the future of care and can offer valuable insights into the subject.

'All individuals who have a learning disability should be recognized as people first, entitled to live their lives just like any other individuals, with equal opportunities and responsibilities. They should receive treatment that upholds their dignity and respect, as stated in Valuing People Now.

The National Service Framework marks a groundbreaking effort to ensure equitable and top-notch health and social care services for older individuals. Over a 10-year period, this program aims to connect services that promote independence and good health, offer specialized care for critical conditions, and foster a cultural shift that ensures all older people and their caregivers are always treated with fairness, respect, and dignity.

Services that put dignity and respect at their core are not only desired but also fundamental right that individuals should expect, as emphasized in Putting People First.

Minimum Expectation

If we succumb to the pitfall of defining groups of individuals based on their limitations, it is probable that our expectations of their potential accomplishments will be diminished. This could lead to the following outcomes:

- Individuals may be assigned inappropriate tasks, such as engaging in children's games or menial labor.
- Insufficient support may be provided for people to reach their full potential, whether in terms of education, independence, or relationships.
- 'Infantilization' might occur, where staff use baby talk with the individuals they assist and treat them as if they were small children.
- Health issues and declining physical or mental abilities may go unexplored, as they are assumed to be merely attributed to aging or the person's condition.
- Adequate funding might not be allocated for training, education, physical therapy, etc., as some individuals are considered more 'worthy' of such resources.
- Elderly or physically disabled individuals could be objectified, often ignored, and their basic physical needs met with minimal interaction – for instance, caregivers lifting people while chatting among themselves, or conversing with companions of wheelchair users while disregarding the wheelchair user's-initiated conversation.

Language Incapacity

Client profile: Mrs. Rose, an 80-year-old woman from Jamaica, is living with diabetes, weighs 16 stone, and grapples with depression. Additionally, she relies on a wheelchair for mobility and has exhibited verbal and physical aggression toward both staff and fellow clients. Mrs. Rose identifies as Christian.

Client profile: Mrs. Rose is an 80-year-old Christian woman from Jamaica, who weighs 16 stone and is living with diabetes. Additionally, she suffers from depression and relies on a wheelchair for mobility. It's worth noting that Mrs. Rose has a history of verbal and physical aggression towards staff and other clients.

Underestimating learning disability, the elderly is often labeled as 'bed blockers,' implying they have no use and are draining resources. This value-based decision-making leads to resentment, victimization, and dehumanization, based on factors such as being diabetic, disabled, old, obese, 'god bothered,' mentally ill, fat, dependent, challenging, ethnic, unhealthy, foreign, aggressive, difficult, or awkward.

Access Restrictions to Facilities

The Equality Act 2010 (see Chapter 3) stipulates that service providers and building owners must make 'reasonable adjustments' to facilitate access for everyone. While many acknowledge the necessity of ramps and physical modifications for individuals with mobility challenges, finding providers who understand the importance of accommodating people with 'invisible disabilities' can be more difficult.

When a person is unable to access services and facilities independently, they become reliant on others for assistance. This may entail seeking help from unsympathetic employees or hoping for a kind passer-by to offer support. Difficulties can arise due to inadequate signage, discomfort in public waiting areas because of uncontrollable physical or verbal tics, or miscommunication with staff who lack patience in listening carefully.

Over 50 individuals with learning disabilities were invited to share their hospital experiences in the Manchester area, highlighting various concerns. Many felt disregarded, scared, bullied, and uncared for:

- Medical staff discussed their conditions among themselves instead of directly engaging with them.
- Staff did not pay heed to their opinions and concerns.
- Explanations of medical conditions and treatments were not presented in a manner they could comprehend, leading to increased fear and confusion.
- Navigating the hospital premises was challenging for them.
- They often refrained from visiting the doctor when necessary, feeling that it served little purpose.
- At times, they felt coerced, both emotionally and physically, into consenting to treatment.
- The accident and emergency department and theatre were particularly frightening places, causing additional distress.

(Now I Feel Tall. What a patient-led NHS feels like. DoH 2005)

Chapter Three

Dignity Promoting Factors

The protection, support, and promotion of the dignity of individuals in care are identified by the Social Care Institute for Excellence (SCIE) through three crucial elements:

- Resilience
- Rights
- Person-centered care

In the forthcoming Chapter, we will delve into these elements and explore their practical implications.

Resilience

Not many individuals can navigate life without encountering emotional hardships or threats to their physical and mental well-being. How they cope with such challenges relies on their level of psychological resilience.

Psychological resilience serves as a mental shield that guards us against life's obstacles. Strengthening our ability to safeguard ourselves comes from cultivating feelings of self-worth, purpose, and meaningful existence. Care staff play a significant role in either fostering or undermining self-esteem, thereby impacting resilience positively or negatively.

Several factors contribute to enhancing an individual's resilience, including:

- Faith in spirituality
- Strong family ties
- Social connections
- A sense of purposefulness
- Positive life experiences
- Independence
- Autonomy in decision-making and actions.

Picture yourself residing in a residential care setting. On your notepad, jot down the elements that would bring joy to your day, and subsequently, note down those factors that would render life more challenging to endure.

Examples: Being ignored, talking to someone

If people's rights to autonomy and decision-making are disregarded, along with neglecting their need for fulfilling employment and mental stimulation, their resilience could be jeopardized. When treated as incapable individuals, their ability to cope with challenges may be at risk.

Rights

Various pieces of legislation safeguard the rights of the individuals you back, and campaigning groups such as Age UK, advocating for older people's interests, and MIND, championing those with mental health issues, play a supportive role. Despite the advancements, there remains an opportunity for additional progress in attaining a just and equitable society for everyone.

The Human Rights Act 1998

Despite the prevailing negative publicity surrounding the Human Rights Act and its impact on British 'freedom,' it is crucial to recognize that this Act is not the initial or most extensive endeavor to safeguard the rights of individuals residing in Britain. The Magna Carta, signed in England in 1215, is widely acknowledged as the first rights charter, and the present Act traces its origins back to the Universal Declaration of Human Rights formulated in 1948 in response to the horrors of the world wars.

Human Rights rest on five fundamental principles:

- Fairness
- Respect
- Autonomy
- Dignity
- Equality

It is important to note that human rights legislation does not subject individuals to prosecution; instead, it holds public bodies accountable. Thus, local councils and NHS trusts bear the responsibility of safeguarding the rights of all individuals. To gain practical insights into how this Act might impact your life or that of your clients, you can access 'Ours to Own Understanding Human Rights' from www.equalityhumanrights.com.

The Equality Act 2010

Designed to simplify and bolster existing legislation while further advancing the eradication of discrimination in British society, this Act establishes 9 distinct 'protected characteristics': age, disability, gender reassignment, race, pregnancy or maternity, religion/belief, marriage or civil partnership, sex, and sexual orientation.

Beyond merely outlawing discrimination against individuals, the Act also imposes a legal obligation on employers and property owners to implement 'reasonable adjustments' that facilitate equal access to education, employment, services, and opportunities for all. Examples of such adjustments encompass modifications like widening doorways to accommodate wheelchairs, enhancing rest areas to cater to pregnant or breastfeeding mothers, and offering advocacy services for those facing communication difficulties.

General Data Protection Regulation (GDPR)

Freedom of Information Act 2000

These Acts/regulations safeguard the privacy of individuals and grant them the right to access any personal data stored concerning them, thereby diminishing the probability of professionals employing judgmental or disrespectful language in their report writing.

Mental Capacity Act 2005

The purpose of enacting the Mental Capacity Act was to safeguard the rights of individuals who may be vulnerable, ensuring they retain the ability to take action and make decisions independently. Central to this legislation is the foundational belief that every individual should be presumed to have decision-making capacity until proven otherwise. Moreover, it establishes a legal obligation for care and medical practitioners to prioritize the best interests of those they assist in the decision-making process. To explore this further, you can refer to the manual 'Mental Capacity Act 2005' by Approved Care Training Limited.

Complaints

Supporting individuals' rights to fair and equal treatment and enhancing their chances of receiving dignified care, is achieved through transparently disclosing complaints policies and procedures. The fear of complaints drives subpar care providers to avoid addressing them, while exemplary care providers perceive complaints as opportunities to enhance their services. Being proactive in informing people of their rights and soliciting feedback about their experiences is a hallmark of the latter.

Taking complaints personally should be avoided. Service users and their families need to be well-informed about the complaint process, which typically involves the following steps:

1. The individual or family member documents the complaint with relevant dates, times, and details, and directs it to the registered manager.
2. The manager conducts an investigation within 28 days and responds in writing to the complainant.
3. If the response from the manager is unsatisfactory, in-house policies will guide the further course of action.

It is crucial to handle complaints in a manner that preserves the complainant's privacy and anonymity. People who raise concerns must feel secure in the knowledge that they will not face discrimination or unfair treatment as a consequence of lodging a complaint.

Advocacy

Due to a variety of factors, certain individuals encounter greater challenges in expressing their emotions compared to others. For numerous individuals under care, the provision of advocacy services proves highly advantageous as it enables them to comprehend their options better and actively participate in decision-making processes. Being well-acquainted with the advocacy services accessible in your vicinity and understanding how to connect individuals with these services are of utmost importance.

Advocates play a vital role in dismantling communication obstacles between those receiving care and the caregiving staff, while simultaneously serving as impartial and independent representatives of people's perspectives.

Person-Centered Values

Putting the care of individuals first, and treating them with respect and dignity are fundamental principles as outlined in the Standards of conduct, performance, and ethics for nurses and midwives (NMC, 2008).

A person-centered approach to care encompasses various core values, including independence, dignity, privacy, rights, choice, respect, partnership, and individuality. This approach emphasizes placing individuals at the center of care planning and tailoring services to their specific needs, fostering a more humane and less institutionalized care provision.

For instance, some common practices, like imposing fixed times for waking up and going to bed, may serve the convenience of care providers in managing staffing levels and meal preparation. However, it can negatively impact individuals in several ways:

- It may impede individuals from having enough time and support to perform tasks independently, compromising their privacy and dignity due to rushed care.
- It denies individuals the right to make choices regarding their bedtimes and waking times.
- Rather than working in partnership with individuals, the care provider imposes strict rules to be followed, potentially disregarding diverse needs.
- People are treated as a group rather than as unique individuals, potentially neglecting individual requirements.

Chapter Four

Dignity Supporting Care Practices

In the preceding chapter, we explored various values and legal directives that contribute to fostering dignity in care. Now, in this subsequent chapter, we shall implement these principles in specific care domains and examine concrete instances of enhancing or upholding effective working practices.

Personal Appearance

Another concern raised by relatives of individuals in care pertained to witnessing the person they care for facing challenges in maintaining a dignified appearance. They recounted instances where they observed the neglect of the individual's belongings and garments.

For example, some clothes were damaged during the laundry process, leaving the person with no choice but to wear them despite the presence of a hole. Additionally, there were occurrences where clothes either went missing entirely or were given to someone else to wear. Such situations have a detrimental impact on the person's self-esteem and hinder their ability to retain their uniqueness.

('Dignity in Care' Public Survey; DoH 2006)

The way individuals present themselves to others can significantly impact their self-esteem. Feeling unkempt or untidy may lead to discomfort and a lack of confidence in social situations. While personal preferences vary, it is essential to support people in maintaining their own standards, regardless of their level of dependency.

Care providers hold the responsibility of looking after people's belongings. Clothes should be properly cleaned and ironed, and efforts should be made to ensure they are returned to their rightful owners. Whether individuals prefer casual comfort or a more formal appearance, their choices should be respected, even if it means using elasticated waists and Velcro, which might not be preferred by everyone.

Though makeup, hairstyling, and jewelry may appear insignificant, they can significantly impact a person's sense of self. Assisting someone in enhancing their appearance can greatly contribute to improving their self-esteem and overall well-being. Imagine being in a hospital bed awaiting visitors; the opportunity to freshen up and brush your hair could make a world of difference.

People's well-being is closely linked to the level of control they have over their lives. The more involved they are in everyday decisions and activities, the happier and more resilient they tend to be. Even seemingly simple actions like helping people choose their own clothes can have a profound positive effect. Always avoid making assumptions about their preferences and offer them the chance to accept or decline, regardless of past habits or routines.

Personal Care	Poor Practice	Good Practice
Bathing	1. Leaving doors unlocked / curtains open 2. Rushing/treating the person like an object 3. Ignoring a person while chatting with a colleague 4. Using a cold 'institutional' bathroom 5. Bathing everyone in the same way at times/frequency set by the manager without consultation	1. Ensuring privacy by keeping staff present to a minimum, encouraging people to do as much themselves as possible and keeping intimate areas covered. 2. Maintaining the conversation with the person throughout. 3. Providing suitable oils, creams, etc.

		4. Making the experience safe, comfortable and appropriate (i.e., providing choice bath, shower, etc.)
Toileting	1. Imposing strict toileting programs without individual evaluation 2. Using incontinence pads to reduce the need for regular toileting 3. Leaving people in soiled clothing for long periods of time 4. Punishing individuals who are incontinent e.g., by making fun of them 5. Ignoring requests to use the toilet 6. Exposing person to public view when on toilet / commode	1. Supporting people to the toilet as regularly as necessary 2. Using signage, walking aids, equipment to allow independent access to toilets 3. Changing people who have been incontinent at the earliest opportunity and with the minimum of fuss 4. Leaving people on their own to go to the toilet and knocking before re-entering the room 5. Providing alternatives to toilet paper when necessary
Feeding	1. Rushing 2. Standing over the person 3. Feeding cold and unrecognizable mouthfuls of food 4. Talking to other people over the person's head 5. Putting a person in a bib / using equipment designed for small children	1. Taking time 2. Presenting the person with attractive, appetizing food at the correct temperature 3. Allowing the person to dictate the pace of feeding 4. Telling the person what you are giving them 5. Sitting down with the person
Hoisting	1. Hoisting people in full view of others 2. Allowing clothing to 'ride up' exposing underwear 3. Transporting individuals from room to room while slung in a hoist	1. Involving the person in the process by talking to them / obtaining consent / encouraging participation 2. Closing doors/curtains or (in emergencies) screening individuals from view 3. Using hoists for transfers only, not to move individuals around the home

Nutrition

In 2007, a resolution on food and nutritional care in hospitals was issued by the Council of Europe in conjunction with organizations like the NHS, Royal College of Nursing, and the Department of Health. The resolution outlined 10 essential characteristics of nutritional care, which can also be applicable to other care settings:

1. On admission, all patients undergo screening to identify malnourished individuals. (For further guidance on screening, refer to the E-cert Healthcare Training Limited manual 'Malnutrition and Nutritional Care.')
2. Each patient has a personalized care plan that identifies their nutritional needs and how they will be addressed.
3. Clinical Governance arrangements within the hospital include specific guidance on food services and nutritional care.
4. Patients actively participate in the planning and monitoring of food service provision.

5. The ward implements Protected Mealtimes to create an environment where patients can enjoy and consume their food without interruptions.
6. All staff possess the necessary skills and competencies to ensure the patients' nutritional requirements are met. Regular training on nutritional care and management is provided to all staff.
7. Hospital facilities are designed to be patient-centered and flexible, aiming to deliver an excellent food service and nutritional care experience 24/7.
8. The hospital adopts a patient-centered and performance-managed policy for food service and nutritional care.
9. Food service and nutritional care are delivered safely to the patients.
10. The hospital promotes a multi-disciplinary approach to nutritional care, appreciating the contributions of all staff groups working in collaboration with patients and users.

Food holds significant importance in people's lives, impacting their physical and mental well-being. Access to appropriate and adequate food, along with proper support for eating, is crucial. Care staff need basic nutrition knowledge to ensure clients receive quality food in sufficient quantities, considering cultural and religious requirements.

It's essential for care staff to be familiar with individuals' personal needs and preferences, facilitating a suitable eating environment with the right level of support. Encouraging independence in eating should be prioritized, and adjustments like special equipment or finger foods may be introduced. However, discreet monitoring is necessary to identify instances where individuals may struggle to eat independently.

Maintaining dignity is vital; hence, using children's utensils or accessories like bibs should be avoided, and a suitable environment for eating must be provided, ensuring that commodes and other items are removed before serving food.

How to Promote Dignity in Food Provision?

Do:

- Throughout the day, offer snacks and drinks.
- If feasible, permit individuals to prepare their own snacks and drinks.
- Engage people in setting tables and clearing up, among other tasks.
- Discuss preferences and needs with individuals or their families, if required.
- Assist individuals in making menu selections.
- Educate people on the importance of healthy eating.
- Present various options during mealtimes.
- Seek input from individuals regarding meal timings and presentation style (e.g., plated or serving dishes).
- Ensure sufficient time for relaxed dining.

Don't:

- Everyone must adhere to set eating and drinking schedules.
- Cultural or religious backgrounds are used to determine whether individuals will consume certain foods or not.
- Clients' dietary choices can be limited for medical reasons, such as diabetes, while still preserving their autonomy to make decisions.
- Providing food is viewed as a swift solution rather than supporting individuals to feed themselves.
- Individuals are anticipated to consume unappetizing or cold meals due to special diets or the need for assistance with eating.
- People are pressured to swiftly clear and clean the dining area within specified time limits.

End of Life Care

Providing care to individuals in the final stages of their lives demands a profound level of sensitivity and compassion. Both the individuals and their family and friends may necessitate support in navigating challenging decisions and coping with the decline in their physical and mental well-being.

Training for care staff is crucial to address evolving needs and foster effective communication among individuals, care providers, and other healthcare professionals. Seeking guidance and professional assistance becomes imperative, and various sources can be sought:

- Establishing strong relationships with individuals' GPs can significantly impact whether they pass away at home or in a hospital.
- Specialized nurses proficient in palliative care or specific illness treatments.
- Speech and language therapists offering advice on eating and swallowing difficulties.
- Occupational therapists provide guidance on maintaining independence through the use of equipment and other means.
- Religious representatives who can cater to spiritual and faith-related needs.

To ensure a 'dignified' death, it is essential to support individuals in passing away as they desire, in their preferred location, with appropriate post-death arrangements. Achieving this necessitates cooperation between the individual, caregivers, doctors, and family members to discuss treatment options, offer adequate pain relief, and plan funeral details.

Handling the individual's body after death must align with their expressed wishes, conducted in a manner that reflects respect and dignity. Sensitive consideration should be given to the grieving needs of the family, granting them the necessary space and time to mourn, while the conduct of all staff should mirror the solemnity of the occasion.

Knowledge can empower those facing death, granting them a sense of control, preparing them for the future, and alleviating their fears. Jot down your reflections on the information people may require, what caregivers should be aware of, and the relevant individuals who should be engaged.

- Which information could the individual require?
- Which information would be necessary for those responsible for their care?
- Who ought to participate in the planning and preparation?

Chapter Five

Identifying Loopholes and Assisting Change

Every care worker bears the responsibility of promoting dignity and ensuring equitable treatment for individuals not only within their own actions but also in the actions of their colleagues and employers. If you find yourself observing instances of neglect, abuse, or subpar care practices, you might be hesitant to voice your concerns. However, it's completely natural to feel this way, and there are legal safeguards and sources of guidance available to safeguard both you and the well-being of those under your care.

Within this chapter, we will explore methods for identifying care practices that compromise dignity and have adverse effects on both physical and mental health. Additionally, we will guide you on how to address your concerns effectively, fostering improvements in care provision and ensuring the protection of individuals in the future.

Abuse

While it's not possible to delve into abuse extensively within this limited space, your employers should equip you with training to protect the individuals under your care. Nevertheless, we will provide an overview of the related matters.

Types of Abuse

In a general sense, abuse can be categorized into ten distinct types, as follows:

- Physical abuse encompasses actions like hitting, biting, misusing medication, improper manual handling, force-feeding, and inappropriate restraint.
- Psychological abuse involves threats, preventing contact with family or friends, humiliation, intimidation, and verbal abuse.
- Sexual abuse consists of any non-consensual sexual contact, the use of sexual language, forcing someone to view pornography against their will, or engaging in incestuous acts.
- Financial abuse includes theft, misusing funds, restricting access to personal finances, pressuring individuals to change wills or give money, exploitation, and fraud.
- Neglect pertains to the act of ignoring physical needs, failing to provide adequate heat, clothing, food, or necessary services.
- Self-neglect involves a person neglecting to meet their own health and well-being needs.
- Discriminatory abuse refers to treating someone unfavorably based on their gender, religion, or other factors, involving abusive language and harassment.
- Modern slavery denotes people working extensively for little or no pay while living in substandard conditions.
- Organizational abuse occurs when care providers prioritize profit over people's needs, leading to issues such as poor management, lack of training, and institutional care.
- Domestic abuse encompasses any form of abuse occurring between adults in a relationship or those who are related.

People With Care and Abuse

Anyone with care needs faces the potential risk of abuse from various individuals, including care staff, family members, friends, volunteers, and visitors. Those who engage in abusive behavior or neglect towards others may not necessarily do so out of a desire to be cruel or inflict suffering; often, their actions are driven by external pressures or reactions to personal stress. Moreover, abuse and neglect can also stem from a lack of awareness, as care staff may not always be adequately trained to recognize and respond to changing physical and mental conditions.

Let's examine the case of Mrs. O and her daughter, Patricia. Mrs. O has been diagnosed with Alzheimer's Disease and has mobility issues, requiring complete personal care from her daughter. However, Patricia is finding it challenging to

care for her mother due to her limited knowledge about Alzheimer's and inability to communicate or handle her mother's behavior.

In response, Patricia has started putting Mrs. O to bed at 6 pm and locking her in her room until 8.30 in the morning. This distresses Mrs. O and negatively impacts her health.

If you were to discover this situation concerning Mrs. O, what steps could you take to address it?

If you suspect abuse or neglect towards someone under your care, it is your responsibility to take action to protect them. The specific measures you take will depend on the circumstances, ranging from reporting your concerns to your manager to making an emergency call to the police. Your employer should provide written policies and procedures guiding you on reporting concerns and handling disclosures appropriately.

(A disclosure occurs when a client reveals they are being abused, while a partial disclosure happens when a client hints at potential abuse but doesn't make a direct accusation. Training should be provided on how to handle disclosures properly.)

Dignity Risk Recognizing

Given that this manual concerns dignity and compassion in care, it is logical to examine certain observable indicators that may suggest clients are not receiving compassionate care that upholds their dignity.

The following are all indicators of inadequate care:

- Confidentiality is not respected by caregivers, as evidenced by personal information left lying around and the subject of gossip is the people being supported.
- Private space and time for appropriate intimate relationships are not provided to individuals.
- Care staff enter rooms without knocking.
- Mail is opened before people receive it, and there is no private area for using the telephone or spending time with family/friends.
- Bedrooms have an institutional feel and personal possessions are restricted.
- Toilet/bathroom doors are unlockable.
- The environment is neglected and in a tatty condition.
- Care staff treat the people they support as if they are a different species, engaging in talking about them, making fun of them, or using derogatory language.
- People are commonly addressed as 'love' or 'darling,' and they are spoken to as if they were children.
- The lack of adequate funding hinders meeting the needs of those being supported.
- Routines are imposed on the residents without consulting their preferences.
- Effective communication between staff and the individuals they support is lacking.
- Complaints are disregarded, and the identities of complainants are not protected.
- Care staff are consistently too busy to engage in conversation.
- People's privacy is compromised during dressing, toileting, or bathing activities.
- Individuals are left in soiled clothing for extended periods.

These issues may indicate a deficient care culture within the facility or highlight the need for dignity training for individual staff members. If you recognize these problems, it is essential to discuss your concerns with your manager. After giving your manager ample time to address the situation and finding that no resolution has been reached, you may need to consider 'whistleblowing.'

Whistle Blowing

Commonly known as the Whistleblowing Act, the Public Interest Disclosure Act of 1998 safeguards your entitlement to raise apprehensions regarding inappropriate actions committed by either your colleagues or employers.

An employer who values their employees will foster transparent channels of communication, encouraging them to voice concerns and ensuring they are confident that such concerns will be given due consideration and handled properly. Should you raise legitimate concerns on behalf of those you support, your employer must not engage in discriminatory practices or treat you differently as a consequence.

Depending on the nature of your concerns and the circumstances you may disclose them to:

- Your manager or employer
- An external regulator such as the Care Quality Commission
- A broader audience like reaching out to a newspaper

Failure to adhere to your employer's whistleblowing policy and first raising concerns internally before resorting to external channels might result in the loss of your legal protection. This, in turn, could potentially harm their reputation.

Chapter Six

Caring in A Compassionate Way

At the core of all decisions, Person-centered care advocates for compassion and respect, prioritizing the individual. (Source: Delivering Dignity, Age UK 2012)

Compassion's definition and measurement pose challenges, and attempting to teach someone to be compassionate appears nearly impossible. In general, people either possess the emotional capacity to care for others, or they don't. Encouraging some individuals to recognize their unsuitability for a caring role might be necessary, leading them to seek alternative types of employment.

Being able to care for others with compassion requires identifying with them as individuals and responding to their needs with sympathy, devoid of any sense of pity or superiority. Compassionate care staff understand when to provide comforting physical contact and when to offer space for individuals to talk or be alone. If one is sensitive to others' feelings and people find comfort in their presence, they are likely to excel as good care workers.

This Chapter diverges from the previous ones; while it includes test questions at the end, it refrains from prescribing specific approaches. Instead, it presents scenarios for reflection and recording of feelings. These scenarios can serve as a foundation for discussing the role of compassion in care with one's manager and assessing their ability to respond effectively to diverse needs.

Prepare some notes in your notepad for discussion during your upcoming supervision meeting with your manager.

Case 1

- Ms. R is feeling emotional and expressing a strong desire to be with her family.
- Her family loves her dearly but cannot meet her complex care needs.
- Explore ways to help Ms. R feel more connected to her family while maintaining her current living arrangements.

Case 2

- Mrs. S is in her late 90s and is dealing with late-stage dementia, resulting in communication difficulties, limited sight, and poor hearing.
- Propose practical methods to provide mental stimulation for Mrs. S to enhance her overall well-being.

Case 3

- Mr. T recently moved into the care home after serving time in prison; the nature of his conviction remains unknown, but it appears to have been significant due to his extended stay.
- He has become accustomed to institutionalized routines and is highly protective of his personal belongings.
- Mr. T has been diagnosed with an aggressive form of cancer, and his prognosis is not optimistic.
- Explore ways to support Mr. T during his last days or weeks with compassion and sensitivity.

Case 4

- Miss U is a new resident with a reputation for aggressive behavior and physical violence, including an alleged incident at her previous residence.
- You are assigned the task of helping her get up and dressed.
- Consider a careful and cautious approach to address Miss U's needs while prioritizing safety for yourself and others.

References

1. SCIE guide 15 Dignity in Care for Adults' Services, March 2009.
2. CQC Guidance for Providers on Meeting the Regulations, 2015.
3. National Service Framework for Older People, DoH 2001.
4. Valuing People Now: A New 3-Year Strategy for People with Learning Difficulties, DoH 2009.
5. Delivering Dignity: Securing Dignity in Care for Older People in Hospitals and Care Homes - A Report for Consultation, Age UK 2012.
6. Ageism and Age Discrimination in Secondary Health Care, Death by Indifference, Mencap Healthcare for All, Michael 2008.
7. 'Now I Feel Tall': What a Patient-Led NHS Feels Like, DoH 2005.
8. Ours to Own: Understanding Human Rights, Equality and Human Rights Commission.
9. Standards of Conduct, Performance, and Ethics for Nurses and Midwives, NMC 2008.

Useful Websites:

www.cqc.co.uk

www.cpa.org.uk

www.mencap.org.uk