NHS

Essence of Care 2010

Benchmarks for Respect and Dignity

DH Department of Health

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Description	Essence of Care 2010 includes all the benchmarks developed since it was first launched in 2001, including the latest on the Prevention and Management of Pain. All the benchmarks have been reviewed to reflect the current views of people requiring care, carers and staff	
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BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Respect and Dignity

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Contents

Best Practice – General Indicators

The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of *people* and carers. However, there are a number of general issues[1] that must be considered with every factor. These are:

People's experience

- *People* feel that care is delivered at all times with compassion and empathy in a respectful and non-judgemental way
- The best interests of *people* are maintained throughout the assessment, planning, implementation, evaluation and revision of care and development of services
- A system for continuous improvement of quality of care is in place

Diversity and individual needs

- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account when diagnosing a health or social condition, assessing, planning, implementing, evaluating and revising care and providing equality of access to services

Effectiveness

- The effectiveness of practice and care is continuously monitored and improved as appropriate
- Practice and care are evidence-based, underpinned by research and supported by practice development

Consent and confidentiality

- Explicit or expressed valid consent is obtained and recorded prior to sharing information or providing treatment or care

1 Also see Department of Health (2010) NHS Constitution The NHS belongs to us all. Department of Health: London accessed 07 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf

- *People*'s best interests are maintained where they lack the capacity to make particular decisions.[2]
- Confidentiality is maintained by all staff members

People, carer and community members' participation

- *People*, carers' and community members' views and choices underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Strategies are used to involve *people* and carers from isolated or hard to reach communities

Leadership

- Effective leadership is in place throughout the organisation

Education and training

- Staff are competent to assess, plan, implement, evaluate and revise care according to all *people*'s and carers' individual needs
- Education and training are available and accessed to develop the required competencies of all those delivering care
- *People* and carers are provided with the knowledge, skills and support to best manage care

Documentation

- Care records are clear, maintained according to relevant guidance and subject to appropriate scrutiny
- Evidence-based policies, procedures, protocols and guidelines for care are up-to-date, clear and utilised

Service delivery

- Co-ordinated, consistent and accessible services exist between health and social care organisations that work in partnership with other relevant agencies

2 Mental Capacity Act 2005 accessed 25 November 2008 at http://www.legislation.gov.uk/ukpga/2005/9/contents

- Care is integrated with clear and effective communication between organisations, agencies, staff, *people* and carers
- Resources required to deliver care are available

Safety

- Safety and security of *people*, carers and staff is maintained at all times

Safeguarding

- Robust, integrated systems are in place to identify and respond to abuse, harm and neglect[3]
- All agencies working with babies, children and young *people* and their families take all reasonable measures to ensure that the risks of harm to babies, children's and young *people*'s welfare are minimised.[4]

3 Department of Health (2010) Clinical Governance and Adult Safeguarding – An Integrated Approach Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf

4 Department of Health (2006) Safeguarding Children. A Summary of the Joint Chief Inspector's Report on Arrangements to Safeguard Children Department of Health: London accessed 30 May 2010 at http//www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103428

Benchmarks for Respect and Dignity

Agreed person-focused outcome

People experience care that is focused upon respect

Definitions

For the purpose of these benchmarks:

respect is:

regard for the feelings and rights of others.

dignity is:

quality of being worthy of respect.

privacy is:

freedom from unauthorised intrusion.

For simplicity, ***people requiring care*** is shortened to *people (in italics)* or omitted from most of the body of the text. ***People*** includes babies, children, young people under the age of 18 years and adults. ***Carers*** (for example, members of families and friends) are included as appropriate.

The term ***carers*** refers to those who 'look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid' (adapted from Carers UK, 2008). Please note, within these benchmarks it is acknowledged that the term 'carer' can include children and young *people* aged under 18 years.

The term ***staff*** refers to any employee, or paid and unpaid worker (for example, a volunteer), who has an agreement to work in that setting and is involved in promoting well-being.

The ***care environment*** is defined as an area where care takes place. For example, this could be a building or a vehicle.

The ***personal environment*** is defined as the immediate area in which a person receives care. For example, this can be in a person's home, a consulting room, hospital bed space, prison, or any treatment/clinic area.

Agreed person-focused outcome

People experience care that is focused upon respect

Factor	Best practice
1. Attitudes and behaviours	*People* and carers feel that they matter all of the time
2. Personal world and personal identity	*People* experience care in an environment that encompasses their values, beliefs and personal relationships
3. Personal boundaries and space	*People's* personal space is protected by staff
4. Communication	*People* and carers experience effective communication with staff, which respects their individuality
5. Privacy – confidentiality	*People* experience care that maintains their confidentiality
6. Privacy, dignity and modesty	*People's* care ensures their privacy and dignity, and protects their modesty
7. Privacy – private area	*People* and carers can access an area that safely provides privacy

Factor 1
Attitudes and behaviours

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 1

The following indicators support best practice for respect and dignity:

a. *general indicators (see page 4) are considered in relation to this factor*

b. good attitudes and behaviour are promoted and monitored including consideration of non-verbal behaviour and body language

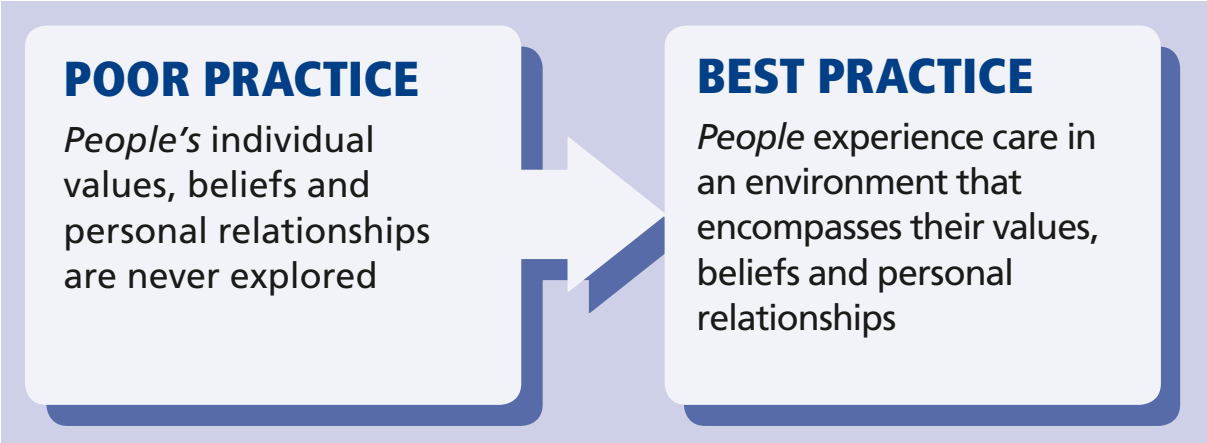
c. issues about attitude and behaviour are addressed with appropriate staff

d. partnerships exist between *people*, carers and staff that promote good attitudes and behaviours

e. *add your local indicators here*

Factor 2
Personal world and personal identity

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 2

The following indicators support best practice for respect and dignity:

a. *general indicators (see page 4) are considered in relation to this factor*
b. stereotypical views are challenged
c. diversity is valued and specific and special needs are accommodated
d. *people's* needs and preferences are ascertained an continuously reviewed
e. *people's* personal relationships are respected
f. *add your local indicators here*

Factor 3
Personal boundaries and space

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 3

The following indicators support best practice for respect and dignity:

a. *general indicators (see page 4) are considered in relation to this factor*

b. personal boundaries are identified and communicated to staff, for example, by using *people's* own language

c. personal boundaries are assessed using psychological, physical, emotional and spiritual parameters

d. *people's* personal space is respected and protected

e. strategies are in place to prevent disturbing or interrupting *people*, for example, requesting and awaiting an invitation to enter before entering their personal area

f. privacy is maintained effectively, for example, using curtains, screens, walls, rooms, blankets, appropriate clothing and appropriate positioning of *people*

g. the acceptability of touch is identified with *people*

h. clinical risk is managed with consideration of privacy, dignity and modesty

i. privacy is achieved when the presence of others is required

j. *add your local indicators here*

Factor 4
Communication

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 4

The following indicators support best practice for respect and dignity:

a. *general indicators (see page 4) are considered in relation to this factor*

b. *people* are addressed as they wish and are spoken to using their preferred name. This information is documented

c. staff listen actively to *people* and carers

d. *people's* individual needs and views are taken into account

e. *people* are respected as individuals

f. *people* and carers are enabled to communicate effectively, for example, by the use of communication aids, or by the use of a competent translation and interpretation service which is available and accessible when required

g. *add your local indicators here*

Factor 5
Privacy – confidentiality

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 5

The following indicators support best practice for respect and dignity:

a. *general indicators (see page 4) are considered in relation to this factor*

b. precautions are taken to prevent information being shared inappropriately, such as, by telephone conversations being overheard, computer screens being viewed, staff discussing personal details in public places, and white boards being read

c. procedures are in place for communicating *people's* personal information in a confidential manner, for example, during handover procedures, consultant and/or teaching rounds, admission procedures and telephone calls, and when calling *people* in outpatients and breaking bad news

d. explicit or expressed valid consent is sought from *people* when special measures are required to overcome communication difficulties, for example, when using competent interpreters

e. *add your local indicators here*

Factor 6
Privacy, dignity and modesty

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 6

The following indicators support best practice for respect and dignity:

a. *general indicators (see page 4) are considered in relation to this factor*

b. staff are proactive in maintaining *people's* privacy, dignity and modesty, for example, by using signage to indicate when *people* are engaged in private activity

c. *people* are protected from unwanted public view, for example, by using curtains, screens, walls, clothes and covers

d. appropriate clothing is available for *people* who cannot wear their own clothes

e. policies are in place to support *people* to have access to their own clothes

f. *people* can have a private telephone conversation

g. modesty is achieved for those moving between differing care environments

h. the organisation has a designated person whose aim is to work in partnership with staff to ensure they care with dignity

i. *add your local indicators here*

Factor 7
Privacy – private area

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 7

The following indicators support best practice for respect and dignity:

a. *general indicators (see page 4) are considered in relation to this factor*
b. a private area is created where care is delivered when required
c. quiet areas are available at all times and *people* and carers are aware of how to access them
d. clinical risk is managed with consideration of privacy
e. *add your local indicators here*

Notes

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