



Acacium Group

Privacy and Dignity Policy

Policy Reference | CLIN 05

Version | V2.1

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| Policy Name | Privacy and Dignity Policy |
| Purpose of Document | To ensure that every client/service users privacy and dignity is respected, and assessed, for all care activities. |
| Target Audience | All Acacium Group Health Care Professionals and carers. |
| Version | V2.1 |
| Author | Karen Matthews-Shard |
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| Associated Strategies and SOPs | CLIN 06 Consent Policy CLIN 09 Safeguarding Vulnerable Adults Policy CLIN 08 Safeguarding Children Policy CLIN 13 Record Keeping Policy CLIN 14 Health Records Management Policy CORP 07 Equality, Diversity & Inclusion CORP 14 Complaints ORG 04 Incidents Reporting ORG 06 Communication Policy IG 13 Collecting and Recording Client Data GEN 06 Chaperoning Service Users SOP GEN 16 Death of a Client/Care After Death |
| Equality Impact Assessment (EIA) Form | Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team. |
| About Acacium Group | Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A |

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| Legislation | Legislation and Guidance pertinent to this policy can be found within Appendix B |
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| Document History | | | |
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| Version | Date | Changes made/comments | By whom |
| | Dec 2014 | Annual review | VM/KNF |
| V1.1 | Dec 2016 | Annual review | KNF/SJ |
| V1.1 | Mar 2018 | Updated front sheet to include new review frequency date. | KMS/MS |
| V1.2 | Nov 2018 | Updated in relation to training | KMS/SJ |
| V1.3 | Jan 2020 | Updated to new Group Policies | CC |
| V1.4 | Sep 2020 | 4 yearly review | Clinical Advisory Group |
| V1.5 | Oct 2020 | Update re Rebrand | CR/CC |
| V1.6 | Jan 2021 | Update re Rebrand 2 | CC |
| V1.7 | Apr 2021 | Added HS Blurb | CC |
| V2.0 | Jan 2024 | Rebrand | Clinical Advisory Group |
| V2.1 | Jun 2024 | Reviewed and updated | Clinical Advisory Group |
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1. Introduction

- 1.1 Every client/service user is entitled to care delivered with full consideration being given to the promotion and maintenance of privacy and dignity on a routine basis.
- 1.2 Acacium Group is fully committed to these principles that were identified in 'Essence of Care' 2010.
- 1.3 Acacium Group is responsible for ensuring that all staff meet the requirements within the policy and that in order to do this, appropriate information is made available, and if necessary, the training needs of all staff applicable, are met.
 - Issues of privacy and dignity will form a fundamental part of the client/ service users specific training in the home.

2. Purpose and Policy Statement

- 2.1 The purpose of this policy is to inform all Acacium Group staff of their responsibilities in regard to promoting privacy and dignity.
- 2.2 The policy also aims to provide guidance and support to all Acacium Group staff that have direct contact with client/service users so that they have confidence that may deliver care effectively and that client/service users have confidence in the principles and practices of Acacium Group.
- 2.3 Acacium Group recognises that when a client/service user requires care that privacy and dignity can be eroded and the very act of receiving care can be disturbing because of a range of other factors that the client/service user must come to terms with. It is therefore very important that all episodes of care maximise a positive experience – this can be enhanced by the provision of care that is sensitive to the need to promote privacy and dignity.
- 2.4 All Acacium Group staff are expected to comply with this policy at all times and are expected to put the emotional and physical needs of the client/service user first and foremost at all times.
- 2.5 Any Acacium Group staff raising concerns that colleagues are not complying with this policy will be fully supported by the senior management team of Acacium Group. If the member of staff remains concerned and have exhausted all local escalation channels refer to the Whistleblowing polices (CORP 03 Whistleblowing for Internal Employees & CORP 04 Whistleblowing for Associate Workers and External Parties).

3. Scope of Policy

- 3.1 The scope of this policy is that all client/service users receive care that promotes privacy and dignity regardless of age, gender, ethnic background, culture, sexual orientation, marital status and have their privacy and dignity respected.
- 3.2 This policy refers to all Acacium Group staff that provide any form of care to any client/service users.

4. Definitions

| Topic | Explanation |
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| Policy | A high level, overall statement of intent embracing general principles and the steps which the organisation expects to be followed to achieve them. Policies are enforceable and failure to comply may result in disciplinary action. |
| Procedure | A formal set of steps to follow in order to achieve specific outcomes, which are specifically agreed for designated staff. Any deviation from the steps is acceptable if this can be justified and the rationale for doing so documented appropriately. |
| Competence | Should be acquired through general professional training, attending educational workshops, observation and supervised practice in the clinical setting. |
| Healthcare professionals | All Acacium Group staff that provide clinical care to or come in to contact with children and young people. |
| Privacy | ‘Freedom from intrusion and relates to all information, practice that is personal or sensitive in nature to an individual’ |
| Dignity | ‘Being worthy of respect’ |
| Formal chaperone | Is a healthcare professional (an Acacium Group health care professional or carer) who provides the service user with physical / emotional support and reassurance, ensures privacy and dignity and may provide practical assistance during the examination. They safeguard against pain, distress or abuse, and provide protection for healthcare professionals against unfounded allegations of improper behaviour or potentially abusive service users. They may act as an interpreter if skilled and trained to do so. |
| Informal chaperone | A relative, friend or carer known to the client/service user who may provide emotional support during a procedure |
| Intimate care and procedures | Care tasks associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with or exposure of the genitals. |
| Intimate examination | Include physical examination of breasts, genitalia and rectum. Examples where this may be needed are: to assess pressure ulcers or to assess wounds such as fungating cancers. |
| Staff training and continuing professional development | Privacy and dignity is referenced throughout any relevant training or information and forms a fundamental part of the client/service user specific training in the home. Any training or information provided will be proportionate and relevant to the roles and responsibilities of each staff member |
| Supervision and support | Acacium Group recognises the importance of providing supervision and support to staff. |
| Safe recruitment and vetting procedures | Acacium Group has in place robust recruitment and vetting procedures for all staff, in line with national and local guidance. This includes thorough checks being carried out as part of the recruitment process; gaps in employment history are checked and accounted for, qualifications checked, with references always being taken up and followed up if necessary. |

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| Robust complaints procedures | Acacium Group has in place robust complaints and whistle blowing procedures, Acacium Group guarantees that staff and children and young people using these procedures appropriately will not prejudice their own position and prospects. |
| Training | Acacium Group will enable staff to participate in any required training in relation to promoting privacy and dignity and where appropriate this will be included in client/service user specific training in the home. |

5. Roles & Responsibilities

| Job Title | Responsibilities |
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| Global Clinical Director/Group Chief Nurses | Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision |
| Senior management team | Ensure that the Directors have management and accountability structures that deliver safe and effective services |
| Team Leaders and Senior Nurses/managers | <ul style="list-style-type: none"> • Demonstrate leadership, be informed about, and take responsibility for the actions of their staff • Monitor that Acacium Group health care professionals and carers are complying with this policy • Maintain confidentiality of client/service users • Support their staff throughout the process of reporting concerns • Ensure their staff access training, supervision and support relevant to their roles and responsibilities. • Ensure their staff are clear about their professional roles and responsibilities • Ensure their staff make comprehensive and accurate healthcare records • Ensure their staff work effectively with professionals from other relevant organisations • Facilitate and/or undertake regular audit of practices • Ensure the promotion and management of privacy and dignity is in appraisals and Personal Development Plans. |
| Individual Staff Members | <ul style="list-style-type: none"> • Be aware of Acacium Group policies procedures and related Standard Operating Procedures (SOPs) • Uphold this policy in the delivery of care at all times • Take part in training, including attending updates so that they maintain their skills and are familiar with procedures • All practitioners should ensure they receive supervision and guidance on a regular basis, as agreed with the line manager |

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| | <ul style="list-style-type: none"> • All staff should maintain accurate comprehensive and legible records, with records being stored securely in line with local guidance. • Work in line with their regulatory body codes of conduct |
| Clinical Advisory Group (CAG) | <ul style="list-style-type: none"> • Review polices associated documents and training content for the Group. To support high clinical standards and quality improvement agendas in line with the Groups vision, strategic aims |

6. Assessment of Risk

6.1 Assessment of risk and planning are integral to providing high standards of care and Acacium Group health staff will be expected to contribute to these processes.

7. Standards of Practice

7.1 There is no one definitive standard of practice. However, listed below are the minimum standards of behaviour expected by staff employed by Acacium Group.

7.2 Staff attitudes and behaviour

- Ensure that client/service users feel that they matter and do not experience negativity or offensive attitudes or behaviour
- Respect cultural and religious behaviours and attitudes that do not match their own personal views
- Be courteous at all times, especially at times where they are working under pressure
- Address client/service users by the name and title of their choice
- Client/service users do not experience discrimination of any kind
- Client/service users are included in their care and their consent is obtained prior to carrying out any procedure/intervention
- Behaviour is professional at all times
- Staff answering telephones should be polite and state their name and designation
- Staff should not use their mobile phones for personal purposes whilst on duty
- Staff should not take phone calls when with a client/service user unless they are expecting an urgent call
- Staff will wear name badges at all times
- Staff will introduce themselves to client/service users at their first contact.
- Staff are respectful to colleagues and each other

7.3 Personal boundaries and space

- A client/service user's personal space is actively promoted by all staff and respected
- The acceptability of personal contact (touch) and personal boundaries are identified, giving due consideration and discussion as to what is necessary to deliver care and communicated to all team members
- Client/service users will be included in their care, especially conversations when care is being delivered.
- All client/service users will have the choice of having an informal chaperone with them during any procedure and of having a formal chaperone with them through an intimate examination, care or procedure
- Ensure that client/service users are given the right communication methods to support them being able make a choice#

- If conducting a virtual appointment, ensure that you are in a private space and the service user is also in an appropriate area to promote privacy
- Ensure that client/service users are in agreement if someone else from the household/relative/friend remains present whilst an assessment is being undertaken and that the person identifies themselves.
- Staff will try to minimise any interruptions when the client/service user is having a meal or has family visiting.

7.4 Communication

- Communication will take place between staff and client/service users in a manner that respects their individual needs
- Confidentiality will be maintained at all time
- Client/service users will be provided with verbal information about specific procedures and processes, this will be backed up by written information or pictorial information if this is required
- Client/service users views will be listened to, with their needs recorded and fed back to Acacium Group so that improvements to care may be made, where possible
- Client/service users will have the confidence and be supported to make verbal or written complaints regarding their care
- Client/service users and relatives will be asked to provide feedback or testimonial on their experience
- Client/service users and relatives should be spoken 'to' and not 'at' by staff
- All Client/service users will have access to translation services or information in formats that suit their needs
- All Client/service users who are unable to express their needs will have access to other forms of communication as identified in the care plan
- The Client/service user's care documentation will ensure that communication is maintained at all times between health care professionals

7.5 Confidentiality

- A client/service user's consent should be obtained before any information about them is shared, either with other health and social care professionals or relatives/ carers
- If client/service users are unable to consent, then a best interest meeting to be held so that decisions can be made on others behalf. LPA, guardianship or approved advocate may be in place.
- Client/service user information should be managed in line with the Acacium Group relevant policies
- Client/service user records and notes will be managed under Caldicott principles
- All Acacium Group administrators using client/service user information for planning, analysis and business administration such as invoicing will ensure that client/service user's personal information is protected.
- Personal information will not be kept on a computer screen when the information is not being accessed, the screen will be closed, and the administrator logged out of the system.

7.6 Privacy, Dignity and Modesty

- Client/service users modesty will be maintained at all times when care is delivered
- Staff will knock before entering a room
- Curtains, screens, and blankets should be used to achieve privacy
- Client/service users will be asked if they want a chaperone for any intimate procedures as per the Acacium Group GEN 06 Chaperoning Service Users SOP

- Where a client/service user is unable to make an informed choice, the consent policy should be followed
- Care will be delivered in a room of the client/service user's choice, according to availability and suitability
- Client/service user's receiving care in their beds will have their modesty protected by the use of blankets
- Ensure the client/service user is in agreement if others from the household are present
- Client/service users will have their modesty protected on transfer to another care provider by the correct use of blankets etc. if they are unable to dress in their own clothes.

8. In Case of Emergency

- 8.1 If a person has died that have specific religious and cultural needs outside of normal office hours the policy on providing last offices religious and cultural needs should be followed. Contact the line manager or Out of Hours (OOH) if there are specific questions that the policy or the care plan/ACP/Respect documents do not answer.
- 8.2 If a formal chaperone is required that has not been planned for the Acacium Group health care professional and carer should first contact their line manager.

9. Information Sharing

- 9.1 Acacium Group will share information on a need to know basis and will not breach confidentiality unless it is felt that not doing so places the client/service user at risk of serious harm or others are put at serious risk of harm by the client/service user.
- 9.2 If a client/service user is transferred to another care provider, details of specific care needs that include specifics about the promotion of privacy and dignity will be transferred to the new care provider.

10. Record Keeping

- 10.1 All records must be kept in accordance with national requirements such as the Data Protection Act 2018 and with Acacium Group information governance and records management policies.
- 10.2 Recording in the clinical case records must be according to the best practice developed by Acacium Group and relevant professional bodies.
- 10.3 In acute care or staffing provisions, all records remain the property of the commissioner of the care package, and the commissioner is responsible for the storage and retention of the records in line with the CQC Fundamental Standards and NMS (National Minimum Standards) 2010 In the community or service provision divisions all records remain the property of Acacium Group

11. Reporting Breaches in Policy

- 11.1 Acacium Group supports the use of a thorough, open and multi-disciplinary approach to investigating adverse events, where improvements to local practice can be discussed, identified and disseminated.
- 11.2 It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents.

- 11.3 All errors and incidents require a thorough and careful investigation at a local level, taking full account of the context and circumstances and the position of the practitioner involved. Such incidents require sensitive management and a comprehensive assessment of all the circumstances before a professional and managerial decision is reached on the appropriate way to proceed.
- 11.4 If any Acacium Group staff member makes or identifies an error or incident, they should inform their line manager and logged onto Datix as soon as possible after the event. The line manager will escalate as appropriate.
- 11.5 All errors (patient safety incidents) and near misses will be logged onto Datix.

12. Training

- 12.1 Acacium Group will enable staff to participate in any required training in relation to promoting privacy and dignity and where appropriate this will be included in client/service user specific training in the home.
- 12.2 Any training or information provided will be proportionate and relevant to the roles and responsibilities of each staff member.
- 12.3 Where appropriate staff are required evidence training in the promotion and management of privacy and dignity.
- 12.4 Any delivery of training is the responsibility of the Operational/Compliance teams.
- 12.5 It is the responsibility of the central training team to organise and publicise educational sessions and keep records of attendance.
- 12.6 All training provided will be mapped to the requirements of individual care packages, the appraisal process, and noted in the personal development plan.

13. Audit / Monitoring

- 13.1 Processes for monitoring the effectiveness of the policy include:
 - Assessment of client/service user experience via survey or comments cards
 - Evidence of learning across the organisation
 - Care plans for the documentation of privacy and dignity practice
 - Incident reporting procedure
 - Appraisal and Personal Development Plan (PDP).

14. Associated Policies / SOPs

Policies

CLIN 06 Consent Policy
CLIN 09 Safeguarding Vulnerable Adults Policy
CLIN 08 Safeguarding Children Policy
CLIN 13 Record Keeping Policy
CLIN 14 Health Records Management Policy
CORP 07 Equality, Diversity & Inclusion
CORP 14 Complaints
ORG 04 Incidents Reporting
ORG 06 Communication Policy
IG 13 Collecting and Recording Client Data

SOPs

GEN 06 Chaperoning Service Users SOP
GEN 16 Death of a Client/Care After Death

15. References

- Essence
https://www.dignityincare.org.uk/_assets/RCN_Dignity_at_the_heart_of_everything_we_do.pdf care : Crown www.dh.gov.uk
- RCN Defending Dignity
https://www.dignityincare.org.uk/_assets/RCN_Dignity_at_the_heart_of_everything_we_do.pdf
https://www.dignityincare.org.uk/_assets/RCN_Dignity_at_the_heart_of_everything_we_do.pdf
https://www.dignityincare.org.uk/_assets/RCN_Dignity_at_the_heart_of_everything_we_do.pdf
- Dignity in Care: Crown SCIW - www.scie.org.uk
- Outcomes 1 & 10: CQC - www.cqc.org.uk
- NMC Code of Conduct 2023
- Intimate examinations and chaperones MDUhttps://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/intimate-examinations-and-chaperones/intimate-examinations-and-chaperones
- https://www.dignityincare.org.uk/Resources/Service_settings/NHS/
- Walk a mile in my shoes – Scrutiny of dignity and respect for individuals in health and social care services - Centre of Public Scrutiny 2009
- Concept analysis of human dignity in patient care: Rodgers' evolutionary approach - J Med Ethics Hist Med. 2018 Apr 18;11:4.

Appendix A: About Acacium Group

Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

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|  Part of Acacium Group |  Part of Acacium Group |  Part of Acacium Group |
|  |  |  multistaffing one solution |
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Appendix B: Legislation

1. There is no specific legislation requiring the consideration of promoting privacy and dignity however legislation that links to it is the Race Relations Act 1976 and 2000, Disability Discrimination Act 1995 and 2005 and Data Protection Act (2018).

2. However, there are guidelines/recommendations:

Care Quality Commission (CQC):

Outcome 1: Respecting and involving people who use services - Requires that suitable arrangements are made to ensure the dignity, privacy and independence of people using the service

Outcome 10: Safety and suitability of premises - Requires that the premises protect people's rights to privacy, dignity, choice, autonomy and safety

SCIE (Social Care Institute of Excellence) recommend:

- Ensure a confidentiality policy is in place and followed by all staff (including domestic and support staff).
- Make issues of privacy and dignity a fundamental part of staff induction and training.
- Ensure only those who need information to carry out their work have access to people's personal records or financial information.
- Respect privacy when people have personal and sexual relationships, with careful assessment of risk.
- Choose interpreters with the consent of the person using the service.
- Get permission before entering someone's personal space.
- Get permission before accessing people's possessions and documents
- Provide space for private conversations and telephone calls.
- Make sure that people receive their mail unopened.
- Ensure single-sex bathroom and toilet facilities are available.
- Provide en suite facilities where possible.
- In residential care, respect people's space by enabling them to individualise their own room.
- Consider issues of privacy if a person requires close monitoring or observation

3. The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.

Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.

There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.

4. **Equality and diversity**

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.