Hackney

REPORT OF HEALTH IN HACKNEY SCRUTINY COMMISSION		
Dignity in Care (Older People Services) Overview and Scrutiny Board	Classification **Public** Ward(s) affected **All**	Enclosures **Appendix 1**

1. FOREWORD BY THE CHAIR OF THE HEALTH IN HACKNEY SCRUTINY COMMISSION: COUNCILLOR JONATHAN MCSHANE

Hackney is frequently talked about as a 'young' borough. Whilst this is undoubtedly true, there is a danger that this characterisation leads us to downplay the needs of older people in our community.

The Health Scrutiny Commission decided to undertake a wide-ranging review looking at dignity in care for older people to review how the services offered to older people in Hackney provide dignity in care.

'Dignity in care' has become a fashionable concept in recent years but we felt, in reality, it is simply a phrase that encapsulates all the most important aspects of service delivery to older people. Dignity is about respecting people as individuals, listening to them and responding to their needs. The frustrating thing we have found during our inquiry is that delivering services in a way that promotes dignity rarely costs more. As one older person put it "It doesn't take more time or resources to be pleasant than it does to be unpleasant".

Treating people with dignity is often about an individual's attitude to their work or an organisation's culture and current guidance can be too vague to be useful in guiding day-to-day practice. To that end, we have recommended the adoption of a Dignity Code that includes both broad principles and very specific steps that should be taken to ensure dignity is maintained. The Dignity Code we want to see adopted has been developed by older people themselves through the Hackney Older People's Reference Group. We have recommended steps to improve the consistency of training for people who work with older people across the borough to help drive all standards to a consistent level across the health and social care sector. We have also asked all the partners involved in delivering services to older people in Hackney to review and share the ways in which they obtain feedback from older people about their experiences and any suggestions they have for improvements in future.

Obviously, it is hard to deliver dignity if the right resources and facilities are not in place. For that reason we have recommended that the London Borough of Hackney adopts a strict quality based approach to commissioning care services and puts the independent sector on notice that Hackney will not commission services in future from care providers who do not meet a set of minimum standards in their most recent inspection report.

Adopting the Dignity Code and making it an integral part of service and employment contracts would be a ground-breaking step which would see Hackney leading the way in terms of services for older people. What we should never forget is that, in terms of healthcare, older people are by far the biggest users of services so if we get it right for them we stand a great chance of delivering better, more personalised care to all the people of Hackney.

As Chair I would like to thank all the members of the Commission, especially Clarissa Rocke - Caton and Jon Pushkin for all their hard work and support on this inquiry. I would also like to thank the Older People's Reference Group and Shirley Mugraff and Mary Cannon in particular for their participation in the review and the vital insights they provided into the views of Hackney's older people. Finally I would like to thank the staff and users at all the centres we either visited or called to give evidence for their time and enthusiasm. I hope they will all feel the effort has been worthwhile.

2. INTRODUCTION

The Department of Health (DOH) issued a Green Paper, 'Independence, well-being and choice'[1] and subsequently a White Paper, 'Our health, our care, our say'[2], which highlighted seven key outcomes (identified by people who use the services), to improving healthcare - one of which was personal dignity and respect.

The issue of dignity features prominently in the new framework for health and social care services. The Minister for Care Services Ivan Lewis MP launched the Dignity in Care campaign on 14th November 2006 to promote dignity for older people in the health and social care sectors. The dignity in care campaign is predominately related to older people services, but is equally applicable to all vulnerable adults and children. For the purpose of this review the report is focused on older people services.

What is dignity?

The concept of dignity, in many people's minds, consists of a number of overlapping principles and values which may include, respect, privacy, autonomy and self-worth. Recognising the role of personal determination in this matter the DOH adopted a provisional meaning based upon on a standard dictionary definition:

'A state, quality or manner worthy of esteem or respect; and (by extension) self-respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-respect regardless of any difference.'

Covering all care provided by paid workers in any setting (hospital, residential, nursing, day centres and in a person's own home), including care that is paid for either partially or wholly by the recipient.

Dignity in care also covers the area of medication management, training of staff, quality of food and quality of care. Factors that have been suggested as possible contributors to any absence of dignity in care include bureaucracy, staff shortages,

[1] Department of Health, March 2005 Green Paper Independence, well-being and choice
[2] Department of Health, January 2006 White Paper Our Health, Our care, Our say: a new direction for community services

poor management and lack of leadership, absence of appropriate training and induction and difficulties with recruitment and retention leading to the overuse of temporary staff.

The dignity in care guidance issued by Social Care Institute for Excellence (SCIE) states 'being treated with dignity really matters to people, but people appear to not be clear about what they should expect from a service that provides dignity in care. While 'dignity' may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect.' [3]

The Office of Public Censuses and Surveys (1991) estimates that the average life span is increasing by 2 years per decade. Old age used to be defined as over 65, but now a large and growing proportion of the population is over 75, and the number of people over 85 has doubled since 1981. People are living longer and the majority of those reaching old age are still in good health (Victor 1991). A number of diseases, such as hypertension, stroke, ischemic heart disease, some forms of cancer and bone diseases, are strongly associated with age. Dementia and Alzheimer's disease are more prevalent among older people with the rate doubling with each 5 year increase in age, from 3% at age 70,to 20% at 85 (Prince 1997). Attitudes towards older people affect the quality of life that they experience particularly the extent to which they feel included or excluded from society. Feelings of exclusion and social isolation can be even more intense for members of different ethnic groups[4].

Following the launch of the dignity in care campaign by DOH and analysis of patient survey information we established that the Healthcare Commission it was noted a significant number of patients in the national patient survey expressed dissatisfaction with the quality of care they had received so had also decided to focus inspections theme for 2006/07 on dignity in care. We also identified that Hackney has a very diverse group of older people and a growing population aged over 85 years, in light of the increased profile of dignity in care the Commission sought to conduct a review of dignity in care for older people services. It was hoped the review would raise awareness of the service provisions available to older people and assist in providing a platform for the voice of the older people community group and representatives to be heard.

2.1 The Terms of Reference for the Commission's investigation were:

1. Identify how the Council and the healthcare organisations ensure high standards of dignity in care

2. Explore the issues of medication management, training of staff, quality of food and quality of care to ensure there is dignity in the care

3. Explore how services commissioned by the Council ensure a high standard of dignity in care

[3] Social Care Institute for Excellence, Dignity in Care Guidance – Nov 2006
[4] Department of Health, Caring for older people - a nursing priority: Integrating knowledge, practice and values – Mar 2001

4. Explore ways the Council and its statutory partners might better develop policies, practices and strategies to support inter-agency working leading to enhanced local infrastructure delivering shared provisions.

The Healthcare Commission annual health check core standards related to this dignity in care review are:-

- Systems to ensure that staff treat patients, their relatives and carers with dignity and respect **(13a)**
- Systems to ensure they meet patients' individual nutritional, personal, and clinical dietary requirements, including where necessary help with feeding and access to food 24 hours a day **(15b)**
- Services are provided in environments that promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality **(20b).**

3. SUMMARY & RECOMMENDATIONS

During this review it was identified that 12% of Hackney's population are older people and over 20 years this is projected to rise by 31.5%.

With this in mind the Commission felt it important to gain an understanding from service providers in the health and social care arena if the services provided to older people in Hackney succeed in delivering dignity in care to service users.

Members were keen to establish how the Council could provide assistance to organisations notably the voluntary sector. From discussions during the review we acquired an understanding that block bookings for older people services from commissioners of service like LBH or the Primary Care Trust could provide assistance and help to increase awareness of the services available to older people.

Recommendation 1

Whilst the Commission was impressed during it's review by the commitment shown by all health partners to promoting dignity in care, we felt it was now time for a step change in the way dignity standards are monitored and enforced. As dignity issues go to the very heart of the way services for older people are provided, we feel adherence to core dignity standards could form part of all service contracts with service providers. To do this we propose incorporating a Dignity Code into service contracts. Taking this approach would make it abundantly clear to providers that upholding patient dignity is not a 'nice to have' but a core part of service provision.

For the same reason, it was felt by the Commission that adherence to core dignity standards could form part of all employment contracts for people delivering services to older people in the Borough.

The Dignity Code[1] moves expectations on from well meaning but often nebulous principles towards a set of easily understandable standards that all Hackney's older residents have the right to expect. By incorporating these into contractual agreements Hackney would be setting a national lead on dignity and demonstrating to our older people and their families our commitment to the highest standards of care.

Recommendation

The Commission encourages commissioners of service within the Borough (LBH Community Services, Homerton University NHS Foundation Trust, East London and City Mental Health Trust and City and Hackney Teaching Primary Care Trust) to incorporate the Dignity Code into all service and employment contracts in the future.

The Commission recognises there may be legal issues around incorporating the Dignity Code but requests an indication of the applicable timescales for implementing such a charter including any legal, financial or other considerations by June 2008.

[1] As produced by the Older People Reference Group (OPRG)

Recommendation 2
All the providers and commissioners of care we spoke to during our review emphasised the importance of training and the ways in which dignity issues were incorporated into training. However the Commission is concerned that there may not be a consistent approach to training and as a result there could be variations in the way people who deliver services approach dignity issues. Whilst this recommendation is primarily aimed at the health and social care sector the Commission wishes to encourage all organisations who have staff that come into contact with older people to attend training on dignity issues. In order to achieve consistently high standards and to ensure best practice is shared, the Commission suggests LBH Community Services and all health and social care partners come together to share best practice on incorporating dignity issues into training for all front line staff.

Recommendation
The Commission seeks assurance from LBH Community Services and all health trusts that the training provided to staff in the local health and social care sector appropriately highlights the importance of dignity in care for service users.

The Commission recognises the difficulty of obtaining consistency in training programmes provided by different service providers and therefore encourages LBH and its partners to come together to share best practice and to report back to the commission on steps to be taken to ensure consistency in training on dignity issues.

Recommendation 3
The Commission was impressed by the energy and commitment of a number of groups who represent the views of older people in the borough. It was however somewhat unclear how the Council and the health trusts incorporate direct service user input into shaping and assessing the services they provide and commission. Without wishing to be prescriptive, the Commission wants to see LBH Community Services and all health and social care partners review the mechanisms they use to attract service user input (to find out the views of older people concerning services) to take into consideration the views and comments expressed by service users or their representatives about how improvements could be made.

The Commission recognises the pending implementation of LINks will form another channel for LBH to obtain service user input about services. Therefore it is anticipated the host organisation contracted for LINks will put in place robust mechanisms to attract service user input to be fed into service developments and improvements reviews for service provisions.

Recommendation
The Commission recommends London Borough of Hackney and local health trusts develop more robust mechanisms to allow the views of service users, advocates and groups representing older people to be fed into service improvement and reviews including the development and delivery of any proposed models of care for older people services.

The Commission wishes to be advised by June 2008 what mechanisms have been put in place to allow service user input.

Recommendation 4
Through conducting its review and a number of site visits the Commission acquired an understanding of the importance of commissioning services for older people from quality service providers promoting dignity in care in everything they do. As a Commission we felt inspections by regulators would provide an objective indication of the standard of care being delivered by a service provider in terms of dignity issues. The Commission would wish to see that commissioners of service set a minimum inspection standard for service providers to achieve on dignity issues and send a clear indication that failure to achieve this minimum standard would make a new provider ineligible or result in existing contracts being terminated.

It is hoped this will concentrate the minds of providers and make clear the crucial importance LBH and partners attach to dignity issues.

Recommendation
The Commission proposes that LBH Community Services and CHtPCT develop a shared minimum expectation of standards on dignity issues as judged by service inspection quality ratings.

The Commission would like LBH Community Services and CHtPCT to review all commissioned services at least annually against these standards and provide also an annual report on those services for older people where inspection rating do not meet the required minimum along with an explanation for continued use of such a provider.

The Commission will seek an explanation for any instance of continued commissioning from a provider that it was established did not meet the agreed minimum standard.

Recommendation 5
Noting the increasing number of older people in the borough, the Commission regrets the removal of the position of Cabinet Adviser for Older People. Whilst recognising that the role’s responsibilities have been taken over by the Cabinet Adviser on Health, the Commission feels older people deserve a dedicated voice in Cabinet discussions. Therefore it is the Commission’s view that a Dignity Champion from within the current set of Cabinet Members and Advisers should be named. That person could then report annually to the Health Scrutiny Commission on progress on issues relating to dignity in care.

Recommendation
The Commission considers the issue of dignity in care for services to older people to be an increasingly important issue for Hackney’s residents and one that merits representation at the highest levels of the Council.

The Commission encourages the Mayor to endorse the appointment of a Hackney Dignity Champion. The Commission would request the Dignity Champion reports to the Commission on an annual basis.

4 FINANCIAL COMMENTS

There are no direct financial implications from the proposals in this paper. The paper comments in it's forward that it takes the same time to be polite as to be rude. All training undertaken by staff must ensure that the necessity of ensuring that the dignity of service users is preserved within a care worker or managers culture, and that this is an integral part of their basic training, not an addition.

5 LEGAL COMMENTS

The Report before Members explores in detail, dignity in care for older people in Hackney. The report makes a number of recommendations to Community Services and Local NHS Bodies, to improve the provision of services to older people by incorporating a Dignity Code into contracts of employment of staff and Service Contracts.

5.1 Legislative Framework

The Local Authority (Overview and Scrutiny Committee health Functions) Regulations 2002 provide that an Overview and Scrutiny Committee may review and scrutinise matters relating to the planning, provision and operation of Health Services in the area and make recommendations to local NHS Bodies.

In recommendation 1 the Commission recommend that adherence to care dignity standards should form part of all service contracts with service providers.

The Dignity in Care Charter is not a controversial document and accords with good practice in the care of the elderly. However, seeking to incorporate the Dignity Charter into contract agreements with new and existing service providers is legally more problematic.

Further, it is also difficult legally, to amend the Contracts of Employment of existing staff to incorporate the care dignity standards, as this would involve a variation of their contracts which could not be done without substantial negotiations with staff and Trade Unions.

Cabinet are responsible for approving Council Contracts and the Council's Policy Framework. It is therefore possible for Cabinet to agree (following detailed advice and investigations) to incorporate the Code into the contracts of relevant service providers.

In view of the legal difficulties involved incorporating the Dignity Code into service and employment contracts, it would be advisable to draw these recommendations to the attention of the Borough Solicitor, Assistant Director of Human Resources and Assistant Director of Procurement for further consideration.

Finally, the monitoring and enforcement of Service Providers is a matter for the Commissioners of the Service and not the Scrutiny Commission. However, the Commission may seek to receive annual reports from Community Services and the CHPCT about Service Providers who have failed to meet the necessary standards.

6 FINDINGS

The interdependence of health and social factors on the lives of older people is a fundamental principle of professional practice and for the provision of effective services.

Incorporated in the dignity in care campaign launched by the DOH is the 'Dignity Challenge List' which lays out the national expectations of what constitutes quality care services that respects a person's dignity.

The Dignity Challenge List

1. Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self-esteem
10. Act to alleviate people's loneliness and isolation[5]

The NHS plans sets out a number of future challenges for the provision of services for older people focusing greatly upon promoting independence. This will involve developing services to support older people at home, as well as introducing intermediate care beds, rapid response teams to prevent unnecessary admissions, and extending respite services for carers.

A number of initiatives have combined to transform the expectations and requirements placed upon providers of care services outlining the need for better prevention and earlier intervention in providing support to both service users and Carers. Legislative changes and relevant Government initiatives require Councils and partners to work together in order to provide more choice and a louder voice for Carers in the planning and delivery of services.

During the course of the review the Health Scrutiny Commission (Commission) identified a new Carers Strategy was produced in partnership with LBH Community Services, City and Hackney Carers Centre and their statutory health and voluntary sector partners. The strategy outlines the support services being developed for carers over the next 3 years. Whilst also developing a safety net for young carers to ensure their needs are identified and met so they can enjoy growing up.

Underpinning this locally developed policy is the aim that all carers are aware of their right to have a 'Carer's Needs Assessment' and to consider their wishes, whether it be to access work, training, leisure and a life of their own.

[5] Department of Health, - Dignity in Care Campaign Nov 2006

An agreed strategy has now been publicly launched and is in its first year of implementation. Carers are being encouraged to provide feedback on the strategy and service provision and it is anticipated the information fed back will lead to improved services for older people.

The Commission received evidence from a wide variety of local stakeholders including LBH, NHS health trusts and the voluntary / independent sector. LBH ,local health trusts and independent providers explained how their services incorporated the dignity challenge list and how their practices and policies provide dignity in care for older people. The voluntary sector also provided details about how services could be improved in providing dignity in care for older people.

The Commission wanted to gain an understanding of the regulatory requirements on service providers for health and social care and therefore invited the regulator for social care in England the 'Commission for Social Care Inspection' (CSCI) and for health in England the 'Healthcare Commission' to explain their role and the way in which they monitor dignity issues as part of their inspection processes.

It was noted during the review that the pending Health and Social Care Bill is set to create a new integrated regulator for health and adult social care , 'Ofcare' bringing together existing health and social care regulators into one regulatory body. It is anticipated this will be established in 2008. The new regulator will focus on safety and quality across health and adult social care services in both the NHS and independent sector. The new regulator will bring together the expertise of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

6.1 COMMISSION FOR SOCIAL CARE AND INSPECTION (CSCI)

The Commission for Social Care Inspection (CSCI) was established by the Care Standards Act 2000 and assumed its powers in 2002. The Care Standards Act created a single independent inspectorate body for social care in England. CSCI have responsibility for regulating and inspecting all social care providers for adults and older people in both the public and independent sector whilst also assessing the performance of local authorities in delivering their personal social care service functions. CSCI has powers to close down a service and been known to take this course of action if necessary.

CSCI is an advocate for quality care and shares best practice and advice with and between organisations. As an independent organisation CSCI has responsibility of reporting annually to the Government issuing a report for Parliament.

For CSCI dignity in care means zero tolerance of abuse and felt this presented a means of re-establishing safeguarding teams and revising national minimum standards of care.

CSCI encourage and promote the Government initiative to have all care workers registered in order to ensure integrity and fitness for work as proposed with the pending Health and Social Care Bill. If current proposals are sanctioned the General Social Care Council will be responsible for the registration of workers, something that would start with social workers. The introduction of the

Safeguarding Vulnerable Groups Act 2006 will also allow information to be shared between employers, so if a person is dismissed for gross misconduct this information will be made available to a new employer.

The Commission was advised CSCI have previously felt the way inspections were carried out needed reviewing, and so conducted a consultation called 'Inspecting for Better Lives'. Following this consultation, CSCI changed their inspection procedure and now conduct more unannounced visits. They believe conducting unannounced visits has produced better inspection evidence. In preparation for unannounced visits CSCI regularly ask service providers to supply statistical and written information about their service and then when carrying out such a visit they check the accuracy of information given. However CSCI does not regulate private arrangements and would not be notified about private arrangements - if any private arrangement involves financial payment CSCI would need to be involved. CSCI has responsibility to inspect registered personal social care and regulate the scheme not the family so would still conduct random visits.

CSCI also check what languages the service users speak in the care setting they intend to visit and send inspectors who speak the same language as the service users enabling communication with all service users. However, commissioning the correct registered social care service for direct payment service users is the responsibility of the carer for the service user.

CSCI carry out inspections on London Borough of Hackney's Social Care providers and advised the Commission that LBH have:

- 37 Care homes (3 nursing)
- 15 Domiciliary care agencies
- 1 Nursing agency
- 1 Adult Placement Scheme – service provided by the Council to live in a family this is considered to be like fostering for adults.

CSCI introduced a star quality rating system and publish the following star rating for an inspection:

- 0 Star being weak
- 1 star being poor
- 2 star being good
- 3 stars being very good.

CSCI advised LBH was rated as 2 stars for its social care services and assessed as mostly meeting the needs of the people and should be looking towards achieving 3 star rating. CSCI stated it was noted LBH had produced a very good safeguarding policy.

6.1.1 **Healthcare Commission**

The Healthcare Commission is the health watchdog for healthcare and public health in England and Wales existing to promote improvements in the quality of healthcare and public health. The Healthcare Commission is also the second stage for NHS complaints.

The Healthcare Commission has responsibility of assessing the performance of healthcare services in the NHS and the independent sector. The Healthcare Commission introduced in March 2005 the annual health check process that aims to assess and measure the issues which matter to patients. Healthcare organisations are assessed against a set of 24 national core standards. The Annual Health Check process produces an assessment on two areas 'Quality of Service' and 'Use of Resources' and each category is given one of the following ratings:

- Excellent
- Good
- Fair
- Weak

Healthcare organisations are required annually to produce a declaration assessing their own performance against the core standards. Using a variety of different data sources the Healthcare Commission will analyse the declaration and check the accuracy against other sources of data. If upon analysis the Healthcare Commission has concerns about the quality of healthcare they can carry out audits or unannounced visits.

Similar to this review the Healthcare Commission's key theme this year was dignity in care and the Healthcare Commission decided to conduct inspections on this theme. They drew on the work previously completed by Age Concern, listened to the views of advocates for older people, analysed patient survey and complaint information.

The four key themes for their inspections were:

- Failure to communicate
- Poor environment
- Food and nutrition
- Lack of personal care

The key issues raised were mapped and assessed against the following Annual Health Check core standards:

C13a: staff treat patients, their relatives and carers with dignity and respect
C15b: patients' individual nutritional, personal and clinical dietary needs are met
C20b: the healthcare environment promotes effective care and supports patient privacy and confidentiality.

Using a variety of data sources the top 35 trusts showing concern in this area were selected for inspection by the Healthcare Commission. From the 35 trusts selected they identified 12 which had already been selected for other reasons to have an inspection therefore proceeded with inspecting the remaining 23 trusts. The Healthcare Commission gave each trust notice of their intention to visit but did not identify which wards they would visit until the day of inspection. Inspection visits consisted of visiting two wards one that the elderly car ward and another non elderly care ward. The only ward visited during meal times were the elderly care

wards. The Healthcare Commission attended a meeting of the Commission and presented a summary of the findings from the inspections which were:

- 8 trusts at risk of non-compliance with one or more of the core standards
- 15 trusts areas for improvement identified
- 5 trusts complied with all dignity standards

Included in the 23 trusts inspected were two trusts used by LBH residents. They were Homerton Hospital and The Barts and The London Hospital. The Commission was advised Barts was 1 of the 8 trusts issued with a notification and The Homerton was 1 of 15 trusts issued with recommendations.

The Healthcare Commission produced a report of their findings and identified national recommendations following the inspections these were:

- Strong leadership
- Workforce training
- Involve older people in their care
- Ward environment
- Delivering personal care that ensures dignity

The Healthcare Commission report stated "overall, we were encouraged by evidence that acute trusts are making efforts to respond to concerns about delivering care that respects dignity. An increasing focus on the quality of non-clinical care for patients is essential and our findings indicate that dignity, nutrition and privacy are moving up the agenda and achieving higher levels of priority. We found that the profile of dignity had been raised as a result of the dignity in care campaign and the Dignity Challenge List led by the Department of Health."[6]

6.1.2 Homerton NHS Foundation Trust University Hospital

The Homerton Hospital is a secondary acute trust providing a full range of care services for older people from acute to continuing care services, covering the following areas:

- Acute – Aske Ward and integrated care within general services
- Specialist rehabilitation
- Outpatients
- Day hospital – Bryning Unit
- Continuing care – Mary Seacole & Continuing Care at Home Team

The Homerton Hospital considers personalised treatment of each individual in the acute setting can be achieved through effective assessment of need. The Homerton recognise that the maintenance of independence whilst in an acute trust can be difficult through it's very nature but in order to respond to such challenges have sought to develop a training programme for nursing assistants in the rehabilitation areas to move from providing just nursing care to encompass, for example, ongoing therapy.

[6] Healthcare Commission, - Caring for Dignity (a national report on dignity in care for older people while in hospital) September 2007

A trust wide (Homerton Hospital) dignity challenge was launched in March 2007 with posters, comment and information cards. Dignity in care is also referred to in the staff 'Code of Behaviour' and was included in the new Doctors induction programme in August 2007.

The Homerton Hospital has systems in place to obtain service user views one such system is the weekly senior nursing rounds to engage with patients and hear their views. The trust also has a Multidisciplinary team (MDT) which reviews each case before a decision on discharge is made to ensure the services required after discharge are implemented.[7]

The trust is confident it has the structure and policies in place to handle cases of abuse and highlighted it is a member of the borough wide Safeguarding Adults Committee (SAC). Through membership the trust has guidelines on how to implement the SAC policy if required which have been tested.

The trust takes into consideration the views of the Older People Reference Group (OPRG) and views this group as the voice of the older people in the community.

The trust too confirmed the Healthcare Commission had conducted a dignity in care inspection at the Homerton in March 2007 and advised the Healthcare Commission was satisfied and confirmed the trust was compliant against the required standards.

6.1.3 East London City Mental Health Trust (ELCMHT)

The ELCMHT provides specialist mental health service for East London. Providing services to London Borough Hackney, Tower Hamlets, Newham and the City of London for children, young people, adults of working age and older adults. The trusts also provide forensic services for North East London. The ELCMHT has 70 in-patient beds within Hackney for older people and 2 Integrated Community Mental Health Teams.

The ELCMHT has Gardner Ward which is a 25 bed unit in-patient service for acutely unwell older people with functional mental illness, based in the City and Hackney Centre for Mental Health, Homerton Hospital in which some patients are detained under the Mental Health Act. Consideration is being given to refurbishment / re-provision of City Hackney Centre for Mental Health to enable provision of single rooms with en-suite for Gardner patients to meet the required standards set out by DOH.

Gardner Ward aims to provide individual clinical, nutritional and dietary needs. The service has a welcome leaflet telling service users about the Ward, and also has food and drink available 24 hours a day. To ensure the Gardner Ward environment promotes effective care and supports privacy and dignity the majority of patients have single rooms and the family members are included in care planning meetings.

[7] For a full explanation of this group see section 6.1.7

In respect of dignity in care for Gardner Ward the trust operate the following principles:

- Philosophy of care is based on a clear statement on their commitment to promoting respect, dignity, equality, support and choice
- Welcome leaflets explaining the purpose of ward, staff team, practical information on how to make a complaint and the Patient Advice Liaison Service (PALS)
- Monthly carers meetings.

The other service function the ELCMHT provide is called The Lodge which is a 45 continuing care bed units. Consisting of three 15 bed units for people with dementia and challenging behaviours based at the old Hackney Hospital. At The Lodge all patients are assessed using the Malnutrition Universal Screening Tool. Aiming to provide dignity in care The Lodge operates the following principles:

- A lodge report and action plan
- Mental Capacity Act Advocate – 2 patients referred
- Alzheimer's Society involvement
- Monthly carers meeting
- Individual story boards/books
- Cultural Needs – e.g. Turkish patient escorted 3 times a week to Turkish café.

The ELCMHT hope the The Lodge environment promotes effective care and supports privacy and dignity noting:

- All service users have single rooms
- The Consultant Psychiatrists take a flexible approach regarding times of Care Planning meetings in order to include families.
- Staffing levels at mealtimes increased in March 2007 to ensure sufficient staff members for those who need help with feeding.

6.1.4 <u>London Borough Hackney Community Services</u>

The London Borough of Hackney (LBH) Community Services Directorate provides social care services to adults. For the provision of social care services the Council has a dual role both as a provider of services and a commissioner of services. In Community Services approximately 300 assessments are carried out each month using SAP and LBH has approximately 4000 care packages operational at any one.

LBH Community Services has a 'First Response Provider Team' that provides the first six weeks of care and identifies with the service user all their individual requirements and how they will be met. LBH Community Services have found moving a person around within the borough has been less problematic than originally envisaged and where possible LBH Community Services tries to avoid residential care home admission. Aiming instead to provide supported living services to allow an older person to stay at home as long as possible.

As a provider of services LBH Community Services use the Single Assessment Process (SAP) to determine the needs of service users and identify their care package. Each service user is allocated a key worker and given an information booklet about the services which is this explained to each service users in person.

Use of SAP has led to more multi disciplinary assessments, and scrutiny of records. However it was noted SAP is not an electronic system or shared between health and social care organisations and thought if SAP was a shared electronic system it would assist service integration, but recognised this is undermined by the differences in system design, although there are aims to change this.

As a service provider LBH provide the following services:

- Home Care – long term and rehabilitation
- Day Care
- Supported Living Schemes
- Intermediate Care (part funded by health)
- Meals and Transport Services
- Median Road Resource Centre (Residential)
- Community Resource Team

LBH Community Services recognise it is difficult to identify people who live within the community that need social care (especially if they are not already known to LBH Community Services); but LBH Community Services note they were reliant on self referrals or neighbours highlighting areas of need for an older person who requires assistance.

As a commissioner of service LBH Community Services undertake a large amount of partnership working with health partners and manage joint contracts with health partners, monitor performance, carry out work force development and; the supporting people programme. LBH Community Services aim when commissioning services to understand the needs of the population and target towards health prevention methods for a provision of service user centred care. Therefore commissioning services with partners for health and well being, looking to effectively share and use information with clearly focused results from commissioned services.

LBH Community Services has care service partnerships for residential and home care service provision and hope to move towards a more integrated case/care management with partners. LBH Community Services consider the key points to take into consideration for service provisions is the choice of the service users and trying were possible to enable independence through supported living provision. Through assessment look at prevention as far as possible.

LBH Community Services are currently reviewing service contracts and anticipate a move towards purchasing a package of care for service users as opposed to pockets of time. In their role as a commissioner of service LBH Community Services also monitor the service provision and outcomes of services for direct payment or direct provision.

Leading on workforce development for staff across the organisations LBH Community Services provide training to care staff and are promoting social care qualifications as well as social care work as a career. All staff periodically attend a detailed induction and receive on going training, on care giving, abuse, moving and handling and customer care. Although LBH Community Services does not have direct service user input into staff training sessions, real case scenarios were used in training sessions to give staff an example of the types of issues they could face.

Through a system of performance monitoring LBH Community Services not only review complaints data but also learn from enquires. Systems for monitoring and review of contract results are also being embedded which focus on the delivery of improved quality of life outcomes for service users. Such systems are tested through a regularised quality assurance system which spans the whole organisation.

LBH Community Services management maintain dialogue and keep in touch with service user's issues and concerns through a series of visits. Such regularised contact and reflection has assisted, for example, in the development of a pilot for self assessment, operating from December 2007, which aims to provide significantly increased independence and service user control (Rehabilitation and Personalised Care).

6.1.5 **City and Hackney Teaching Primary Care Trust (CHtPCT)**

City and Hackney teaching Primary Care Trust are responsible for the provision of primary care health services in City and Hackney. CHtPCT also have a dual role as both a commissioner and provider of community care service in the primary care sector and operate the same commissioner principles as described earlier by LBH Community Services.

CHtPCT currently provide in the primary care sector the following services within the community:

- Adult Nursing
- Adult Rehabilitation
- Dietetics
- Foot Health – mainly a clinic based service
- Locomotor
- Learning disabilities, with LBH
- Psychological (talking) Therapies
- Wheelchair

CHtPCT aim to raise individual's expectations through the use of dignity in care cards; asking for comments, compliments and concerns. CHtPCT recognise some people prefer to talk about their service provision after their care package has ceased and as a result CHtPCT have implemented a process to capture feedback from those patients who have left the service provision.

CHtPCT felt dignity in care was achieved in their service provisions by the use of service user assessments (one such example being SAP), their medications

policy, focusing on outcome plans encouraging self care with advocacy and link workers. Noting service users were provided with person centred care plans and staff were advised and encouraged to use the whistle blowing policy.

Where possible CHtPCT try to accommodate a person's preference for visits, clinic services and encourage family participation where appropriate. CHtPCT also aimed through training to develop amongst staff respect and understanding of culture differences including how a person wishes to be addressed.

CHtPCT work closely with social care partners on ways to reduce the duplication of care services in care homes. Actively sharing and promote dignity in care knowledge and understanding amongst the local GP community and advised training is available with an incentive for GPs to attend. Information on training sessions are shared at practice performance meetings although CHtPCT have no formal contract with GPs to do this.

6.1.6 City and Hackney Health and Social Care Forum (C&HHSCF)

City and Hackney Health and Social Care Forum is a voluntary organisation that has open membership with approximately 200 members. Membership can be for voluntary sector organisations as well as individuals and tend to come from the health and social care sector.

C&HHSCF provides an open forum for discussions, networking and information sharing as well as support for new groups and co-ordinating responses to consultations. More generally they also aim to promote the interests and views of the voluntary sector to ensure issues are raised and the voice of the service user and the voluntary sector are heard.

Following consultation within the network the key dignity in care concerns highlighted were:

- Communication
- Mode of address
- Being spoken down to
- Stimulation and activity
- Food and drink
- Hygiene and cleanliness
- Mixed sex wards
- Manners and attitudes
- Medication
- Difficulties accessing continuing care services.

C&HHSCF suggested it was simple things organisations could ensure where carried out to provide dignity in care to service users. Expressing the need for individuals to be treated as people, providing support (especially at meal times and use of the toilet facilities) and stimulation and any concerns raised should be taken seriously. Being well mannered, respectful and responsive to older people and dealing with an indication of abuse immediately. It was also expressed the need for organisations to apologise when things did go wrong and change.

CHHSCF advised the voluntary sector considered provision of clear guidance for staff would be beneficial highlighting that providing training / more staff was not necessarily a solution to all situations it may be a need for more time. Organisations could provide independent advocacy / support for people to raise issues developing processes resulting in a less bureaucratic ways of doing things. Organisations could review how service is provided taking consideration of end of life care, recognising the importance of carers, family members and visitors.

CHHSCF also highlighted implementing policy and process change was not only what was needed but also organisations needed to implement a means of measuring and assessing the changes implemented. Monitoring complaints, comments and compliments and inviting people to make suggestions for change, monitoring, but listening to the suggestions and responding. Organisations could also:

- looking out for physical indicators - malnutrition
- Mystery shopping, exit interviews
- Exchange of views and information
- Use Dignity Champions

CHH&SCF stated it was important to engage with older people (service users) in relation to service improvement issues. Noting service users were willing to work with service providers in this area. Advising that just focusing on training staff did not always provide a solution, but also having an open forum would help and often produced good results. We also heard how some individuals fear that if they complain services may be withdrawn – we believe it is imperative that any such suggestion is refuted and appropriate systems are put in place.

Through our dialogue we heard how CHH&SCF hoped consideration would be given to adoption of the 'Dignity Code' produced by the OPRG a position based upon it being not only important that service providers moved toward shared policies but also established how they would be measured.

6.1.7 Older People Reference Group (OPRG)

The Older People's Reference Group (OPRG) at the time of undertaking our review has a registered membership of 456 and an Advisory Group of 24 members with overall organisation / management being coordinated by Age Concern Hackney. The group held seven open meetings in the last year, at which regular attendance varied from 30-60. The Advisory Group meets monthly in between the main quarterly meetings. The OPRG is a service user consultation body and it is the formal user involvement/consultation body of the Older People's Board (OPB) which feeds into Team Hackney sub Partnership, Thriving Healthy Communities Board.

OPRG were approached by OPB to engage with their members about dignity in care. OPRG felt presentation of their findings to the Commission would provide direct service user input into this review.

Among those views obtained and shared with us were those set out below:

"They have lost the ability to see patients or users as people with individual needs. They (care staff) need to learn about UK social customs too; some small talk. Why are ethnic service users allowed to have carers from their own culture or religion and we white British have to make do with anybody?"

"The formal complaints procedure is too cumbersome and too formal for many small matters. Poor home care managers make for poor care workers, yet you can only complain to the managers, who brush you aside."

"Most people believe that because you are old you have no dignity. But most old people still have their faculties and are not stupid as some may believe."[2]

OPRG wanted to express the importance of using the word carer to correctly describe a person who provides care assistance but is not a care worker. Stating there is a distinct difference between the two types of people and urged this distinction to be made clear within the health and social care sector.

[2] **Full details of the OPRG analysis of the questionnaires are attached as appendix 2.**

6.1.8 Independent and Voluntary Sector

The Commission wanted to hear the views from a broad range of service providers and so invited service providers from the voluntary and independent sectors to participate in the review. The Commission wrote to ten organisations and four organisations attended a Commission meeting to outline their views and the comments their service users had expressed to them concerning dignity in care.

Bilkur Cholim D'Satmar is an organisation providing culturally appropriate domiciliary care to the Charedi community to the Orthodox Jewish residents in the community. Bilkur Cholim D'Satmar has with success worked closely in partnership with LBH Community services (adults) to make the services more accessible to the community.

Bilkur Cholim D'Satmar highlighted how building a working relationship with LBH Community Services had led to their service users becoming increasingly confident about accessing social services; however they understood service users were still somewhat reluctant to use the acute services. The main concerns raised by their service users were:

- Calling service users by their first name
- Felt their cultural needs were not understood.

Bilkur Cholim D'Satmar indicated to the Commission that they have a good working relationship with LBH Community Services - Older People Services and acknowledged the recent successes aimed at improving the quality of service and service availability to members of the Orthodox Jewish community. Efforts being jointly undertaken with the Homerton Hospital to engage with the Orthodox Jewish community were also referred to.

London Care is an organisation providing domiciliary care to people of all ages within the London Borough of Hackney in their home or at a location in the

borough. London Care has a service contract with LBH Community Services to provide domiciliary care services to residents in Hackney.

London Care service users felt greater consideration could be given to:

- How to enable people to remain within their own home and;
- Better consultation with domiciliary care providers in addition to the whole pathway for care between social services and acute care
- Improvements in relationships with LBH Social Services (through their experience looking at enhancing retention of staff and therefore continuity of relationships).

London Care advised they have good monitoring systems in place to listen to service users and encouraged feedback from their users by sending out surveys on a regular basis.

In dialogue with the Commission London Care shared their views noting the value of the service and assistance a care worker provided was not fully appreciated. Highlighting care workers provide 24 hour care which is a large proportion of the care package and correspondingly it was felt more information should be available detailing the role of care workers and the work they do so that it may be encouraged and recognised as a profession.

The Sharp End is a voluntary organisation that encourages healthy living for people aged 50 and over and operates a range of activity classes from exercise classes (like fitness fun) to arts and crafts at their premises and at specific locations within the borough. It forms part of and contributes to a broader partnership called In-Shape which brings together a number of voluntary sector organisations providing a range of services to older people. The Sharp End specifically provides 38 hours of classes aimed at addressing the PCT health prevention initiatives.

Users of The Sharp End services commented on the difficulty they encountered navigating their way around the system to access services and also felt they were not taken seriously.

The Sharp End advised they had systems in place which encouraged and responded to service user input about their services.

Agudas Israel is a housing association organisation providing a range of services to older people and housing assistance to the Orthodox Jewish community. Agudas Israel provides services to older people from residential nursing care to supported living scheme. Their service provisions also includes the ability to support people requiring mental health service provision, residential care, hostels for male and female and regular housing units to the Orthodox Jewish community as a whole.

Agudas Israel advised their main concerns related to service users being returned from Accident and Emergency to their supported living accommodation in the early hours of the morning and being left without any care assistance in a cold and empty property.

Site Visits

Members of the Commission felt that in order to undertake a comprehensive review they needed to visit a range of service providers to see first hand how services were delivered and the challenges service providers faced. The Commission asked service providers if they would be willing to allow the Commission to visit and see their service operation. The Commission visited a variety of service providers covering the voluntary, independent and Council operated services looking at Residential Nursing Care, Supported Living Schemes and Older People Services. A summary of the visits is detailed below.

6.1.9 Agudas Israel Housing Association – Residential and Sheltered Care

Agudas Israel a housing association providing assistance to the housing needs of the Orthodox Jewish community. The association was founded in 1981 as a campaign to draw attention to the housing problems of the Orthodox Jewish community in North Hackney. We heard how the strict religious requirements of the community govern how and where members of the community live, meaning the association's main geographical focus is Stamford Hill area of the Borough, where focus is directed specifically toward housing and special needs.

Agudas Israel own over 450 units in the London Boroughs of Hackney, Barnet and Haringey and in Salford in Greater Manchester. There are plans for expansion which is focused within the boroughs mentioned above.

Agudas Israel provide the following services:

- Supporting housing for people with special needs,
- Accommodation for elderly members of the community
- A mother and baby home
- Temporary accommodation
- Development of property for sale mainly through shared ownership basis.

The home takes referrals from throughout the UK and currently operates a waiting list. At the time of the review the cost of a placement with Agudas Israel was £145 per week for sheltered accommodation and for residential care £675 per week.

Agudas Israel provides 39 units of sheltered accommodation and 43 placements for nursing residential care for elderly men and women. Sheltered housing residents have a one bed apartment with their own cooking and bathroom facilities. Residents in sheltered accommodation can choose to:

- Eat their meals with the residents of the nursing home
- Take the meal to their apartment
- Cook for their self.

It was advised approximately 15% of residents opt to have their meals delivered to their room or flat.

The finances of the residents are usually managed by the relatives of the residents, but in a few cases Agudas Israel will manage their finances if required. Post for the residents is distributed by Agudas Israel staff.

A variety of activities are provided each week and displayed on the notice board. The premises have a community setting including a synagogue which members of the community came in to use with residents of the nursing home and sheltered accommodation for daily prayers. Agudas Israel is currently in the process of building a day centre linked to the residential and sheltered accommodation to further integrate the residents in the home and the Jewish community.

The staff members are encouraged to progress to qualification if they wish; for example Agudas Israel has a member of staff who started as a care assistant and with the assistance from Agudas Israel qualified to become a registered nurse and continues to work within the home.

Upon visiting the home Members experienced first hand the how welcoming and friendly the staff were and observed how well all staff interacted with residents from both the nursing and sheltered living accommodation. The home appeared to have an inviting and welcoming presence with a hive of activity in every corridor visited. At our visit the residents we spoke to expressed how happy they are at the home, with their accommodation and the facilities including how well the staff cared for them.

6.1.10 **Aspray House Residential Care Home**

Aspray House is a purpose built care home completed in 2004 and opened to its first residents in August 2004. Aspray House is owned by Twinglobe Care Homes Limited. The home has residents from LB Hackney but is based in London Borough of Waltham Forest. Aspray House takes referrals from throughout the UK and operates a waiting list. Placements can be:

- Private funded
- LBH funded and
- Part private/LBH funded

Placements are one cost regardless of the residents care package. At the time of the review the current cost was £599 per week and amount of payment required is determined by the LBH statement of needs assessment. Post is delivered to the building and then distributed by staff to residents.

The home is a 64 bed unit spanning four levels. Aspray house accommodation has all single rooms with en-suite bathroom facilities and the home has 24 hour nursing care.

The home provides activities for the residents from day trips to keep fit sessions. All residents are encouraged to mix including residents who have dementia or low mental health issues (these are not mental health issues identified under the Mental Health Act). Aspray House does not offer day centre facilities so residents wishing to or needing day centre facilities go out to day centres.

Aspray House operates a nutrition policy and uses whole milk to help combat osteoporosis for residents. All meals are home made, the menu is seasonal therefore changes four times a year on a 4 week cycle.

Each resident has a portion of funds held at the home for small purchases and by government legislation all residents have a protected minimum weekly allowance. The financial affairs of the residents are handled by relatives or the person with power of attorney.

Aspray House they have a range of staff from qualified nurses to care assistants and management. The ratio operated is 1:4 and a ratio of 1:4 is maintained on the dementia units all day. Aspray House also provides in house training facilities for their staff.

6.1.11 **The Sharp End**

The Sharp End is one of 7 local charity organisations that came together in 2004 under the umbrella of In Shape to work formally together to provide service and assistance to residents aged 50 plus living in the London Borough of Hackney. The Sharp End was previously located at St Leonards in which nominal assistance was provided for the organisation to relocate to their new premises they now occupy.

Together the organisations work to create local affordable opportunities for people in Hackney aged 50 and over to live healthy, active and rewarding lives. The services provided by The Sharp End are health prevention services aimed at keeping older people active, healthy and fit as they grow older.

The Sharp End consider the service they provide is a link and interaction between services users and the health trusts encouraging service users to participate in health initiatives like Bowel Cancer screening and increase awareness of health prevention work by the health trusts. The Sharp End is also trying to help to bridge the generational gap between older people and young people looking to build up trust between the two generations so older people can feel safe to travel at any time of day or night.

We heard that The Sharp End encourages service user involvement and listens to their views about the activities they would like. An example of this is if a class size drops it is reviewed or changed advising they introduce new classes and delete as demand dictates.

The Sharp End explained that the low percentage of older people in the borough also meant funding towards the services for older people was limited as the majority of the funding is aimed at projects for the younger population in the Borough. The Sharp End felt older people often did not know where to get information to access the services available and felt there needed to be more information or guidance given to assist older people to access information about services available. We also heard how if In Shape could acquire their own building; this would allow this voluntary organisation to explore ways of generating additional income from the asset to assist with paying operational costs.

On the visit to The Sharp End observations of the class revealed only women. Upon enquiry it transpired the service users were mainly women approximately 80-90% and very few men. This was noted several initiatives had been trailed to encourage men to engage in the activities, but they appeared to be more reserved.

Before the service users started the class they were encouraged to express their views about what dignity in care meant to them. The following comments were made:

"Treated with respect as they have been treated throughout their life, have single sex wards and no abuse in care homes."

"One service explained as a new care worker she was taken to a service users home with another care worker and was dismayed to see that the care worker undressed the person in front of her and she felt there was dignity in care for the service user and the service user was not asked if he/she objected to a stranger being present. The service user felt this illustrated no respect for the individual and stated she would not have like that if that had been her."

"Being treated with respect by the young people as they would like; and not to be talked down too."

"Dignity is respect and being inclusive in the service provided. At The Sharp End I find this and feel happy and comfortable attending."

The service users also provided comments about what coming to the service provision had done for them. Some service users had been attending the service since it opened just over 10 years ago.

"I had a bad knee since doing the exercise the pain has lessoned and the use of her knee has improved."

"I had a bad back through the exercises I can move more fluidly."

"I was lonely, now attending the classes has given me new friends, knowledge about breathing exercises, meditation and I now have something to look forward too."

"I had Cancer and surgery in which Lymph glands and parts of the muscle in my leg were removed and I found it difficult to walk and was in bed most of the time. Now since doing the exercises I can walk for longer periods of time."

"I had difficulty walking down the stairs and would often have to come down the stairs on my bottom, now since attending the service I walk up and down my stairs."

"I am 85 years old and I have attended for 10 years doing 3 classes a week."

"This keeps me young with fun and exercise and it keeps my mind young."

The instructor for the class explained *"If a person is depressed the aches and pains felt become magnified and you beginning to feel isolated. At The Sharp End it is like a family, giving a person a sense of purpose, self worth and well being. The Sharp End provides a variety of exercises and has a social element."*

6.1.12 <u>**Median Road Resource Centre**</u>

Median Road Resource Centre (MRRC) is operated by London Borough of Hackney and is a service for older people not requiring nursing care. The service provision offers support, personal care and accommodation for up to 37 service users. At the time of the review MMRC offered four types of services being:

- Long Term Residential
- Intermediate Care
- Respite Care & Day Care
- Delayed Discharge Programme

Each service user has a care plan and personal care is provided in the room of the service user. The service provided is client led and MMRC staffs provide support and assist the service user to enable them to make a recovery to the best of their ability. Regular reviews and continuous care assessment are carried out whilst the service user is in MMRC to ensure when the service user returns home there is a care package in place is suitable to meet their needs and their home environment.

The accommodation is arranged in sets of 4 units with a small communal area for the four units. The majority of units are single rooms with an en-suite. MRRC also cater for couples and has 3 large bedrooms for this purpose. Included in the service is a laundry, meals for all residents and pets are also permitted.

At MRRC the telecare system is being installed to enable continuity of care for service users especially if this system will be used when they return home.

Long Term Residential
MRRC at present offer 4 long term residential care beds, but demand shows there is more need for intermediate care therefore the centre is in the process of phasing out this service so they can focus on providing intermediate and respite care.

Intermediate Care – Rehabilitation
The aim of intermediate care is to provide a short burst 1-6 weeks of intensive therapy in a supportive environment with the aim of increasing a person's confidence, safety and independence to do every day task. At present service users stay up to 9, 10 or 12 weeks, mainly due to finding suitable housing accommodation for the service user to move into following rehabilitation. The aim is for the individual's return home and to the community to be safe. The care provided in the service is client led and based on rehabilitation principles.

The rehabilitation services provided are:

- Occupational Therapy, Physiotherapy assessment, speak and language therapy
- Music therapy
- Hairdressing
- Chiropody

Respite Care and Day Centre
The respite unit provides services to users aged 65 and over:

- For Service users experiencing memory problems or dementia
- Who have physical disability and do not have high nursing needs

The length of stay can be from 1 night to 2 weeks and can be for a variety of reasons like carer break, family holiday's etc.

MRRC also offers day centre facilities for up to 25 service users with dementia. For this service MRRC provide a collection and drop off service and is open between the hours of 8am - 4pm.

MRRC provide 24 hour care and have 2 staff per 8 clients. The staffs receive regular training on health and safety and risk management. Staff training starts from the basic NVQ level qualifications to level 3/4 noting dignity in care is covered in their NVQ qualifications. Staff are encouraged to speak up or complain if it was felt a service users was being put at risk and a worker also has regular supervision and if required is supervised whilst providing care to service users.

Although the service has inspections from CSCI, LBH senior management also conducts monthly inspections to the premises. It was noted the most recent CSCI inspection commended the home for its consistent high standard of quality care.

Members also heard during their visit from service users who spoke positively about the staff and the standard of care they received.

6.1.13 **Rose Court Supported Living Scheme**

LBH Community Services provide 7 supported living schemes in the borough in partnership with a housing association and Members visited Rose Court one of the supported living scheme (in this scheme the partnership is with Newlon Housing Association).

Rose Court has 41 flats and each flat has a single bedroom, en-suite and living / kitchen area. Rose Court also has communal bathroom facilities so workers can assist tenants if they require. Rose Court also provides a guest flat for use by family members who may visit tenants.

A large proportion of tenants come from Median Road Resource Centre and when LBH are placing a client they take into consideration the geographical location of the tenant's family.

Rose Court has a wide range of service users and approximately 70% of their tenants have dementia. Due to this Rose Court has a strong working partnership with East London City Mental Health Trust and 24 hour staff care.

The scheme provides domiciliary care and workers assist with meal preparation and medication but do not do administer controlled drugs like insulin or morphine.

At the time of the review the cost of tenancy is £92.50 per week if a tenant is on benefits but if the tenant receives no form of benefits they could pay up to £500 per week. Tenants can also opt to have their finances managed by the Borough and those who do often end building up some savings.

The Commission understands a survey of all the Council's properties has recently been completed and hoped the audit would identify buildings suitable for lease by organisations. Taking into consideration the continuous need by voluntary sector organisations to fund raise for income to cover operating costs; a view was reached that voluntary sector organisations would find it more difficult to acquire suitable premises from the open market. In our review the Commission sought to understand the importance of accessibility of services none more so than the location of the premises. We were informed that the Dial a Ride Service could be problematic; however the Commission noted this service was now provided by Transport for London (TfL) and not the Council. The Commission considered how the effective provision of important support services such as these could help to provide a more seamless service and improve partnership links between organisations providing domiciliary care and services to patients discharged.

7 CONCLUSION

The Commission was impressed by the energy and commitment of all commissioners and providers we spoke to during our inquiry. There is a clear recognition of the importance of dignity issues in the provision of services to older people.

An even greater focus on listening to the views of older people themselves when developing services and sharing best practice can only help in driving up standards even further.

Moving dignity issues to the heart of the way services are commissioned and delivered is the next challenge for Hackney's health and social care partners. We hope our recommendations will help to ensure this happens.

Lead Councillor: **Cllr Jonathan McShane**

Scrutiny Officer: Tracey Anderson, ☎ 020-8356 3312

8 CONTRIBUTORS

The following people attended the Scrutiny Commission's meetings and gave evidence. The Scrutiny Commission owes a great deal to them not only for what they contributed to the investigation but also for the enthusiasm and commitment they brought to the task. Others present, both officers and members of the public, made informal contributions.

The Commission is grateful to all those who took part. Error and omissions are the responsibility of the commission.

11th June 2007 Tim Weller, Commission for Social Care Inspection (CSCI)
Mary Cannon, City and Hackney Health and Social Care Forum

10th July 2007 Bob Morgan, LBH Community Services
Jennie Negus, Homerton University Hospital NHS Foundations Trust
Diane Cannas, London Care
Yocheved Eiger, Bilkur Cholim D'Satmar
Freda Lipszyc, Agudas Israel
Jon Pushkin, The Sharp End

5th September 2007 Mary Burkett, City and Hackney teaching Primary Care Trust
Ray Boyce, London Borough of Hackney, Community Services
Ian Buchan, London Borough of Hackney Community Services
Sue Balmer, East London and City Mental Health Trust

17th October 2007 Lesley Roger, Healthcare Commission

9 MEMBERS OF THE SCRUTINY COMMISSION

9.1 Members of the Scrutiny Commission

Councillor Jonathan McShane (Chair)
Councillor Daniel Kemp (Vice Chair)
Councillor Maureen Middleton
Councillor Tom Price
Councillor Joseph Stauber
Councillor Patrick Vernon
Councillors Katie Hanson
Councillors Ian Rathbone

9.2 Co-opted Members

Clarissa Rocke-Caton
Jon Pushkin

9.3 Scrutiny Officer

Tracey Anderson

Background Papers

The following documents have been relied upon in the preparation of this report or were presented to the Scrutiny Commission as part of the investigation:

Description of document	Location	Date
Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England Social Care (Green Paper)	Department of Health	March 2005
Our health, our care, our say: a new direction for community services (White Paper)	Department of Health	January 2006
Dignity in Care Guidance	Social Care Institute for Excellence	Nov 2006
Caring for older people - a nursing priority: Integrating knowledge, practice and values	Department of Health	Apr 2001
Dignity in Care Campaign	Department of Health	Nov 2006
Caring for Dignity: a national report on dignity in care for older people while in hospital	Healthcare Commission	Sept 2007

Hackney

Appendix 1

Health in Hackney Scrutiny Commission
Investigation Proposal

1. The proposed review and suggested terms of reference

This review will consider services for Older People and whether the current services provide Dignity in Care to service users. Services provided to London Borough of Hackney residents within the borough and procured from outside the borough will be reviewed.

Terms of reference

1. Identify how the Council and the healthcare organisations ensure high standards of dignity in care

2. Explore the issues of medication management, training of staff, quality of food and quality of care to ensure there is dignity in the care

3. Explore how services commissioned by the Council ensure a high standard of dignity in care

4. Explore ways the Council and its statutory partners might better develop policies, practices and strategies to support inter-agency working leading to enhanced local infrastructure delivering shared provisions.

2. Origin of request (e.g. Surgery, Neighbourhood Committee, outside body, performance indicator).

In November 2006 the Department of Health (DOH) launched a national campaign about dignity in care, which sparked a wide spread debate about dignity in care in service provision for older people.

The Healthcare Commission conducted a National Patient Survey of adult inpatients in 2006 which revealed concerns about dignity in care in service provision. Such interest resulted in a number of inspection visits to 23 acute trusts, and a number of premises in North East London were inspected during March 2007.

In light of the heightened profile for dignity in care, and the DOH vision for the integration of health and social care service provision in the long term. Members and LBH Officers felt that an in-depth review would assist strategy, practice and policy development, and also highlight the key concerns within the local community.

3. What are the likely objectives of any review? (i.e. Improvement in service delivery, budget saving, changed policy, recommendations to outside bodies).

Members hope to make recommendations to assist in shaping strategies, practices and policies, whilst taking into consideration the views and concerns raised by the inspectorate bodies and the local community (i.e. service users and their representatives).

It is also hoped that through this review any opportunity for joint working arrangements between the health organisations are identified and will lead to continued improvement in joint working arrangements for health and social care service provision in Hackney.

4. What is the scope of the review?

The review will look at the dignity challenge list and assess whether the services provided at present, future policies and strategies will deliver dignity in care. We will consider services commissioned and provided by:

- LBH Community Services
- City and Hackney teaching Primary Care Trust
- Homerton University Hospital FT Trust
- East London City Mental Health Trust
- Independent and Voluntary sector organisations.

5. What is the likely scale of any recommendations, and who are likely to be affected by them?

It is anticipated that the review will be concluded in November 2007.

Recommendations may have implications for action upon the bodies mentioned in paragraph four and will take into account appropriate budgetary and planning cycles.

6. Who is likely to have to implement any recommendations?

- Recommendations regarding local and regional health bodies are non-binding and can only therefore be made for consideration.
- LBH Community Services
- City and Hackney teaching Primary Care Trust
- Homerton University Hospital
- East London City Mental Health Trust.

7. What are likely sources of evidence/ stakeholders?

Evidence gathering meetings are expected to run from June 2007 through to September 2007.

11th June 2007
Commission for Social Care Inspections (CSCI)
Voluntary Sector Organisation

10th July 2007
Independent sector
LBH Community Services – Commissioner of Services
Homerton University Hospital FT Trust
Service User Group

August
Recess – No meeting

5th September 2007
East London City Mental Health Trust
City and Hackney teaching Primary Care Trust
LBH Community Services – Provider of Services

17th October 2007
Healthcare Commission

14th November 2007

Agree Recommendations

12th December 2007
Report to the Commission for sign-off

8. What level of support is likely to be required by the review?

- Commission for Social Care Inspections input
- Voluntary Sector Organization input
- Service User Group input
- LBH Community Services input
- City and Hackney teaching Primary Care Trust input
- Homerton University Hospital FT Trust input
- East London and City Metal Health Trust input
- Support, research and steering provided by the Scrutiny Officer
- Support, research and steering provided by the Lead Member with the collaboration of other members.

Site visits to partner/other organisations may also take place. Research and meetings with officers will be conducted as necessary.

9. What are the timescales for the review? (i.e. does it need to be completed in order to meet a deadline elsewhere?)

The review will start June 2007 and conclude evidence gathering in September 2007. Findings will be reported to the Commission in November 2007.

10. Who will be the Lead Member?

Councillor Jonathan McShane

11. How will progress be monitored?

Final report will detail how recommendations will be monitored. This may include reports back to the Health Scrutiny Commission from the parties asked to implement any recommendations.

Appendix 2

City & Hackney OLDER PEOPLE'S REFERENCE GROUP Older People's Board

AGE Concern Hackney

Analysis of Questionnaire on Dignity issues circulated by the Older People's Reference Group in March 2007

The sample:

51 questionnaires were returned out of 450 distributed.
Of these 12 were men (23.5%)
39 were women (76.5%)

Age range:

Under 55: 4.7%
55-64: 18.6%
65-74: 58.1%
75-84: 16.3%
85+ : 2.3%

Ethnicity:	Borough % of population
White British: 53%	59.4%
All ethnic minorities: 47%	40.6%

(Black British/Black Caribbean/Black African/Asian British/Malaysian/Jewish/Argentinian):

Majority views:

Below are extracted those responses which were supported by 50% or more of the sample and may therefore be regarded as clear majority views.

All the questions with responses rendered in percentages are provided further on.

Notable is the very strong concern on appropriate forms of address (79.2%), maintenance of a respectable appearance (91.8%) and on the need for stimulation and a sense of purpose (93.9%).

Do you believe it is easy to make a complaint about services?
Strongly or moderately disagree: 50%

Do you agree that there is enough assistance available to service users to eat meals?
Moderately or strongly disagree: 58%

Do you feel that it is important to people how they are addressed by care staff e.g. more or less formally?
Strongly or moderately agree: 79.2%

In your view, is it important for service users to maintain a respectable appearance when they are receiving care?
Strongly or moderately agree: 91.8%

Do you agree that most people are comfortable being placed in mixed sex facilities?
Moderately or strongly disagree: 72%

Do you agree that having stimulating activities and a sense of purpose (when in a care home or at home alone) are important?
Strongly or moderately agree: 93.9%

Do you agree that most care staff have sufficient language skills to communicate with or understand service users?
Moderately or strongly disagree: 52%

Do you feel that people know how to access advocacy services and that there are sufficient advocacy services for vulnerable adults?
Moderately or strongly disagree: 65%

Do you feel that means testing is acceptable to most people (that is not overly intrusive or degrading)?
Moderately or strongly disagree: 57.4%

Comments

Do you have any other concerns about the respect and dignity accorded to older people by local authority or NHS services?

Bring back the matron – nothing slipshod – no hair hanging over patients – cleaning done properly in corners and under the beds – medications checked and given.

The new changes in GPs surgeries for hospital referrals are very frustrating.

They have lost the ability to see patients or users as people with individual needs.

When you're means tested for community care and you cannot pay the high charges, the community care is taken away from you.

Being spoken down to and treated as though because you're old you've lost your marbles and are not able. In 99% of the time this is both insulting and upsetting to many.

I do not like the Home Care Manager saying: "Hi!"

They [care staff] need to learn about UK social customs too, some small talk. Why are ethnic service users allowed to have carers from their own culture or religion and we white British have to make do with anybody?

Poor home care managers make for poor care workers, yet you can only complain to the managers, who brush you aside. The formal complaints procedure is too cumbersome – too formal for many small matters.

Abuse of power in housing associations - Health and safety rules have become weapons of control over older people, who are treated as if they are worthless.

Respect: you should have to gain it, old or young. People should respect others, colour creed, rich or poor.

People should have their choice and it should be respected. Respect is a mark of retirement.

I dislike the title older person. Why not senior citizen?

The various authorities need to be trained to look after older people well and treat them with the dignity they deserve. Also need to make sure that hygiene and cleanliness to a high standard is enforced and encouraged, especially in hospital.

At our local hospital, Homerton, a friend was in for a hip op which went horribly wrong. Been in there Dec 06 to March 07.

Should be spoken to as adults, not as children.

I notice as a gay man in a heterosexual environment I am overlooked, I find it difficult to answer questions that do not include me – I feel uncomfortable at heterosexual events. I do not join in.

I especially resent being addressed as 'sweetheart' or 'darling.'

Older women should not be assumed to be Mrs. Some of us are proud to be Miss (and there is the alternative of Ms if the letter writer is in doubt.)

Talking loudly to an older person as if all of us are deaf. Not answering letters. Not keeping promises.

They don't seem to have time for older people.

I believe that assessments from social services for the elderly should have more priority.

Need for general respect for age when associated with wisdom\experience

Also inappropriate diets: e.g. solid food to patient with radium needles in place orally, who could not eat it.

Services often treat people generally (irrespective of age) as numbers to be processed. Reception/telephone staff can be officious/unwelcoming giving the impression you are on sufferance. But there are honourable exceptions, with a lot of care and kindness shown. It is often very difficult to obtain water – it needs to be in easy reach of the bed. In care homes older people are very vulnerable to dishonesty and abuse. I have experienced theft from handbag and locked cupboard – a carer who lured people to meet him outside the home and tried to extort money. Also in day care, staff too busy to escort to toilet, causing distress and indignity.

Most people believe that because you are old you have no dignity. But most old people still have their faculties. They are not stupid as some may believe.

Toilets are not well maintained.
You can make a complaint but the follow up is hopeless!
A hospital gown for patients, where one size fits all policy is not acceptable.

In your experience of hospital, other NHS services and of Social Services, or that of people you know, such as neighbours, relatives or friends (please tick):

Do you feel that people are listened to and treated as individuals?
Strongly or Moderately Agree: 44%
Neither Agree nor Disagree: 18%
Moderately disagree or Strongly Disagree: 38%

Do you believe it is easy to make a complaint about services?
Strongly or Moderately Agree: 34%
Neither Agree nor Disagree: 16%
Moderately or Strongly Disagree: 50%

Do you agree that people have enough privacy when receiving care?
Strongly or Moderately Agree: 35.4%
Neither Agree nor Disagree: 23%
Moderately or Strongly Disagree: 41.6%

Do you agree that there is enough assistance available to service users to eat meals?
Strongly or Moderately Agree: 24%
Neither Agree nor Disagree: 18%
Moderately or Strongly Disagree: 58%

Do you feel that there is sufficient access to lavatory / bathroom facilities in places where services are provided?
Strongly or Moderately Agree: 47%
Neither Agree nor Disagree: 15.7%
Moderately or Strongly Disagree: 37.3%

Do you feel that it is important to people how they are addressed by care staff e.g. more or less formally?
Strongly or Moderately Agree: 79.2%
Neither Agree nor Disagree: 15.1%
Moderately or Strongly Disagree: 5.7%

In your view, is it important for service users to maintain a respectable appearance when they are receiving care?
Strongly or Moderately Agree: 91.8%
Neither Agree nor Disagree: 8.2%
Moderately or Strongly Disagree:

Do you agree that most people are comfortable being placed in mixed-sex facilities?
Strongly or Moderately Agree : 14%

Neither Agree nor Disagree: 14%
Moderately or Strongly Disagree: 72%

Do you agree that having stimulating activities and a sense of purpose (when in a care home or at home alone) are important?
Strongly or Moderately Agree: 93.9%
Neither Agree nor Disagree: 52%
Moderately or Strongly Disagree: 2%

Do you agree that most care staff have sufficient language skills to communicate with or understand service users?
Strongly or Moderately Agree: 34%
Neither Agree nor Disagree: 14%
Moderately or Strongly Disagree: 52%

Do you feel that people know how to access advocacy services and that there are sufficient advocacy services for vulnerable adults?
Strongly or Moderately Agree : 14.9%
Neither Agree nor Disagree: 19.1%
Moderately or Strongly Disagree: 65%

Do you feel that means testing is acceptable to most people (that is not overly intrusive or degrading)?
Strongly or Moderately Agree: 29.8%
Neither Agree nor Disagree: 12.8%
Moderately or Strongly Disagree: 57.4%