**NQB(12)(02)(03)**

**NATIONAL QUALITY BOARD**

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**DIGNITY IN CARE**

***A note from the Commission on Improving Dignity in Care***

## Summary


1. The Commission on Improving Dignity in Care (the Commission) has produced a draft report around the dignity in care of older people. This draft report – *Delivering Dignity* – contains a number of recommendations for hospitals, care homes and the wider system.

2. This paper presents the key recommendations of the report and outlines the Commission's implementation action plan. The Board will also receive a verbal update on the themes emerging from consultation responses to the draft report.


## Recommendation

3. The Board is asked to consider and provide feedback on the Commission's draft proposals, and to agree how the Board could work with the Commission to deliver the action plan. The Board's feedback will help shape the final *Delivering Dignity* report and action plan.

## Background

4. The Commission on Improving Dignity in Care is the first step in a joint partnership to help drive improvements in the levels of dignified care provided to older people in hospitals and care homes. It was set up by the NHS Confederation, Age UK and the Local Government Association following a series of reports highlighting failings in the care of older people.

5. The Commission has undertaken an extensive evidence gathering process. Its draft report is based on written submissions from over 40 organisations, three days of public hearings with evidence from 25 organisations and individuals, a literature review of existing evidence, site visits to health and social care providers, meetings with stakeholders and key experts, and the experience and knowledge of the Commission. The Commissioners include representatives of patients and care home residents, and experts from nursing, medicine and the management of health and social care services.

6. The Commission's draft report – *Delivering Dignity* – was published for a month-long public consultation on 29 February 2012. Within this report are a number of recommendations for action – covering hospitals, care homes and the wider system. A full list of the draft recommendations is attached at ANNEX A. There are 48 in total.

7. For a copy of the draft report, see: http://www.nhsconfed.org/Documents/Delivering%20Dignity.pdf

## Consultation

8. The one-month public consultation on the draft report closed on 27 March 2012. There was a large response to the consultation including:

- 50 health and social care national and regional stakeholders;
- 25 NHS acute and community provider organisations, 4 mental health trusts, and 4 PCT clusters and commissioning organisations;
- 5 social care providers and 9 local authorities;
- 9 academics and universities;
- 8 chaplains;
- over 80 nurses at four consultation events facilitated by the Commission;
- a range of acute medical directors and GPs through meetings of the Commission's clinical reference group;

- around 65 responses from the public; and
- a number of individual nurses and consultants.

**The Board is asked to consider the draft recommendations and provide feedback. In particular:**

- **Do the draft recommendations match the Board's views on how to improve dignity in care?**
- **Are there any additional recommendations that the Commission might consider?**

**Next Steps**

9. The Commission is currently reviewing the consultation responses, and plans to publish its final report before the summer.

10. Following publication of the final report the Commission will oversee a programme of work to encourage and support those working across health and social care to put the recommendations into practice. According to the draft report, this work will cover:

    - a 'hearts and minds' campaign to seek support from leaders across health and social care to prioritise improving dignity in care for older people;

    - helping hospitals and care homes to learn from good practice;

    - helping staff across hospitals and care homes to recognise good dignity in care and take individual responsibility for it;

    - working with key national bodies to ensure they prioritise dignity; and

    - helping older people and their families to understand the dignity that they have a right to expect.

11. Departmental officials are working with SALLY BREARLEY, the Chair of the Nursing and Care Quality Forum, to explore how the Commission's report and recommendations could inform the work of the Forum, and how the Forum's work could be aligned with the Commission's programme.

12. In terms of the wider departmental response, the intention is for Ministers to give a formal response to the report, once the recommendations have been finalised in May-June 2012. In the interim, departmental officials are working with the Commission to help them refine their draft recommendations.

**The Board is asked to consider how they could work with the Commission to support the implementation of its recommendations.**

**THE COMMISSION ON IMPROVING DIGNITY IN CARE**
**April 2012**

## ANNEX A – Full List of Draft Recommendations

### A - Recommendations for Hospitals

1. Securing major reductions in hospital admissions by delivering care at home or in the community when it is appropriate should be a major priority for the health service; it is both cost efficient and care effective and places the patient and their needs at the centre of what we do.

2. Boards should regard maintaining each patient's independence as a key measure of their hospital's performance in delivering care for older people. They need to work with patients, relatives and carers to compare a patient's level of independence when they are discharged from hospital with how independent they were before they were admitted.

3. Language that denigrates older people has no place in a caring society – particularly in caring organisations – and should be as unacceptable as racist or sexist terms. Hospitals and care homes should recognise that age is a 'protected characteristic' under the Equality Act 2010, and it should form part of their policies and practice around equality.

4. Hospitals need to provide older people with a comprehensive geriatric assessment when they are admitted, so a coordinated care plan can be developed. They need to be reassessed regularly throughout their stay in hospital and before they are discharged, and action taken as a result. When undertaking assessments staff must take time to understand and record the needs and preferences of older people and their relationships with family, friends and carers, in addition to recording physical and mental health.

5. Nutritional needs must be identified on admission, food intake must be constantly monitored and action taken to ensure each person has enough to eat and drink.

6. Families, friends and carers should be seen as partners in care, where the older person wishes it, not as a nuisance or interference. They are the people who were there before and will be there after formal care services have gone, and are a vital emotional link.

7. The Government should consider the best way of providing a ‘This is Me’ record for older people as part of its forthcoming information strategy for health and social care.

8. Older people and their families should be urged to give feedback to help hospitals continually learn and improve. Hospitals must put in place simple mechanisms to ensure direct feedback and any complaints are gathered from older people and their support network, alongside confidential feedback, for example through anonymous surveys.

9. All hospital staff must take personal responsibility for putting the person receiving care first. Professionally registered staff are required to challenge poor care, and they should be urged to do so as soon as they see any shortcomings. This helps colleagues understand how their interaction with a patient can be improved. Other staff, such as healthcare assistants, should be encouraged to take the same approach.

10. Hospitals should introduce facilitated, practice-based development programmes to ensure staff caring for older people are given the confidence, support and skills to do the right thing for patients.

11. Hospitals should recruit staff to work with older people who have the compassionate values needed to provide dignified care as well as the clinical and technical skill.

12. With around a quarter of people in hospital having dementia, national clinical director for Dementia Professor Alistair Burns has argued that 10 per cent of staff should be dementia experts, 50 per cent dementia trained and 100 per cent dementia aware. We recommend all hospitals use this benchmark.

13. Hospitals need to embrace a devolved style of leadership that values and encourages staff and respects their judgment. This type of leadership is the foundation on which excellent care is built.

Leadership on the Board

14. Boards must understand how people experience care throughout their organisation, and see it as a key measure of performance. All boards and management teams must have robust processes in place to collate feedback and complaints from older people, their families and staff so they can identify emerging risks and respond to them. This should include effective whistle-blowing procedures for staff who are concerned about care standards. Boards must respond quickly to any evidence of deterioration in the delivery of dignified care.

Leadership on the Ward

15. The leadership role of the ward sister or charge nurse is crucial. They should know they have authority over care standards, dignity and wellbeing on their ward, expect to be held accountable for it, and take the action they deem necessary in the interests of patients.

16. Feedback from patients and their families should be discussed and responded to on the ward every day. Immediate feedback to staff is important – discussion on the ward on the day about how care can be improved is far more powerful than discussion in a training room or appraisal weeks later, and can be acted on straight away. Just as individuals' stories offer powerful insights for boards, they are vital for learning on the ward.

17. Hospitals should give staff the time and space to reflect on the care they provide and how they could improve; this is an essential part of giving good care.

18. All clinical staff must understand they have a professional duty to challenge and correct poor care no matter who is technically in charge.

19. It should be mandatory for hospitals to ensure staff are appropriately trained in the Protection of Vulnerable Adults process.

Integration of Health and Social Care

20. Hospitals should carry out a comprehensive assessment of an older person's health and care needs before they are discharged. The outcome of the assessment needs to be discussed with the person themselves, family, carers and others such as the GP, care home manager and social workers, to ensure the right support is in place when they leave hospital. A named staff member should be responsible for each patient's discharge and the patient and family given their contact details.

**B - Recommendations for Care Homes**

21. Care homes should apply the same values and respect for human rights irrespective of narrow legal differences around the rights of residents depending on who is funding their care.

22. The Commission recommends that the status and role of those working in the care sector needs to be elevated to assist the better integration of health and social care. The Government should establish a Care Quality Forum (in parallel with the Nursing Quality Forum) to look at all aspects of care home staffing, including issues of status and pay, qualifications, recruitment, retention, development, monitoring and regulation. In the longer term the profession should consider working towards establishing a College of Care to lead on these issues.

23. The care sector should work with professionals, residents, relatives' organisations, local authorities and government to develop a clear rating scheme for care homes based on nationally agreed standards and benchmarks.

24. Care homes need to work with residents to create an environment that make their lives happy, varied, stimulating, fulfilling and dignified. Being a caring community must be the overarching principle that guides home life. The My Home Life movement (see case study in the draft report) aims to support care home managers in achieving this.

25. It is important that care recognises what the person would like to do for themselves. Homes should ensure that every resident has a care plan that refers to residents' personal wishes, preferences and priorities and to the support they need in order to retain and develop their sense of dignity and personal identity.

26. Boards and managers have a duty to ensure buildings are fit for use for older people, particularly those with dementia.

27. Families, friends and carers should be seen as partners in care, where the older person wishes it, not as a nuisance or interference. They should be encouraged to be an active part of the care home's community.

28. Building links with the wider community is an important part of creating a caring environment and developing a culture of openness. Volunteers can greatly enhance the quality of life in care homes.

29. Care homes should invest in greater use of technology to improve the quality of care and support residents in enjoying active and independent lives.

30. Regular appraisal is an essential part of staff development and quality improvement. Care homes should include 360 degree reviews of staff that incorporate feedback from residents, relatives, carers and independent advocates as well as peers and managers.

31. All care home staff must take personal responsibility for putting the person receiving care first, and staff should be urged to challenge practices they believe are not in the best interests of residents.

32. Ensuring access to medical care is an important responsibility of care homes. Residents in a private care home have just the same rights to NHS care as everyone else. Managers need to ensure there is effective cooperation with NHS community services, and all care home staff, including assistants, should be given basic training such as first aid and identifying the warning signs for pressure sores.

33. Providing end-of-life care tailored to the wishes and needs of each individual is central to dignified care in all care homes, whether they are residential or nursing facilities. Residents should be allowed to die in their own care home if that is their wish; hospital admissions should be avoided where possible if that is not the wish of the individual, and should not be made simply because it is easier for the home. NHS services should give the support to enable people to die in their care home, an important example of integrating health and social care.

Leadership

34. The boards of large care home organisations must understand how residents experience care and see it as a key measure of performance. All boards and management teams must have robust processes in place to monitor key quality indicators and collate feedback from older people, their families and staff so they can identify emerging issues and respond to them. This should include effective whistleblowing procedures for staff who are concerned about care standards.

35. Non-executive directors and senior managers need to invest sufficient time in seeing what is happening in individual care homes to get a personal impression of how care is being delivered. This should include talking with residents, their families, independent advocates, visitors and staff.

36. Care home providers should invest in support and regular training for their managers. Local authorities have an important role to play in facilitating this as commissioners of care.

Accountability

37. All care homes should provide a residents' charter laying out their care standards and residents' rights.

38. Older people and their families should be urged to give feedback to help homes continually learn and improve. Care homes must put in place simple mechanisms to ensure direct feedback and complaints are gathered from older people and their support network, alongside confidential feedback gathered by

independent advocates and via anonymous surveys. Care homes must then be able to demonstrate how they have acted on that feedback.

## C - Recommendations for the Wider System

Commissioners

39. When the NHS Commissioning Board is deciding whether to authorise a local clinical commissioning group, it needs to judge the effectiveness of the group's plans to secure dignified care for older people through its contracts with providers of NHS funded services.

40. The NHS Commissioning Board must satisfy itself that commissioning organisations properly specify the dignity standards they expect to be delivered. The NHS Commissioning Board should review and comment on the extent to which commissioning organisations performance-manage providers to deliver required dignity standards.

41. The National Institute for Health and Clinical Excellence (NICE) new quality standard for patient experience in adult services, which includes dignity, should be used by providers, commissioners and regulators across health and social care to provide a consistent standard by which to define and measure performance.

42. Organisations commissioning care home services should incorporate dignity into all their standards and requirements. Standards must reflect the need for care homes to involve residents in decision making so relationships between residents and staff are based on interdependence rather than dependence.

Patient Views

43. Hospitals and care homes should work with local advocacy groups to provide access to independent advocates for older people and their families. Commissioners should consider requiring independent advocates in service specifications, who would then give feedback to both the commissioners and the providers.

44. HealthWatch England and local HealthWatch organisations should put dignity in care at the centre of their work. In particular, HealthWatch should give a voice to people with dementia.

Universities, professional bodies and staff development

45. Universities and professional bodies responsible for preparing the health and care workforce of tomorrow must satisfy themselves that applicants have both the academic qualifications and the compassionate values needed to provide dignified care.

Regulation

46. The regulatory system must place as much emphasis on securing dignity in care as it does on financial and clinical outcomes when regulating health and social care providers.

47. Healthcare assistants are an integral part of the health and social care team caring for older people. As the NHS strives to improve care standards for older people, employing healthcare assistants who are appropriately trained and qualified will be essential. The Department of Health should consider setting minimum training and qualification standards for healthcare assistants in the NHS. If this recommendation is accepted, the Department of Health will need to resolve how healthcare assistants are registered and regulated.

48. When regulating care homes, the Care Quality Commission should assess the extent to which residents are given a say in the day-to-day running. The Care Quality Commission also needs to ensure that meeting standards on dignity and nutrition are core components of the compliance regime for care homes.