

## 1. Introduction

1.1 Healthwatch Oxfordshire has recently completed a project with Age UK Oxfordshire to determine the extent to which national standards on dignity in care are being delivered in Oxfordshire, and to celebrate examples of outstanding care through the Oxfordshire Dignity in Care Awards scheme.

1.2 The full report is attached, and includes commitments to action by Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, Oxford University Hospital NHS Foundation Trust and Oxford Health Foundation Trust.

1.3 The report also includes details of the 10 winners of the 2015 Oxfordshire Dignity in Care Awards, selected by a panel convened by Age UK Oxfordshire from nearly 40 entries, all describing examples of exemplary care in the county.

1.4 The project took as its starting point the national Dignity Council's 10 Dignity Do's. They state that "high quality services that respect people's dignity should:

- i. Have a zero tolerance of all forms of abuse
- ii. Support people with the same respect you would want for yourself or a member of your family
- iii. Treat each person as an individual by offering a personalised service
- iv. Enable people to maintain the maximum possible level of independence, choice and control
- v. Listen and support people to express their needs and wants
- vi. Respect people's right to privacy
- vii. Ensure people feel able to complain without fear of retribution
- viii. Engage with family members and carers as care partners
- ix. Assist people to maintain confidence and positive self-esteem
- x. Act to alleviate people's loneliness and isolation." (Dignity in Care, 2015)

1.5 The report found that providers were doing very well on standards ii and vi:

- 93% (146) of patients responded they had been treated with dignity or respect 'some of the time', 'most of the time' or 'always'
- 95% (147) of people had felt their right to privacy had been respected 'always', 'most of the time' or 'some of the time'.

1.6 However, as we asked more probing questions some issues emerged that suggest there are still significant areas for improvement, particularly in relation to communication and supporting staff to give of their best.

## 2. Communication

2.1 We identified several discrete areas where communication needs to be improved.

2.1.1 Providers need to do more when people need help communicating:

- 67% (24) who needed a formal advocate were not offered one
- 77% (20) responded that they were 'never' provided with the communications assistance they required

2.1.2 Providers need to improve the involvement of patients, service users and their families in care planning and decision making:

- 31% (33) were 'never' or 'occasionally' informed of changes to their services, and when any new treatments would start.
- 14% (14) reported that their care providers hadn't appropriately involved people they had asked to be involved in their care.

2.1.3 Providers need to get better at making sure people understand what they are being told:

- 35% (54), either did not understand explanations of their care or treatment or only understood 'to some extent'.

2.2 Healthwatch has therefore recommended that:

- Communication be improved between staff and patients and their families, understanding that this communication must be two-way.
- Access to support services which facilitate dignified care be more widely promoted and offered.
- Discussions about maintaining dignity be included in staff training and induction, and that this training should include: dementia awareness, limiting jargon and using plain English, two-way communication and a broader understanding of dignity.

2.3 Commitments already made to improve communication include the following:

### **Oxfordshire County Council**

- Is developing Home Care Standards which require providers to meet dignity standards such as staff introducing themselves and helping at a pace that suits the client
- Has commissioned an expanded advocacy service.

### **Oxford University Hospitals NHS Foundation Trust**

- Will review advocacy arrangements at the Trust to ensure that access to advocates and other support is improved
- Will review the inclusion of dignity and respect on staff induction and other training
- Is developing a “knowing me” care planning document.

### **Oxford Health NHS Foundation Trust**

- Are updating questions in all their patient surveys to include a dignity in care question so that they can monitor the improvements they make
- Are delivering a full programme of initiatives designed to improve patient and carer involvement in planning their own care.

## **3. Workplace culture**

### **3.1 We heard some good, and not so good examples of how services are being delivered:**

But again, these headline stories masked some very specific areas where improvement needs to be made: The providers need to give staff the time they need to deliver high quality care.

- 94.7% (54) of staff agreed or strongly agreed that they were satisfied with the levels of dignity in care they give to patients. But, they emphasised the need to have staffing levels sufficient to create enough time to deliver care in a way that honours dignity:

#### **3.1.1 Providers need to help all staff understand all 10 Dignity Do's. Some staff clearly understood that dignity in care is about much more than privacy:**

But others used dignity and privacy interchangeably, and defined dignity as follows:

*“ The correct equipment to be used, towels to cover people, doors shut, curtains shut. Knocking on doors and waiting before entering”*

*“When all equipment is in places making sure curtains and doors are shut when discussing care”.*

#### **3.1.2 Similarly providers need to help staff make the right choices when they are not sure whether to follow the dignity policy or the choice policy - particularly when patients lack the capacity to make good choices. We heard, for example, that patients were sometimes not changed and cleaned after soiling or wetting themselves, because patients had ‘chosen’ not to, and that patients were sometimes still in bed late into the afternoon because they had ‘chosen’ to stay in bed.**

3.1.3 Finally the report found that providers need to work harder across Oxfordshire to make it feel safe for people to make a complaint or to report abuse:

- 25% (39) had wanted to make a formal complaint about their care or treatment
- 44% (17) did not feel that they could complain without worrying about the consequences
- 11% (16) of respondents said they had witnessed abuse or had been abused 13 people answered a follow-up question about reporting instances of abuse. 5 had reported the abuse to staff, 5 had felt unable to and 3 did not have the opportunity to report abuse

3.2 In the light of these findings Healthwatch Oxfordshire has recommended that:

- Providers and commissioners work to ensure staff have the time to care, by increasing the proportion of time they spend with patients. This could be done through continued work to improve processes and paperwork, work to decrease staff sickness or through increasing allotted time for specific tasks.
- Commissioners and providers in Oxfordshire broaden the discussion on dignity in work places, so that it encompasses all elements of dignified care (the Dignity Do's can provide a guide) and that this discussion inform training and the development of care models or pathways.
- Staff be helped to focus on the balance between patient choice and dignity, particularly when patients have a diminished capacity to make choices.
- Providers do further work to develop an open culture that learns from complaints and isn't defensive so that patients and carers feel able to make complaints/report abuse without fear of repercussions.

3.3 Commitments already made to try and create more dignity friendly workplaces include:

**Oxfordshire County Council:**

- Already supports providers to recruit people for their commitment to values such as dignity and respect
- Ran a workshop for residential care home staff to explore the need to share learning from complaints

**Oxford University Hospitals NHS Foundation Trust:**

- Will review the training it offers on dignity and respect
- Is piloting a scheme to help increase direct contact care time where this is needed
- Has developed a new PALS escalation system for inpatients

**Oxford Health NHS Foundation Trust:**

- Will take the Dignity Do standards into account when they design and review all training courses

- Will continue to undertake a 6 monthly review on all wards of direct care time, with identification at Board level of improvements that need to be made.

**Oxfordshire Clinical Commissioning Group** has pledged to monitor progress on making improvements through its ongoing quality assurance work.

#### **4. Next steps**

If Healthwatch Oxfordshire resources allow, once the county council's budget for 2016/17 is finalised, we will work with providers and commissioners to get some more specific timelines and measurement criteria for the improvements they have promised, and will report back on the progress made.