

Controlled**DERBYSHIRE DIGNITY AWARD**

SERVICE NAME AND ADDRESS: CARING HANDS, 82a High Street, Tibshelf, Alfreton, Derbyshire DE55 2HG

SERVICE CONTACT: ELIZABETH KERRY / SARAH KERRY

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Designation: Caring Hands

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DATE APPLICATION SENT:

NAME OF YOUR REGISTERED DIGNITY CHAMPION(S): ELIZABETH KERRY

(Now please read information overleaf)

A large majority of the applications we receive show very good practice but fail to achieve the award due to the lack of real case examples provided. I understand that completing the standards takes time and therefore it seems a shame to send back the application because of this.

When completing your application please refer to the guidance document as it is there to help you and will often ask for an example to clarify your practice.

What is an example?

- Please note to achieve the award we need a summary of an individual's case with a successful outcome due to the teams/wards/departments involvement i.e. respecting the person's choice and dignity.
- Case note evidence that patients/clients' needs have been respected and acted upon to improve their well-being.
- Evidence of a treatment/support/care plan that gives examples that a person's choice has been respected.
- Please do not generalise – we need specific, (actual) individual's examples.

I hope this has made things a bit clearer and we look forward to assessing your application in the future.

STANDARD		EVIDENCE
1 Have a zero tolerance of all forms of abuse		
(1.1)	Give an example of positive steps you have taken, or those which would be taken, where potential safeguarding concerns exist about a person.	A SU requested if we could get his key back to him as his father took it off him. His father was locking the SU's door at night and not unlocking it till the following morning. The SU had no way of getting out until the door was unlocked. The oncall coordinator rang the Emergency Duty Team as it was out of hours to express the concerns immediately, she assured the SU that she would do everything she could and promptly, and also that Caring Hands was here for him. They dealt with the situation straight away and was able to recover the key from him. The following morning, we called an emergency meeting with the coordinators and the manager at the office to pass on the details to them so they were aware of the situation and to go through all other aspects of the SU to ensure that there were no more safeguarding issues or any other that needed to be addressed.
(1.2)	Explain what training your team receives on safeguarding and how is this updated.	All Caring Hands staff, including office based, receive training on Safeguarding. This is done via a training company named First Response that Caring Hands pays for to which they receive a certificate. Caring Hands also has an in-house training pack we deliver to all staff. We have delivered one to one training sessions on Safeguarding. Some staff have been to DCC's training session at Ripley and some have completed a level 2 course on Dignity and Safeguarding via the Skills Network for which they received a certificate for. Safeguarding training is updated every 3 years, this is recorded in our training matrix. We ensure that all our staff know how to recognised signs of abuse and what to do should an issue arise. All staff have a copy of Caring Hands Safeguarding policy which is inside their handbooks, copies also in the office. We have various posters / newspaper articles on the walls of the office which show real life situations regarding Safeguarding and Dignity.
(1.3)	Explain how safeguarding policy offers a strong foundation for day to day work.	By having a policy that is up to date, legal, understandable and accessible, it will assist both our staff and Service Users to be protected from any Safeguarding issues. It provides practices to follow, "do's and don'ts", and procedures to follow.

(1.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	Caring Hands are now encouraging service users to change their keysafe numbers twice yearly.
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STANDARD		EVIDENCE
2 Support people with the same respect you would want for yourself or a member of your family		
(2.1)	How do you ensure that people who use your service are given information appropriate to their needs?	Before a care package commences our care coordinators will carry out a meet and greet with the service user and a family member if applicable. During this, a range of questions will be asked to help us meet their needs, preferences and wishes. We ask the service user how they prefer to be addressed. We ensure the service user is given time to voice any questions, worries or simply just to have a chat. We will give the service user information about our services during the meet and greet. If the format wasn't suitable we would arrange for this to be changed before the care package commenced. We would provide the information in a more suitable format i.e. large print, braille. If the service user did not speak English, translation services would be offered in the short term, then appropriate services provided in the long term. We would also gather information on any other needs such as visual and hearing impairments. All staff members complete an in house training program during their 12-week induction on communication, as well as a range of other subjects. During the service users 6 monthly review service users will be asked if their communication needs are still the same or if they require any changes, this is also done during the 3 monthly telephone surveys.
(2.2)	Explain how the team manager promotes a culture of dignity at all times.	By creating a positive work environment in which all staff members are treated with respect, and unacceptable behaviour is actively tackled, we demonstrate that dignity at work is taken seriously, helps build team spirit and also helps influence understanding of what constitutes acceptable behaviour and be a positive role model. Each month we hold a meeting in the office. This meeting is an open one, meaning all staff are invited to attend to express any concerns etc they may have. Once this meeting has finished, all senior management hold a meeting to discuss any concerns, problems etc. This ensures all matters / situations are dealt with and service users needs, wishes and preferences are met. Spot checks are carried out every 3 months on each staff member, this way we can ensure staff are actively promoting dignity with the service users. All staff members receive training in dignity during their 12-week induction. We also carry out one to ones every 3 months, this months was a

		<p>refresher in dignity named “through the eyes of a service user”. This training ensures staff have the knowledge to protect service users from any embarrassment i.e. when bathing, toileting, and have the knowledge to practice a good standard of dignity. In Caring Hands office, we have a notice board solely to promoting dignity which gives the staff a reminder each time they visit.</p>
(2.3)	<p>How can you evidence that people who use your service are involved in how it is run?</p>	<p>Our services can continually learn and improve through involving our service users, after all, they are the ones who use it. A range of methods of asking their views, listening to concerns and compliments and responding to comments raised are used. Not only do our services benefit from this process, service users may benefit from their involvement by increasing confidence in knowing we listen and acted upon their expressed comments. Opportunities are offered to each service user to express comments and are supported to have as little or as much involvement in decisions about our service delivery as they wish to have. Telephone questionnaires asking about the service are carried out every 3 months. Where required individual comments made during the questionnaire are responded to and dealt with as promptly as possible. Responses are collected and are used to help plan any changes required if needed. Service user meetings take place every 6 months or as and when required. These focus on any issues arising from either the staff members or service user and offer an opportunity for service users to make suggestions of changes or improvements they would like to see to our service we provide. Our compliments and complaints procedure is given during the meet and greet. By doing this, the service user has the necessary information about the quality of service they will receive and the relevant advice should they be unhappy. A service user expressed a comment saying they wished they could be involved in the interview process. We took this comment on board and came up with an idea. The registered manager is now carrying out a visit to each service user to carry out a review and asking questions they would like us to ask on their behalf during the interviews of potential employees. By Caring Hands carrying out these different measures we ensure that our service users are continually involved in the development of their service.</p>

(2.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	We could provide an exit questionnaire which could be offered to service users who are due to leave our services if possible.
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STANDARD	EVIDENCE
3 Treat each person as an individual by offering a personalised service	
(3.1)	<p>How do you enable people to make choices?</p> <p>We ensure that service users are fully involved in any decision that affects their care, including personal decisions such as what they would like to wear, what they would like to eat and drink, and the times of their calls. We treat each service user as equals, ensuring they remain in control as much as is practically possible. We provide opportunities for the service users to participate as fully as they can in the planning of their care via reviews and questionnaires. We identify areas where service users independence is not fully being maximised and look for ways to put back the balance. We encourage and support our service users to actively participate in the wider community. A service user expressed a wish that she would like to go out every 2 weeks to do her own food shopping. This lady is wheelchair bound so is unable to do this alone. We promptly arranged a meeting with her social worker. During this meeting, it was agreed that a carer from Caring Hands would be funded once every 2 weeks for 4 hours, with a wheelchair friendly taxi service, to accompany her shopping to where ever she choose on the day. This now allows her to choose her own food, drink, clothes, presents, anything she wished to buy. By doing this she now has more independence and control over her life.</p>
(3.2)	<p>Give an example of how people would be/ have been involved in initial and on-going risk assessment.</p> <p>Before the care package commences, risk assessments are carried out and a care plan is drawn up with the service user, social worker and care coordinator. This will ensure all the needs and preferences are met for the service user. If any potential risks are identified these are discussed with both the service user and social worker and any other appropriate parties to manage them safely and as practically as possible. This allows the service user choice to take risks. One of our service users prefers to have a drink of alcohol occasionally but the staff are contracted to administer medication 4</p>

		<p>times daily, these medications cannot be administered once alcohol has been consumed. We held a meeting together with the service user, their family member, social worker and her GP. It was agreed that the service user would tell the carer if she had consumed alcohol, or if there was any evidence of alcohol consumed, the carer would not administer the medication. If this happens, it was agreed the carer would record this on the care log and medication chart and contact the oncall care coordinator to report this; the coordinator would then contact the social worker. This was agreed by all parties and care plan and assessments amended to reflect this. The risk assessments are reviewed every 6 months or as and when required. The service users are given a copy of all assessments and care plan to keep in their home file for their reference and the carer.</p>
(3.3)	<p>Explain how your team understands what cultural diversity is and addresses this within a personalised service?</p>	<p>All staff play a vital role in delivering a service that promotes both equality and diversity. We communicate with service users in a way that is understandable to them. We make reasonable adjustments in the way we carry out our work and deliver our services to take account of the particular needs of the service user. We ensure that everyone receives care which takes account of their individual needs. We treat each and every service user with dignity and respect at all times. All our staff members are trained in equality and diversity via our in house training program; this is done during their 12 week induction. If a situation arose where a service user required a specific need, Caring Hands would ensure this need was met by providing extra training if necessary. One of our service users is Jehovah Witness which is fully respected at Caring Hands. We have documented in their file to make all staff aware so no offense is caused i.e. sending a Christmas card. We also attend a service user who lives on a working farm to which he owns. He is unable to walk but can be transferred using equipment to his electric scooter so he can still go outside onto the farm. This is his wish and assists with his independence and self-esteem as he is still able to carry on doing what he loves and oversee the running of his company.</p>
(3.4)	<p>For this standard when asking ‘is this the best we can do?’ please list any improvements or changes you will make</p>	<p>Caring Hands currently only has 1 male carer; we would not hesitate to employ more to give the service user choice as to male or female carer.</p>

STANDARD		EVIDENCE
<p>4 Enable people to maintain the maximum possible level of independence, choice and control</p>		
(4.1)	Using an example explain how your service actively promotes the independence of people.	Carers actively encourage service users to be as independent as is practically possible. Daily, the care coordinators will change times of visits to allow service users be able to attend appointments etc. A service users expressed that she would like to have social time to give her daughter some respite each week. We held a meeting with the social worker, care coordinator, service user and her daughter. It was agreed that Caring Hands would provide a carer every Monday for 3 hours to provide social time, this was to visit garden centres, out for lunch, shopping etc. which ever she choose that day. This allowed respite time for her daughter and also increased the service users independence.
(4.2)	Using an example explain how everyone has a plan which addresses their individual needs and choices.	Each service user has an individual care plan which is drawn up by the care coordinator, service user and social worker before the start of the care package. These care plans are person-centred and made with the service user and social worker to ensure all aspects are covered. A service user expressed a wish that he would like to attend Church every Sunday morning. The care coordinator agreed with the service user that every Sunday morning his call time would be changed from 10am to 7.30am to accommodate him going to Church. The care plan was changed accordingly and agreed with the social worker. The service user was very happy with the outcome as it enabled him to attend and gave him more independence and to socialise.
(4.3)	Describe how the plan is a working document which is reviewed regularly.	All care plans are reviewed every 6 months or as and when required if the need arises. A service user lived with her husband. She has no mobility and requires double up calls 4 times daily. Unfortunately, her husband was rushed into hospital and passed away a few days later. Due to this, an emergency review was arranged as her care needs increased re meals, medication as her husband did this. It was agreed the lengths of the calls where increased to 1hr morning and 45mins the rest to accommodate meals, drinks, medication

		and general household duties such as washing and hoovering. The plan was reviewed 2 weeks later to ensure it was working and all parties where happy. No changes where needed and we continue to carry this out.
(4.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	Please refer to 3.4.

STANDARD	EVIDENCE
5 Listen and support people to express their needs and wants	
<p>(5.1) Explain, with an example, the alternative methods of communication used with people who receive your service.</p>	<p>Staff are trained to put service users at ease by communicating with them in their chosen method. This gives a more comfortable environment where the service user feels able to communicate more effectively in a relaxed, non-judgemental atmosphere. If visually impaired we train our staff members to talk to the person and explain everything they are going to do for them as they are doing it, from the moment of entering their home by letting them know you are there and your names, at meal times what is on their plate and where. The staff are trained to speak to them so they are aware of everything they are doing. If we had a non-English speaking service user, we would need to refer back to the social worker for the best possible outcome such as the possibility of using an interpreter. For hearing impairments, we train our staff to speak clearly and directly, and eye level, ensuring hearing aids are correct and working and no background noise, speaking one at a time if a double call or others are present such as family, friends. For limited understanding we take the time to explain ourselves and repeat as many times as required. A service user we provide services to cannot voice his wishes. His choice of communication method is to use picture cards and objects, pointing to which is correct. The care coordinators and staff work closely, also with the service user's wife, to ensure all needs are met. This is his decision to use this method and Caring Hands fully supports this. All staff ensure sufficient time is given for him to respond to a question.</p>
<p>(5.2) Explain training provided which enables staff to communicate effectively with people.</p>	<p>Staff have received training on Dignity, Respect, Diversity and Individuality. They receive and complete a work book, policy and guidelines to support this. Caring Hands management team have completed a level 2 certificated course on Equality and Diversity to enable us fully understand the importance of treating every service user as an individual and respecting their personal</p>

		views and wishes. Caring Hands management team has also attended DCC's course on person-centred thinking which is certificated to show attendance. All staff after their 12-week induction are signed up for their NVQ, either level 2 or 3. We currently have 2 staff members with their level 5, and 2 more currently working towards completing it. Spot checks are carried out by the care coordinators every 3 months to ensure that this training is being practised in the community.
(5.3)	Staff supervision actively supports dignity in the day to day service with people.	We carry out one to one training sessions every 3 months. These are on different topics, the last 3 being medication, DNR's and lastly dignity, we called this training "through the eyes of a service user". We also carry out spot checks on staff every 3 months. We hold open and management meetings every 4 weeks, at each meeting dignity and respect is on the agenda.
(5.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	Although we carry out reviews, spot checks etc., we are currently arranging and working through an extra review with the service users to which the owner of Caring Hands is attending to allow service users to meet her and express any needs and comments they may have.

STANDARD		EVIDENCE
6 Respect people's right to privacy		
6.1)	Explain, with an example, how team practice ensures appropriate privacy.	Our staff members regularly work with sensitive information that is communicated in confidence. Confidentiality is a fundamental component of our services. It safeguards service user privacy and promotes trust between service user and staff. Service user information is never discussed with friends or relatives in a social setting. All confidential documents are kept out of sight and reach. All identifying documents are either locked away or password protected in the office. Service user information is never disclosed to family, neighbours etc. who may contact us who do not have permission. Information regarding the service user is never disclosed to other agencies that are not involved with them. For example, a landlord rang to report their concerns about a tenant who was possibly a service user of ours. We noted the information they gave to us and passed this on to the social worker involved, we did not confirm whether the person uses our services. All team meetings are held in our meeting room to respect confidentiality of information shared. All staff members, including management sign a confidentiality statement before commencing work. Staff ensure at all times that care provided is done privately and any other persons present at the time are politely asked to leave the room till finished.
(6.2)	Explain, with an example, how the environment in which the service is delivered is managed to promote dignity.	At each visit staff ask the service user where they would like their care to be carried out. All care is carried out with due regard to age, sex, religion, sexual orientation, racial origin, cultural and linguistic background. Staff are always mindful that they are visitors in a service users home. Whilst carrying out a spot check we observed the carer carrying out dignity by closing the curtains whilst the service user used the commode, she asked the service user if she would also like the door closing whilst she was using it, the service user replied yes and that she would call for the carer when she was ready and finished.

(6.3)	Explain, with an example, practices which minimise risk for people whilst alone in a private space.	Each service users homes are always checked for any potential hazards. Family members are included, if appropriate, in any suggestions to prevent harm. Service users are encouraged to use the lifeline system, and if appropriate a keysafe. During a spot check, we observed the carer using the keysafe correctly and privately, and during the call she ensured the lifeline was within reach. If appropriate medication safes are put in place to minimise risk.
(6.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	We intent to hold a one to one session on privacy as a refresher for the staff.

STANDARD	EVIDENCE
7 Ensure people feel able to complain without fear of retribution	
(7.1)	<p>Explain how people are made aware of how to complain and are encouraged to do so.</p> <p>Our service users are made aware that if they have a complaint they can talk to a member of staff they feel comfortable with and they will act upon it by taking it to their team leader. If it can't be resolved it will be passed on to the appropriate person either being a care coordinator, manager or the managing director. Service users are assured that they will not be treated less favourably if they were to make a complaint. We carry out telephone surveys every 3 months, during this the service user is reminded of how to make a complaint and assurance that they will be dealt with. We explain to the service users that any comments/suggestions are a help to us as they will assist to improve the service we provide.</p>
(7.2)	<p>Explain how complaints are investigated and responded to.</p> <p>Any complaints are investigated in accordance with Caring Hands complaints policy and the outcome of any investigation is reported back to the social worker, the service user and family members if appropriate. A service user had a clash of personality with a staff member. The service user didn't mention anything until after several visits had occurred. Eventually the service user spoke to the care coordinator during a call. The staff member was immediately withdrawn from the service users home and has not been back in since.</p>
(7.3)	<p>Explain, with an example, the process of learning from complaints.</p> <p>If, as a result of our investigations, our service can be improved in anyway this would be adopted as required. Any complaint would be treated seriously and the outcome would be discussed at management level as a learning curve for our service. As a result of the above we remind our staff that whilst we are there to provide a service we are also a visitor in the service users home and must take each person as in individual and respect their wishes. During our quality survey we ask service users if they are happy with the carers that attend their visits as we learnt from the example given in 7.2 above.</p>

(7.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	We intend to carry out a one to one session where staff complete a scenario as being a service user having an issue and wanting to make a complaint but fearing retribution, therefore the staff will know how it feels.
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STANDARD	EVIDENCE
8 Engage with family members and carers as care partners	
(8.1)	<p>Using an example describe how you enable people to involve family or friends as care partners.</p> <p>We listen to the concerns of family members and friends about the people we care for. We respect confidentiality of our service users and seek their permission before sharing confidential information with family and friends. We treat family and friends as part of the team. We seek feedback from family and friends if possible about the service we provide which allows us to reflect on our approaches. We treat situations in which care in the community has broken down (because the friend or family is unable to cope) as significant and explore ways with the help of the social worker in which the family member or friend can be supported to continue caring. We recognise that family and friends often know the service user better than anyone else and that the information from them may provide us with extra knowledge to provide and better service. A service user we attend is on end of life care and is now bed bound, he completely relies on his wife and carers for all daily living tasks. When the carers arrive, sometimes the service user is asleep and does not like to be disturbed. The carers will ask his wife what she would like them to do, if nothing the carers will sit and talk with her to make them aware how he has been throughout the day. Because the service user cannot be left alone, his wife does not get respite time or a break. Caring Hands contacted a service provider named Helen's Trust with the permission of the service user and his wife. Helen's Trust now fund for Caring Hands to provide a sitting service once per week for 4hrs to allow his wife respite and social time.</p>
(8.2)	<p>Describe how you ensure that appropriate information is provided to family or friends.</p> <p>Once we have obtained the service users permission, we liase with their family members on a variety of things such as day respite, who to contact for incontinence pads, extra equipment to make their life more comfortable and any literature they may require. For example, one of our service user's recently asked how they could obtain a "blue badge" for when they are taken</p>

		out. We passed on the relevant phone number and they have now applied for this badge.
(8.3)	Using an example, describe how your team extends principles of dignity and respect to family or friends of people who receive the service.	Family and friends are informed of who the management team are and introduced during the calls, they know their names and the number to contact them on should they need to. The management team and staff recognise and value the role of family and friends, and respond with understanding. Family and friends are able to communicate with staff and managers as contributing partners. They are kept fully informed and receive timely information. Family and friends are listened to and encouraged to contribute to the benefit of the service-user. A service user has given us permission to share her information with her son should the need arise. We contact him regarding emergencies, shopping etc. This keeps her son up to date and involves him in his mother's care. He also gives us advice regarding his mum when needed.
(8.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	We could provide 'welcome' documents for family/carers/friends where appropriate.

STANDARD		EVIDENCE
9 Assist people to maintain confidence and positive self esteem		
(9.1)	How do you encourage staff to practice in a way that enables people to achieve/maintain their confidence and self-esteem? (Give an example).	The staff are trained to encourage service users to participate as far as they feel able. The staff are trained to develop the self-confidence of the service user, and actively promote health and well-being. A service user expressed a wish to go out each week as she was feeling low staying in the house each day. We arranged for a meeting with the social worker and coordinator to try and arrange this. We now provide social time each week for 3hrs. We provide the same carer for this to keep continuity. The service user is now able to book her own appointments such as hairdressers, doctors etc. She likes to go to garden centres and sometimes out for dinner. The service user has told us she is really enjoying this and feels so much better for going each week. This has now been provided for the past 6 months and will carry on for the foreseeable future.
(9.2)	Explain and provide an example of how you assess if people are able to make their own decisions, even unwise decisions	Our carers assess on a daily basis if the service users are able to make decisions. To be able to do this we provide training on The Mental Capacity Act which they receive within their first 12 weeks of starting. Before contacting management, doctors or family with any concern the carer will ensure that the service user has all the relevant information they need to make a decision, that the information has been explained correctly and clearly and that it isn't because of the time of day as for example some people can get tired at night or be confused when they have just woken up. If all these routes have been tried, we would then contact their doctor to tell them we have concerns, the service user could have a UTI which can make a person more confused than usual. The carers are trained not to make assumptions such as on the basis of age, condition or appearance. If after this, we were still concerned we would contact their social worker to alert them we think the persons needs have changed and ask for an emergency assessment. During the time waiting for the assessment we would encourage participation as much as is possible

		and do whatever is possible to permit and encourage them to take part and identify the things they would take into account if they were making the decision themselves. We would involve family members in decision making if we had the permission to do so.
(9.3)	Explain with an example how you ensure that the decisions for people who lack capacity promote confidence, self-esteem and are in their best interests.	We would consult anyone previously named by the service user, close relatives, friends or anyone else who takes an interest in their welfare, any attorney appointed under a Lasting Power of Attorney, and any deputy appointed by the Court of Protection to make decisions for the person. We would try to find out the service users views, their past and present wishes and feelings, including beliefs and values. We would ask ourselves if we can do something else that would interfere less with the service user's basic rights and freedoms. We would use a least restrictive alternative and consider whether there is a need to act or make a decision at all. We ensure that the final decision always allows the original purpose of the decision or act to be achieved.
(9.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	More training for the carers, management and office staff regarding The Mental Capacity Act and DOLS.

STANDARD		EVIDENCE
10 Act to alleviate people's loneliness and isolation		
(10.1)	How do you involve people who receive your service in the wider community?	We can alter call times if a service user expressed they would like to go out. A service user asked if he could attend Church every Sunday morning but to do this he would require an earlier call in the morning, Caring Hands changed this within the same week, the service user was very happy with the outcome. Service users will always receive a positive from Caring Hands with any requests that enable them to access the community as we see this as a massive boost for their self-esteem and Caring Hands is about enabling people to live as fuller life as possible at home. A service user wanted to go into respite for a few days but didn't have anyone to look after her budgie "Pidge", Caring Hands took in the budgie into the office so we could look after it for 3 days to enable her to go.
(10.2)	Explain with an example how your team alleviates isolation of individuals?	We ensure that all things necessary would be left within reach e.g. glasses, tv remote, newspaper and magazines, books, telephone, anything else that they wish to have at hand. We would ask the service user if they would like us to turn the radio on or the tv if they were unable to do this themselves. We have a service user that is blind, when the carers leave he likes to listen to the radio, carers always ask at the end of each call if he would like this switched on as he is unable to do this himself, the answer is usually yes, the carers will adjust the volume until he is happy.
(10.3)	How do you ensure that people 'have their say' in how the service is run?	Our quality service paper questionnaires and telephone questionnaires enable service users to express if and how they would like their service to be changed. Service users are also given the opportunity during their 6 monthly review. We also encouraged family members to get involved if they wish to express anything, this can be done via telephone or simply talking to the carers whilst they are present. Caring Hands proprietor is currently carrying out a visit to each and every service user for a review, but also to ask them if they would like to be involved in the interview process of potential staff

		members. If so, we are kindly asking what questions they would like us to ask the potential staff during the interview.
(10.4)	For this standard when asking ‘is this the best we can do?’ please list any improvements or changes you will make.	By finding out favourite programmes etc. and shared common interests.

Derbyshire D&R Application

Controlled

Option 1 application is a “desk top” assessment, we require assurances that important Policies and Procedures that underpin good practice are in place.

Please confirm that the Policies and Procedures listed below are in place in your service and include the last review date.

	Policies & Procedures	Last review date	Managers Signature	Todays Date
1.	Safeguarding Policy & Procedures amended in line with the Care Act 2014 “6” Principals and all types of abuse. (See below)	June 2016	S.Kerry	17.10.16
2.	Dignity & Respect	June 2016	S.Kerry	17.10.16
3.	Health & Safety	June 2016	S.Kerry	17.10.16
4.	Mental Capacity Act & DOLS	June 2016	S.Kerry	17.10.16
5.	Information Governance	June 2016	S.Kerry	17.10.16
6.	Supervision Policy	June 2016	S.Kerry	17.10.16
7.	Complaints Procedure	June 2016	S.Kerry	17.10.16

8.	Code of Conduct for Employees	June 2016	S.Kerry	17.10.16
9.	Data Protection	June 2016	S.Kerry	17.10.16

6 principles

1. Empowerment
2. Prevention
3. Proportionality
4. Protection
5. Partnership
6. Accountability

All types of abuse and neglect and how to respond

1. Physical abuse
2. Domestic Violence
3. Sexual abuse
4. Psychological abuse
5. Financial or material abuse
6. Discriminatory abuse
7. Organisational abuse
8. Neglect and acts of omission
9. Self-neglect

All the information that has been submitted for our Dignity and Respect application to my knowledge is current and correct to date.

By signing to the Policies and Procedures above I wish to confirm that these are in place at this establishment/ward and accessible to all staff members.

Signed.....S.Kerry (Sarah Kerry).....

Extra info:

- Caring Hands management team have all completed a certificated course in Equality and Diversity to enable us to fully understand the importance of treating every single person as an individual and respecting their personal wishes.
- We have various posters on the walls depicting real life scenarios around dignity and respect.
- All Caring Hands staff have been instructed of the 10-point Dignity Challenge and have been set targets - - we have created a “Dignity Tree” (which has lovely pink blooms)
- **Please see CQC report 2015 on comments from service users about the service we provide and how they feel respected.**

Hello my name is Elizabeth Kerry; I am the proprietor of Caring Hands, a Domiciliary Care Agency that I established over 27 years ago. We are a local agency based in Tibshelf. Caring Hands is a friendly family focused business committed to providing personal and reliable care to service users in their own homes.

All of our staff are carefully selected by interview with DBS disclosures and references obtained to ensure peace of mind that they are suited in terms of honesty, personality, sincerity, and experience to deliver our friendly service in your home. All staff are trained to a minimum NVQ Level 2 qualification with at least half of our staff attaining their NVQ Level 3 and Team Leader qualifications, also 4 working towards their level 5 NVQ

Caring Hands has a wealth of experience and knowledge in the care sector which we can use to make sure we match the right carer with our service users.

We aim to ensure that service users receive the right help and support which will enable them to make choices and express their preferences, you will be respected and not discriminated in anyway whatsoever by the Caring Hands' Team.

In addition to creating a close relationship with service users, carers will also preserve a professional approach to their work giving a personal touch but with confidentiality respected at all times

Caring Hands is committed to providing a quality service through the dedication, hard work and commitment of our team. We will do this by continued learning and through life experiences.

Elizabeth