DERBYSHIRE DIGNITY AWARD 385.

SERVICE NAME AND ADDRESS: Lime tree house, 119 Handley road, New Whittington, Chesterfield, S43 2EF

SERVICE CONTACT:

Name(s):Glen Robson
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DATE APPLICATION SENT:

NAME OF YOUR REGISTERED DIGNITY CHAMPION(s): Suzanne Robson

(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.	**During an admission process a potential resident was admitted for a trial period of a weekend, the plan had been that he would return to his existing care home to decide whether or not Lime Tree House would be an appropriate long term home.** **During the weekend a thorough body mapping exercise was carried out whilst providing personal care in the shower. It became very apparent that there was evidence of neglect and that the person in question had been allowed to grow toenails long enough to curl underneath and back into his feet. This had caused significant trauma and infection. Our first response was to contact a podiatrist to assess the situation. The podiatrist confirmed that this was completely avoidable and that it was evidence of abuse through neglect.** **We paid for his treatment out of our own budget and have set up a regular appointment since his admission was secured.** **At the time of the trial admission we contacted the safeguarding team through the care coordinator who was then responsible for the admission process. It was then agreed that we would not provide transport back to his previous care home and would manage him on a short-term care basis until the safeguarding situation was resolved. On completion of the safeguarding process it was organised for the gentleman to remain at Lime Tree House on a long-term care contract. He receives six weekly podiatry support from a registered professional.**[1]
(1.2)	Explain what training your team receives on safeguarding and how is this updated.	**All staff receive safeguarding training at commencement of employment, this is provided by a nationally recognised training provider, W&P. Further development of understanding is achieved through formal assessment of understanding of the organisation's safeguarding policy. These sessions call on the staff team to be split into groups to discuss the overarching principles of all policies and then feedback, to the whole team, the purpose of the policy. Support is then provided by the whole staff team to ensure no facets of the**

[1] Appendix 1 Safeguarding Policy

		policy are missed. This is in addition to the sign off sheet to evidence staff understanding after reading each policy. **We have an update licence with the training provider, this ensures our resources are kept in line with current guidelines and contemporary practices. Refreshers are provided three yearly and all staff are expected to complete an assessment after completion of the training.** **In addition to the above all staff receive training on mental health awareness and the mental capacity act, these being further enhanced by provision of three medication assessment packages.** [2] **All staff are expected to train in care provision, even when employed as cook or domestic assistant, in doing so we can promote a culture in which all staff take responsibility and have an awareness of abuse.**
(1.3)	Explain how safeguarding policy offers a strong foundation for day to day work.	**The lime tree house statement of purpose places person centred care at its core, by considering the existing resident mix during pre-admission assessments ensures the broadest number of people are comfortable in their home. This prevents standardised generic care provision, which is, in its nature, a form of institutionalised abuse. This is further developed with thorough care planning which takes into account capacity with the given context of care. Our care plans also include the Red/Green Behaviour scale[3], recognising what methods can be used to reduce identified stress factors, again within a specific context of care. By developing an understanding of green behaviours, it is possible to reduce occurrences of red behaviours, by doing so it becomes less necessary to utilise psychotropic PRN medications, and develops proactive planning to enhance the lives of our residents.** **The design of the care files promotes a progression from initial information, through risk assessments, recording and planning; ensuring continuity between factors identified and factors care planned for. This too prevents safeguarding concerns as it reduces the opportunity for neglect.** **All aspects of policy creation is perceived as an aspect of safeguarding as all policies seek to protect the residents and organisation. They provide structure and accountability which directly reflects the safeguarding policy.**

[2] Appendix 2 MCA/DoLS Policy

[3] Appendix 3 Blank Care Plan

(1.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	Appoint a safeguarding champion within the nursing team and provide a supporting role for a member of the unregistered staff. Create an assessment tool to assist in recognising evidence of abuse and neglect that will assist in the recognition and reporting of safeguarding concerns. Provide improved signposting for residents, families and staff.

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?	**Prior to admission there is a thorough pre-admission assessment[4] process. This includes information gathering and provision of information.** **Lime Tree House has two accessible web pages[5], one is a description of services and overview of registration details whilst the other is attached to Facebook[6] and is contemporary as it is used to demonstrate activities, in recruitment and selection and is very much the day to day face of the service and care provided at Lime Tree House. This has already raised interest in prospective employees and has been influential in receiving referrals from potential residents who have identified Lime Tree House as the best location for their needs.** **In addition to the above we have regular resident meetings,[7] these help residents guide the care and resources available at Lime Tree House. It also helps the organisation provide information to family, friends and residents. They are held in a manner that promotes equal access to opinion sharing and are available for anyone with an interest in Lime Tree House. Further to this we have established a regular time slot for resident families to attend for their own support. Lime Tree House acts as facilitator and whilst these have not been well attended, as yet, will continue to be available and will be led by the family members themselves. It is expected that these will serve as a means of signposting and information sharing. We are keen to access outside speakers once the needs of the group are established.[8]** **We provide brochures to prospective residents, offer an open door to visitors**

[4] Appendix 4 Pre-admission assessment
[5] www.limetreehousecare.co.uk
[6] www.facebook.com/Lime-Tree-House-852343008156787
[7] Appendix 5 Resident meeting notes
[8] Appendix 6 Family and Friends Poster

		and have provided meals for family members even before their loved one was accepted as an admission.[9] **On admission new residents are provided with the opportunity to an escort round the facilities, to include bed area and all communal areas. This is carried out prior to admission where possible and repeated again once they move into the home. All residents are provided with a handbook[10] on arrival, this can be read to them where necessary. There are also copies available for family members should they desire one. The handbook presents the details of who and what we are as a home and includes the statement of purpose, explaining the standards of care we hope to provide our residents. We also include within our ethos, a desire to surpass providing care that we would wish to receive, seeking to provide the care the resident wishes to receive. Further enhancing the person centred approaches we value.** **Care planning and assessments are completed with residents and family members, they prompt the staff to seek agreement or to demonstrate where there is a lack of capacity within the context of the care being planned.** **Information on common medications is made available with easy to read information sheets, medication text books and access to all patient information leaflets. In addition, there is a diagnosis/conditions file available for all staff, residents and visitors. This provides information on common diseases and conditions experienced by our residents. The combination of both files provides information to help residents make informed decisions about treatment.** **Menu plans are completed in consultation with residents and are planned a round a four weekly pattern to ensure variation and opportunities to change menus prior to the day.**
(2.2)	Explain how the team manager promotes a culture of dignity at all times.	**Prior to opening the two managers were given the task of creating an environment that suited their ethos of care. We are driven to a person-centred provision of care, one that in its very statement of purpose seeks to recognise the person not the illness, to involve an individual's experiences and to seek to avoid any routines that are purely to suit the purpose of care provision.** **We considered the day to day factors of what constitutes dignity, this included space for personal belongings, private bathing facilities, lockable doors, personal laundry management etc. The building was redesigned to provide 10 bedrooms with individual, ensuite wet rooms and in the process increasing**

[9] Appendix 7 Brochure
[10] Appendix 8 Resident Handbook

		communal living areas and size of bedrooms, reducing the home from a 17 bedded home. **Once recruitment started we placed dignity and respect within the objective, scored interview questions.[11] Exploring the simple day to day routines of knocking on doors, covering up body parts, seeking permission, offering choices. We weighted scoring to reflect these as priorities. These questions remain core to our continued recruitment and selection processes.** **Management promote privacy during consultations by providing a range of rooms, these can be larger communal areas for group discussions and meetings or quiet one to one environments in offices and smaller communal areas as appropriate.** **Training identifies the importance of protection of information as do relevant policies.[12]** **Residents are given opportunity to design the colour scheme of bedrooms prior to admission, this is established during pre-admission assessments which are not designed to merely consider the practicalities of day to day care provision.** **As well as external care reviews Lime Tree has its own interim care review, this is supported by regular care plan and risk assessment reviews that are at least to be completed monthly. This continues to promote a person-centred approach that recognises changes in the person and their needs. These reviews are bolstered by a document titled, where do I want to be[13], this promotes forward planning and achievable life goals across three domains. The opportunity to plan for a more independent future, or to achieve a qualification adds to self-worth and promotes dignity for our residents. Our one page profile considers the residents view of themselves and their perceptions of others, promoting positive self-image and again developing dignity.** **The management team have allocated link nurses and care workers based on an assessment of needs compared to skills and existing relationships, this is done in liaison with residents. This enables improved dialogue when seeking resident views on the running of Lime Tree House. Each resident has a monthly link worker audit[14] and monthly report, these highlight specific interactions and ensure there is continued dialogue between staff and residents.**

[11] Appendix 9 Interview Questions
[12] Appendix 10 Access to information policy
[13] Appendix 11 Where do I want to be document
[14] Appendix 12 Link worker audit and Monthly report

(2.3)	How can you evidence that people who use your service are involved in how it is run?	**We have copies of resident meeting minutes, wish lists and quality assurance questionnaires[15] and associated analysis and presentation reports. All care plans provide opportunity for resident involvement when appropriate.** **Further evidence is provided through regular quality assurance questionnaires, include the analysis and finding reports.** **There is a formalised complaints and compliments process.** **Residents have created Christmas wish lists and are directly involved in day to day activity planning, alongside weekly escort planning.** **When there is a specific target for spending amenities money consultation meetings are held, this has so far included gardening plans and will in the future involve holiday and decoration planning. These are steered by the QA questionnaires and individual reviews, plus residents' meetings.** **There are already plans to include residents on staff interviews, we currently have no pending recruitment and selection to enable evidence of this.** **The use of the *where do I want to be* document helps to plan what facilities are required within Lime Tree House and can help steer training available for both the staff team and the residents.**
(2.4)	**For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.**	**We are already planning to include residents in the recruitment and selection process.** **Partnership working is already starting with a local day care and activity centre, with a view to stronger community links and shared resources. This can extend the range of people we work with and help with the future direction of care within Lime Tree House.** **Provide residents jobs to support their peers and the running of the home, provide job titles, interviews, bonus systems, involvement in an employee of the month scheme.**

[15] Appendix 13 QA Questionnaires

STANDARD		EVIDENCE
3 Treat each person as an individual by offering a personalised service		
(3.1)	How do you enable people to make choices?	**Taking an example of an admission for a resident. Prior to admission we completed a pre-admission assessment form, this is designed to establish not only healthcare and social care needs but also individual preferences on sleep patterns, bedding, decoration etc. The document helps to recognise personal history and tastes in music, colour film etc. The resident expressed an interest in Disney's Frozen, her own bed, bedding and furniture. On arrival, we escorted her to local shops and got her to choose colour schemes, pictures and trinkets to personalise her room.** **We also completed an admission assessment; this reflects, almost exactly, the pre-admission assessment, but we recognise some residents have struggled to visualise an environment different to their preceding one. Once they have arrived at Lime Tree House they have an opportunity to establish their preferences in what may prove to be a more flexible caring environment.** **The design of the care files is such that the first section is about the person, their preferences, their family histories etc. It also includes the where do I want to be document, which enables future planning with staff, and includes the one page profile,[16] which the resident can design and complete how they choose. The person admitted was assisted to complete these and her care plans over days and weeks, so as not to overwhelm someone on arrival. Some documents being better completed once relationships have been developed and when the resident felt more in control of their environment due to understanding further what facilities Lime Tree has on offer.** **The admitted resident, along with all others, was approached to establish a weekly activity plan for the following week.[17] These are managed independently of other residents on a day to day basis. Any larger group activities are planned**

[16] Appendix 14 One Page Profile
[17] Appendix 15 Weekly Activity Plan

		in the long term and discussed during the weekly activity planning sessions. Lime Tree House strives to enable all residents to get significant one to one community escort time each week. **Whilst we have planned meals for summer and winter periods, we offer resident involvement with weekly meal plans, they are actively involved in food ordering to further provide opportunities for changing plans and establishing preferences. Meal choices are taken daily[18] to give the cook an idea for quantities to produce but does not prevent the resident from changing their mind.** **Where there are situations that require more formal approaches in decision making applications to the Derbyshire DoLS team are undertaken. This ensures any decisions taken on behalf of a resident are appropriate and in their best interests.**
(3.2)	Give an example of how people would be/ have been involved in initial and on-going risk assessment. .	**Risk assessments have been created on the back of the information gathered in the pre-admission assessment. This is further bolstered by completion of the admission assessment. Once these have been processed, at the point of admission the resident can either continue to support with the creation of risk assessments or allow the care team to structure the risk assessments based on the information provided by the resident during the other assessments.** **We are mindful not to rely wholly on the information provided by previous carers, one resident, when admitted, had not been allowed out of the previous care home due to her history of epilepsy related seizures. After discussing with the resident and her family members we reasoned that a seizure may take place whether within Lime Tree House or the community, in both cases the outcome would be the same, the course of action would be identical and, due to the severity of the seizures, would likely lead to a hospital admission. The risk assessment and associated care plan accepts that there is a large likelihood of seizure, there are no specific triggers that can be avoided at home or in the community. The resident is free to visit the community if she is in the company of a suitably trained carer who has instant access to her medication and a means of contacting emergency services to enable hospital admission when the resident experiences status epilepticus. It is expected all care plans and risk assessments are reviewed at least monthly and where possible completed in consultation with the relevant resident.**

[18] Appendix 16 daily Food Choices

(3.3)	Explain how your team understands what cultural diversity is and addresses this within a personalised service?	**All staff undertake equality and diversity training and are also assessed on their understanding of prepared policies. Training is mandatory and is refreshed every three years.** **Lime Tree House's statement of purpose is designed to recognise individuals, not demographics or illness type. We seek to promote unconditional positive regard amongst our staff team. All admissions are assessed for our ability to meet care needs and suitability for thriving in our community.** **The pre-admission assessment and admission assessments both establish cultural and spiritual needs, this includes dietary requirements, which are further explored in the nutrition assessment. Weekly meetings with the cook enables menu planning around specific needs.** **Residents are supported to attend church as requested, this is extended to all faiths where a need is expressed. The resident handbook provides information as to where spiritual needs can be supported. Local connections with churches has enabled domiciliary/pastoral visits from priests.** **End of life training has been increased from the mandatory training package to include specialist support from trainers provided by the local hospice. This has included long term planning, emergency support and practical skills such as syringe driver management.**
(3.4)	**For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make**	**Addition of further literature for staff and residents to access, develop both staff and residents understanding of a broader range of cultures.** **Develop improved end of life planning, provide further information packages and increased signposting.**

STANDARD		EVIDENCE
4	**Enable people to maintain the maximum possible level of independence, choice and control**	
(4.1)	Using an example explain how your service actively promotes the independence of people.	**Our first admission arrived at Lime Tree House unable to tend to his own personal care, described as merely agreeable to support by the previous care provider. He was expected to sit all day and be tended to. Initially we created a care plan that prompted two hourly standing to reduce pressure damage and to promote regularity with bowel and bladder functions. Very soon the resident was taking himself to the toilet independently, stopped using a walking frame and progressed onto a walking stick. Personal care in a morning ceased to be all aspects of washing and dressing and became help with difficult to reach places. Lime Tree House has a rehabilitation kitchen which helped the resident to make drinks for himself, bake cakes and prepare meals, with constantly reducing support and supervision. During the stay the resident also took responsibility for his diet and progressed from type 2 diabetic to being asymptomatic and no longer managed as a diabetic. In time the resident increased in his independence to such an extent that he discharged from a nursing environment to a supported living home.** **From the outset of designing Lime Tree House we intended to develop independence, the rehabilitation kitchen is one major tool in this, we also plan activities during the week, these include life skills in which we support residents with simple cleaning, washing and cooking tasks. Residents have access to both commercial and domestic equipment.** **The where do I want to be document seeks to establish both individual life skills and potential vocational elements and training courses that may both enhance independence and create self-actualisation.** **Care plans can be used to promote independence, this is particularly noted when utilising the green behaviour scales. Specific rehabilitation care plans have been created to suite individual needs, however, the care plans prepared in relation to other specific contexts of care provide opportunity to develop independence where worded appropriately.** **On a day to day basis, where an individual has less independence the following options are offered as a matter of course:**

		• Clothing • Times of care provision (+waking, retiring, medication rounds) • Food choices/dietary requirements • Personal care preferences (male/female carer, shower/bath etc) • Decoration of Rooms • Trip destinations • Religious involvement • Social activities/involvement/type • Who provides care **This list is not exhaustive and is adapted to suit individual's needs, likes, dislikes and stated preferences.**
(4.2)	Using an example explain how everyone has a plan which addresses their individual needs and choices.	**The care files are designed to be as individual as possible, whilst still recording information necessary to ensure continuity of care. The admission and pre-admission assessments are used to formulate risk assessments, these risk assessments in turn dictate which standard care plans need completing and enable staff to develop specific care plans based on individual needs.** **We had been using standard dietary intake charts to record input and output of a resident experiencing insulin dependent, type 2 diabetes. This document didn't enable mapping of all foods taken and didn't enable comparison of food taken against blood glucose levels. A new food diary[19] was developed specifically for the resident highlighted above. This diary now demonstrates both food intake versus Blood Glucose Levels. It has helped the resident recognise the patterns between food types and changes in blood sugars. Served as an education tool, monitoring record and its own guidance on food types. This document is then linked into the nutrition care plan and can be used in line with the resident's behaviour/incident record to establish links between affect and diet intake.** **In addition to the care plans and dietary diary we have a range of other documents and tools that promote care for an individual rather than a diagnosis. A key one being the one page profile.** **Care planning routinely involves other specialists, the most regular and broadly used is our podiatrist, who visits six weekly or more regularly when a specific need is identified. In addition, we have referred to community nursing, consultant psychiatrists, GPs, Speech and language therapy and community**

[19] Appendix 17 Food Diary

		physiotherapists. We also have the protocol for referring to the continence service. **Each care plan prompts the care worker to seek resident input and expects robust justification where this has not been the case. It also prompts the carer to consider contacting DoLS where a best interest decision is necessary due to a lack of capacity.**
(4.3)	Describe how the plan is a working document which is reviewed regularly.	**All risk assessments and care plans are expected to be updated at least monthly but dictated by specific individual need. Risk assessments and overarching assessments, such as a nursing assessment, are to be completed as dictated on the document or within policies.** **Where care plans cease to be necessary they are to be stopped or adjusted to monitor continued independence within that context of care.** **Monthly reports are created to give a four-week overview of details contained in daily care notes, these are to be used to help steer care plans and ensure all documentation is contemporary and fit for purpose.** **The weekly activity documents are updated weekly and done in consultation with both management and residents.** **The completion of documents is ongoing, whether it is several entries in a daily log, completion of a risk assessment or a future planning document; residents and appropriate advocates, family members and friends all add details to our records and help develop a comprehensive picture of an individual, their likes/dislikes, experiences, desires and wants. In this way, the document is never completed.**
(4.4)	**For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.**	**Increase opportunities in activity planning to make more use of the rehabilitation kitchen** **Provide opportunities to budget money and how to make better use of money, raise awareness of bills, responsibilities, likely outcomes of poor financial management** **Develop further the culture of promoting independence, instil in the staff team that you may actually be providing better care where we don't do everything for an individual.**

STANDARD		EVIDENCE
5 Listen and support people to express their needs and wants		
(5.1)	Explain, with an example, the alternative methods of communication used with people who receive your service.	**Lime tree house seeks to communicate using the most appropriate method for the resident in question. There are many tools and techniques available to the staff and residents within Lime Tree House. These include:** • **Speech** • **Pictures** • **Written word** • **Multimedia devices** • **Body language** • **Hand gesticulation** • **Intonation** **There are also approaches used to reduce the pressure on the person communicating. Promoting community visits and 1:1 time in private areas.** **In addition to the above there is a complaint, compliments, suggestion box and regular quality assurance questionnaires.** **To pick a specific situation where alternative techniques have been utilised, a regular respite attendee had significant expressive dysphasia, but no receptive dysphasia. He could struggle to make his wants and needs known, by using images on a hand-held tablet the resident was able to highlight exactly what he was wanting, clearing up confusion as to whether he wished to watch a cartoon or use the lavatory. This worked so well he was given access to the tablet during any period spent at Lime Tree House.**

(5.2)	Explain training provided which enables staff to communicate effectively with people.	**All staff are trained, as part of their mandatory training, in effective communication techniques. To recognise the importance of congruence, what they say matches how it is being said. They are taught to understand the forms of communication, including the importance of active listening.** **In addition to the above, our BILD accredited training, provided by NAPPI UK, also develops theories of communication, triggers for agitation and behaviours that challenge and how to create situations that enable improved communication whilst de-escalating dangerous behaviours.** **Staff training has also included bespoke learning disability, mental health and Huntington's training, all requiring adapted approaches to communication but still recognising the importance of individualised support and planning.**
(5.3)	Staff supervision actively supports dignity in the day to day service with people.	**During staff supervision, the relationships with residents and the broader staff team are explored. Link worker roles are promoted as part of this and allocation of duties are carried out with these relationships in mind.** **The code of conduct[20] and disciplinary procedures[21] have been utilised on several occasions to ensure all residents receive unbiased and person centred care that promotes well-being. Where inappropriate remarks have been made or practices that belittle and undermine the resident are identified it has been necessary to utilise performance capability matrixes[22]. This has been used as supportive evidence for dismissal proceedings. It is a core aspect of care provision within Lime Tree House and where dignity is not respected it is considered a serious breach of policy.** **Staff supervisions happen at least four times a year, where staff are able to attend all meetings and appraisals this could be as high as 12 formal appraisals/supervisions within a year's period.[23]** **Dignity and respect are considered in the recruitment selection process and are weighted highly during interview.**

[20] Appendix 18 Code of Conduct
[21] Appendix 19 Disciplinary Procedure
[22] Appendix 20 Performance Capability Matrix
[23] Appendix 21 Appraisal Policy

(5.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	It is planned to create a spoken version of the resident handbook, this to support the visually impaired or those unable to read. Create communication passports. Improved signage around the building

STANDARD		EVIDENCE
6 Respect people's right to privacy		
6.1)	Explain, with an example, how team practice ensures appropriate privacy.	**Privacy is measured during interview, seeking to establish individuals' understandings of privacy and its importance. The interview seeks to look at practical options for protecting dignity and respect.** **In addition to this, the use of secured filing systems and office doors, alongside a specialist, lockable medication trolley helps to protect privacy.** **Shared information is kept to a minimum, where documents are stored in a folder with the details of other residents there is a full archiving protocol to reduce the need for others to access these files. All archiving is person specific.** **The privacy of residents is managed in practical terms; when providing personal care residents are protected by locked and closed doors, private showering facilities in ensuite wet rooms.** **Handovers are completed in private areas away from lounges that are occupied. There are a range of rooms for meetings that are altered to suit numbers of people and purpose of meetings.** **When completing staff training all documents used for evidence are anonymised. The completion of QCF level 5 diploma requires product evidence to achieve the award; this is provided using anonymised paperwork. When evidence specific care planning techniques it has been necessary to remove any specific resident or stake holder identifiers using black marker.** **When completing personal care all remote monitoring devices are switched off so that care provision cannot be heard in public areas. The use of remote monitors helps provide increased privacy for residents who require regular monitoring as they reduce the number of minutes spent under direct supervision.** **As a core belief within Lime Tree House providing privacy, dignity and respect is included in our statement of purpose.[24]** **The specific confidentiality policies guide against storing specific resident data**

[24] Appendix 22 Dignity in Care Policy

		on electrical devices other than during the period of time work is spent completing a document, after this time it is expected to be deleted.
(6.2)	Explain, with an example, how the environment in which the service is delivered is managed to promote dignity.	**All bedrooms are single occupancy, have lockable doors and ensuite wet rooms.** **Towels and bedding are assigned to individuals.** **All bedrooms have lined curtains to prevent onlookers when personal care is being undertaken.** **There are a range of communal rooms as well as bed rooms, this enables visitors to be well catered for whilst maintaining privacy.** **The NAPPI training establishes techniques for protecting the dignity of residents in an escalated emotional state. In one such case it became necessary to escort all other residents away from one young man who was in a heightened emotional state, presenting as aggressive. By escorting his peers away it improved his dignity which would have been further impacted on had he required restraint techniques being utilised. Once he had de-escalated the residents were enabled to sit freely in all communal areas.**
(6.3)	Explain, with an example, practices which minimise risk for people whilst alone in a private space.	**Where specific needs dictate a need for regular monitoring of residents we adopt radio monitoring, floor sensor mats and seizure alarms. One woman at Lime Tree House has complex needs including severe and life threatening seizures, in which an absence of recovery medication at onset of seizure creates a significant risk of death. To avoid providing 24 hour observations, which would be seen as obtrusive and excessive for a woman with the skills and capacity to undertake the majority of her ADLs independently, a series of remote monitoring equipment has been installed to ensure her safety when alone in her room. The floor mat alerts staff to her walking at night, she has a significant risk of falls at night and periods in darkness. There is a remote listening sensor which only transmits when there are sudden increases in noise within the room. This is further supported by a seizure sensor which recognises the rhythmic presentation given by movements during a seizure. The combination of the three systems reduces the amount of in line of sight observations required, increasing independence and providing personal space.** **Each room has a nurse call system which is monitored 24 hours a day and accessible by all residents and staff in all rooms.** **The above is supported with specific risk assessments, evacuation procedures[25] and planning and with care planning.**

[25] Appendix 23 PEEP Assessment

(6.4)	**For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.**	**There are no specific improvements that can be identified at this time.**

STANDARD		EVIDENCE
7 Ensure people feel able to complain without fear of retribution		
(7.1)	Explain how people are made aware of how to complain and are encouraged to do so.	**The resident handbook provides information for complaining, explaining the routes to follow and the hierarchy of responsibility within the organisation. It also explains which external organisations residents and family members can refer to when necessary.** **In addition, there are complaints and compliments forms, these are enhanced by suggestion forms, all of which are available at all times by request or for residents to locate themselves in the reception area.** **There are 3 monthly quality assurance questionnaires, these provide opportunity for structured feedback and with opportunities to be more bespoke with concerns, complaints and procedures.** **When new questionnaires are created care staff are prompted to support residents, their family and visitors to complete the questions.**
(7.2)	Explain how complaints are investigated and responded to.	**Taken directly from the appropriate policy** ***1. " Purpose*** *Lime Tree House is committed to providing a high quality service to the residents, day visitors and short term care visitors; despite our best efforts we recognise that, sometimes, things can go wrong. When they do we would like to know in order for us to put them right. This policy sets out the means by which stakeholders can inform us and enable us to provide the service our residents need and deserve.*

		2. Complaints *It is our intention to respond to problems quickly, initially we will make a written response within 5 working days to acknowledge receipt of the complaint and to invite you to a meeting to discuss your concern in more detail. This meeting will help devise a plan as to what is needed to improve our service or to break down any misunderstandings. Any changes in service provision resulting from the complaint will be highlighted to you at a later date.* *We will ensure that you or your loved one are not treated unfavourably as a result of your complaint and will apologise where we have made a mistake, adapting our service to prevent the situation reoccurring.* **3. Who May Complain** *All stakeholders are able to complain to Lime Tree House whether a visitor, a resident or their advocate, a family member or a member of the extended multi-disciplinary team.* **4. What you may Complain About** *You may complain about any aspect of the service you feel a concern about. This includes incidents in which employees have been discourteous, acted incorrectly or unfairly; or where resources are inadequate for providing care as established in care plans.* **4.1 Abuse** *It is imperative you complain where you feel there is any evidence of abuse. In this instance speak directly to management and or the appointed social worker/health professional.*

		5. ***How to Complain*** *Initially approach any member of staff employed by Lime Tree House and raise your concern; if the matter can be dealt with immediately then the process may stop here. Where the member of staff is unable to deal with this personally request to speak to the nurse in charge or the available manager on duty. Where the matter can be resolved at this point the management team will follow up the complaint and look at working practices to prevent future reoccurrences.* *If a matter cannot be dealt with immediately the management team will arrange a meeting to discuss the concern and to devise a plan to improve practices.* *Where you feel unable to raise your concern at the time please forward in writing the details of the complaint to either:* *Sue Robson* *Registered Manager* *Lime Tree House* *119 Handley Road* *New Whittington* *Chesterfield* *Derbyshire* *S43 2EF* *Or Glen Robson, Clinical Lead, at the same address.* *Where you feel unable to raise your concern with the immediate management team you may write to the proprietors at:* *Rob Lee/Claire Lee* *Twin Oaks Hotel* *Church Lane* *Palterton* *Chesterfield* *S44 6UZ*

		In addition you retain the right to speak directly to any allocated social worker or health professional and may contact the Care Quality Commission on: *Website:* *www.cqc.org.uk* *Telephone:* *03000 616161"* **In addition to the above we have regular resident meetings and are trying to establish a family support group.**
(7.3)	Explain, with an example, the process of learning from complaints.	**Since starting trading and providing care, there have been no formal complaints we have had to learn from. However, during a failed admission, which resulted from poor information sharing from previous care providers we were spoken to directly by the commissioners. After discussion, our admission processes changed to include information gathering from a local learning disability provider. Even where the provider is not directly involved with current care provision we are to establish links and research previous contact and a longer history to prevent future failed admissions.**
(7.4)	**For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.**	**Increased signage and awareness for residents. To be included in the regular newsletter.**

STANDARD		EVIDENCE
8 Engage with family members and carers as care partners		
(8.1)	Using an example describe how you enable people to involve family or friends as care partners.	**At all stages of admission family are invited to be involved with assessment and care planning.** **One admission was for a lady with particularly complex health needs, Prior to assessing her within her previous care setting we invited the parents to visit and discuss care planning. Once the bare bones of care plans were formed we completed these with the resident at the point of admission. The relationship developed with the family is such that they attend Lime Tree House, even in her absence, drop in for a cup of tea and sandwich and attend all amenity fund raising events. The pre-admission assessment used to prepare our staff and facilities for admission were completed twice, once with the proposed resident and once with her family. This enabled us to get a thorough picture, providing the details that truly enable bespoke, person centred care.** **Since admission the relationship with family has remained strong, we do shared consultant meetings and coordinate home visits to include GP support with obtaining medications above the typically prescribed quantities, as to ensure continuity of care between Lime Tree House and the family home.** **Resident meetings are held with invites including immediate family and friends, the family and carer meeting takes place on the first Wednesday of the month. This is to be led by family who will devise the agenda as the process goes along.**
(8.2)	Describe how you ensure that appropriate information is provided to family or friends.	**There are several sources of information used to help family and friends. One of the key areas for general information is social media. Lime Tree House has a very active Facebook page in addition to a formal website. These both demonstrate the core ethos of the organisation and are used to share dates of events, with recruitment and selection, current and future events, etc.**

		In addition to social media we use a lot of fliers and posters, both locally and within Lime Tree House. We are also in the process of developing a medication awareness project as well as providing a diagnosis and conditions information package. **Where information is specific to an individual, their involvement is of paramount importance, but to protect privacy consultations are done in one of the lounges or bed area. Information is also provided by phone or email as appropriate.** **Family and friends have access to the resident handbook and have complete access to all policies and public domain documents within the managers' office.** **Where there is any specific concerns with regards to closure to visitors each primary contact will be informed by telephone and extra signs placed at the door to reduce risks associated with accessing the building. It is not expected that this will occur outside of the context of infection control.** **Specifics of information sharing are established case by case, the admission process seeks to establish whether family require informing of changes in presentation or hospital admissions and what times are deemed appropriate, as well as what forms of communication are best suited.**
(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.	**Staff are expected to work with family and friends in the same manner they look after the resident, with an ethos that promotes going further than treating others as you wish to be treated and ensuring they treat others the way *they* wish to be treated. It is this flexibility and personalised approach that makes the relationships more fruitful and ultimately more beneficial for the resident staff and family are caring for.** **All visitors are invited to have a drink when arriving, this is extended to meals during traditional mealtimes. We have also had one father of a resident visit just to have a bite to eat because they were passing. The care and support continued despite his daughter not being on the premises at the time as she had been admitted to hospital after a life-threatening seizure. This gentleman had also visited, off the cuff, prior to admission and had been provided with food and drinks despite not having anyone residing at Lime Tree House for him to visit or support.** **When designing the layout of lime tree house we designed one bedroom to**

		have an adjoining lounge with a put me up sofa in it. This is to enable comfort and dignity for any end of life vigil or to help both family and resident during transition periods. Lime Tree House seeks to provide more than just care to the residents and perceives the wider family and friend groupings to be part of our care provision. All trips include invites for family members to attend, this is regularly accepted by the sister of one of our residents, who we assist to attend armchair exercises weekly, and provide transport to and from events we are attending with no set costs incurred. We perceive this as key to the well-being of her brother as well as herself.
(8.4)	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	As well as providing family and friend support groups seek to provide 1:1 surgeries with either management or nursing staff/carers to facilitate constructive dialogue.

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).	**All staff are trained in care provision and how to work with the recording systems and documents. This includes domestics and cooks, as when a relationship starts between staff and residents it needs fostering. This ensures staff at all levels foster good relationships, this in itself increases self-worth, confidence and self-esteem.** **Resident involvement in care planning, activity planning and risk assessments also helps to develop self esteem. Residents cease to be a task to be completed but are then considered as part of the organisational team, someone with opinions and preferences that are equal to any expressed by staff.** **Documentation seeks to promote resident involvement, in particular the where do I want to be document and one page profile. Each seek to demonstrate the individual facets of the individual; however the where do I want to be document is the potential trigger for a rehabilitation care plan or for enabling vocational opportunities for residents. It considers future planning and seeks to give a structured plan of action to improve independence and the potential for paid employment and qualifications.** **One key example involved a young man who had arrived from his previous care provider on 2:1 observations in public areas during waking hours.** **After several weeks support and negotiation we were able to support 1:1 support in the community and ultimately removed direct observations altogether. This was in response to requests to self manage community escorts as he felt he had progressed enough to be independent with community trips. This was not managed in isolation and his ability to manage his day to day domestic needs was also recognised and care planned accordingly. This was the first time in over a year that the individual had been facilitated to visit the local community unescorted. It was very apparent that his self esteem and independent living skills had increased as a result of the achievements**

		accomplished. Planning then began on accessing college courses and ultimately a return to employment and independent living.
(9.2)	Explain and provide an example of how you assess if people are able to make their own decisions, even unwise decisions	**Where we have any question as to an individual's ability to make a fully informed decision we seek support from the DoLS team using their formal documentation and referral processes.** **This process is supported by our team and appropriate evidence and care planning is provided and adapted to suit specific needs. When following this process the crux of the responsibility lies with the best interest assessor who seeks to establish what is in the persons best interest in the event they are unable to make an informed decision.** **This has been supported by use of two part mental capacity assessments. These can be used in isolation for a specific decision but not to establish an overall lack of capacity.** **One resident was assessed by the DoLS team and it was requested that for each care plan a separate capacity assessment be completed. This was completed using the two part assessment provided by FACE.[26] In each case the individual's inability to process the information provided prevented her from making an informed decision. There was no expert or appropriate person to establish any premorbid decisions relevant to the ones being explored at the time and as such each decision had to be made considering the least restrictive management whilst promoting the maximum wellbeing for the resident. This resident remains free to make decisions, but in keeping with capacity assessments and the mental capacity act she is assessed on each occasion to establish whether the decision is informed or is in keeping with her wishes when presenting as well. Any decisions that place her at immediate risk of harm or abuse are managed by the existing DoLS which is reviewed six monthly, all others are managed bearing in mind likelihood of distress and subsequent harmful behaviours.** **All staff receive MCA/DoLS training as part of their induction and mandatory training.**

[26] Appendix 24 FACE Mental Capacity Assessment

(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.	**Continuing from the example provided in 9.2, above, where any discussions are held regarding her liberties and restrictions on her decision-making take place there is a significant risk of elevated distress and anxiety. To reduce this we provide a trusted member of staff and a secluded location away from the rest of the residents, to discuss the factors impacting on her liberties. This enables expressed distress to be supported without causing embarrassment for the resident or other residents within the home. By enabling this extra 1:1 support we provide increased confidence for the resident, the promotion of appropriate and considered communication increases the resident's self-esteem as communication is then constructive and seeks to reach mutual agreement.** **The use of formal DoLS referrals helps to assert best interest decisions that balance preference against risk and seeks to establish relevant history to demonstrate any premorbid decisions that are relevant to the decision in question.** **The use of DoLS does not negate the need to enable independence in respect of ADLs, and care plans are still created to promote independence and achievement. The where do I want to be document remains a useful tool for future planning and developing self esteem in aspects of life that the person retains capacity to make decisions about.**
(9.4)	**For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.**	**Create an in house "employment" system in which residents can apply to take on a role and seek success in a particular job. This can include interviews and appraisals.** **Residents to be involved with recruitment and selections practices, and to sit on interview panels.**

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?	**Each resident has a planned activity schedule for the week, with on average six to eight hours' community access time provided as part of this plan. Trips are arranged as both group activities and individual escorts. We have built links with the local pub and arranged membership of local social and snooker clubs for individuals. One resident is supported to access the buses into Chesterfield, 6 days out of 7. She is collected later and assisted to return back to Lime Tree House. This provides support with the anxieties she experiences using public transport but enables independence with accessing the community. We have established links with a local church and theatre group, Edmund street activity centre with a view to shared working and escorts. The town library visits to provide books and to promote their services. Contact with local artists, colleges and schools have been made to look at the decoration and themes within Lime Tree House. There are daily visits to local shops, restaurants and garden centres. We provide in house services but not at the exclusion of community visits. Hairdressers are accessed both inside and outside of the home to provide choice and community access.**
(10.2)	Explain with an example how your team alleviates isolation of individuals?	**The activity planning is a combination of group and 1:1 options, this promotes belonging to the community within Lime Tree House and supportive 1:1 relations with care staff. By seeking, each week, to establish residents' wants and fancies we can create a bespoke plan that promotes inclusion. This is further enhanced by involvement of family members and friends. One gentleman within the home chooses not to mix with other residents as he does not perceive them as peers. It has been arranged that he has access to a second lounge away from other residents. This enables him to be available for**

		interactions with staff and visitors and prevents him spending all waking hours in his bedroom. This has served as a compromise in which the remains a level of inclusion but without undermining his choice to spend time away from his other residents.
(10.3)	How do you ensure that people 'have their say' in how the service is run?	**We have copies of resident meeting minutes, wish lists and quality assurance questionnaires and associated analysis and presentation reports. All care plans provide opportunity for resident involvement when appropriate.** **Further evidence is provided through regular quality assurance questionnaires, include the analysis and finding reports.** **There is a formalised complaints and compliments process.** **Residents have created Christmas wish lists and are directly involved in day to day activity planning, alongside weekly escort planning.** **When there is a specific target for spending amenities money consultation meetings are held, this has so far included gardening plans and will in the future involve holiday and decoration planning. These are steered by the QA questionnaires and individual reviews, plus residents' meetings.** **There are already plans to include residents on staff interviews, we currently have no pending recruitment and selection to enable evidence of this.** **The use of the *where do I want to be* document helps to plan what facilities are required within Lime Tree House and can help steer training available for both the staff team and the residents.** **Strong links with the local college and training providers have led to a range of students and volunteers working within out home.**
(10.4)	**For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.**	**Increase relationship with churches and local community based organisations, invite groups to sing and involve in craft work.**

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)	01/07/16		30/11/16
2.	Dignity & Respect	22/03/16		30/11/16
3.	Health & Safety	01/07/16		30/11/16
4.	Mental Capacity Act & DOLS	01/07/16		30/11/16
5.	Information Governance	15/01/15		30/11/16
6.	Supervision Policy	01/07/16		30/11/16
7.	Complaints Procedure	22/03/16		30/11/16
8.	Code of Conduct for Employees	22/03/16		30/11/16
9.	Data Protection	21/01/15		30/11/16

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.....