

# The Arundel Surgery

## Patient Dignity and Respect Policy

### Purpose

The Arundel Surgery is committed to promoting an environment which provides for the support and ongoing well-being of patients.

The Practice's Dignity and Respect Policy is based on the principles of excellent staff management and ethical behaviour which underpins the practice's values in providing patients with an environment centred upon self-respect, tolerance and support.

This Dignity and Respect Policy applies to all patients at the practice. All staff members, including agency workers, are expected to comply with the requirements of this policy.

This Dignity and Respect Policy enables the practice manager and GP partners to be both proactive and reactive with regard to situations that could compromise a patient's dignity.

The policy aims to give support to all persons connected with a suspected breach of the practice's rules (this includes the complainant and the respondent) and explains the practice's response to all such complaints.

All staff members have a personal and legal responsibility to comply with this policy on practice premises or in other locations relating to The Arundel Surgery.

The Practice Manager and GP partners have a responsibility to ensure that all complaints are fully investigated in accordance with the practice complaints procedure, and to ensure that all staff members, both permanent or temporary, are made aware of this policy.

The Practice also follows the guidelines suggested in the revised version of the GMC document "*Raising and acting on concerns about patient safety*", effective 12 March 2012, a copy of which can be downloaded here:

[http://www.gmc-uk.org/Raising\\_and\\_acting\\_on\\_concerns\\_about\\_patient\\_safety\\_FINAL.pdf\\_47223556.pdf](http://www.gmc-uk.org/Raising_and_acting_on_concerns_about_patient_safety_FINAL.pdf_47223556.pdf)

### Scope

This policy is intended to provide a framework to promote dignity and respect within The Arundel Surgery based on the following standards:

- Ensure that patients are treated with dignity and respect at all times;
- Support a working environment based on principles of self respect, tolerance and support;
- Ensure that particular attention is paid to treating patients with dignity and respect where any form of abuse has occurred
- Continuously promote good relations to the benefit of all;
- Respect and value diversity and contrasting opinion;
- Facilitate a culture whereby patients feel confident to report suspected breaches of this policy, and to believe appropriate action will be taken against perpetrators where necessary.

## **Notifying the CQC of allegations of abuse**

Julie Hannaford at the Practice is responsible for notifying the CQC without delay about allegations of abuse including:

- **Any suspicion, concern or allegation from any source that a person using the service has been or is being abused, or is abusing another person (of any age), including:**
  - a) Details of the possible victim(s), where this is known, including:
  - b) A unique identifier or code for the person.
  - c) The date they were or will be admitted to the service.
  - d) Their date of birth.
  - e) Their gender.
  - f) Their ethnicity.
  - g) Any disability.
  - h) Any religion or belief.
  - i) Their sexual orientation.
  - j) All relevant dates and circumstances, using unique identifiers and codes where relevant.
  - k) Anything you have already done about the incident.
  - A unique identifier or code for the actual or possible abusers, together with, where it is known:
    - ❖ The personal information listed in a) > k) above
    - ❖ Their relationship to the abused person
  - A unique identifier or code for any person who has or may have been abused by a person using the service, together with (where known):
    - ❖ The same personal information listed in a) > k) above
    - ❖ Their relationship to the abused person
  - The person who originally expressed the suspicion, concern or allegation (using a unique identifier or code).
- **In relation to where the alleged or possible victim of abuse is an adult the notification must include details of the allegation, including:**
  - Any relevant dates, witnesses (using unique identifiers or codes) and circumstances.
  - Whether the allegation has been reported to local multi-agency safeguarding arrangements and/or the police.
  - The type of abuse (using the categories in the Department of Health document **No Secrets**).
  - Anything the registered person has done as a result of the allegation.
- **In relation to where the alleged or possible victim of abuse is a child or young person under 18 years, the notification must include details of the allegation, including:**
  - Any relevant dates, witnesses (using unique identifiers or codes) and circumstances.
  - The date the allegation was notified to the police, local safeguarding children board and the strategic health authority (where appropriate).
  - The type of abuse (using the categories in the Department for Children, Families and Schools document Working Together).
  - Anything the registered person has done as a result of the allegation.

Where the Registered Person is unavailable, for any reason, \*\*\*Insert Name\*\*\* will be responsible for reporting the allegation to the CQC.

There is a dedicated Notification form for this type of incident. The form is contained in the **Outcome 20 document "Notification of Other Incidents – Outcome 20 Composite Statements and Forms"**

## **Policy**

### **General**

- A notice will be displayed in reception offering the provision of a private discussion with a receptionist, if required.
- A notice will be displayed in reception to offer the facility of a private chaperone during consultations, if required.
- A notice will be displayed in reception stating that guide dogs are permitted in all parts of the building.
- A hearing loop must be installed and operational at all times, and staff members trained in its use.
- Patients will be addressed by their preferred title (e.g. Mr, Mrs Ms).
- During staff work-related conversations, patients will be referred to with respect and the subject matter discussed confidentially, regardless of where the discussion takes place in the practice.
- The Practice will not under any circumstances, stereotype patients based on pre-formed, perceived opinions.
- Conversations about patients must not take place with other staff members outside the practice at any time.
- Conversations about patients must never take place between staff members and non-staff members.

### **During Consultations**

- Patients will be allowed to choose whether they see a male or female clinician, where available. Where their first choice is not readily available, they may wait until their chosen clinician becomes available. For urgent cases, patients will be encouraged to see a clinician appropriate to ensure that 'best and prompt care' is undertaken.
- A chaperone will normally be available where an examination is to take place, if necessary.
- Patients whose first language is not English may have a family member or friend present to interpret or assist.
- Where an intimate examination is considered necessary for a patient with difficulty in understanding due to issues such as English not being their first language, consent or cultural issues, it is recommended that a chaperone, family member or carer should be present.
- Patients who have difficulty in undressing will normally be offered the services of a same gender staff member to assist.
- Patients will only be requested to remove the minimum amount of clothing necessary for the examination.
- Patients will normally be able to dress and undress privately in a separate room. Where a separate room is not available, a screen will be provided in the treatment room. Patients using this facility will be requested to advise the clinician when they are ready to be seen.
- Areas used by patients for dressing / undressing will be secure from interruption or from being overlooked (i.e. no unlocked door to any other room or passageway that is not occupied by the clinician taking the consultation).
- The area used for dressing / undressing will be equipped with clothes hangers or pegs and will have a chair with arms at a suitable height and design for the patient to use.
- A clean, single-use sheet, covering or gown will be available and used for each examination and changed after each patient.

- Washing facilities will be offered to any patient, if required.
- Under no circumstances are staff to enter a closed consultation room or treatment room without knocking and receiving permission to enter from the clinician conducting the consultation.
- Patients will be given as much time and privacy as is required to take on-board any 'bad news' given by a GP. Where possible, clinical staff will anticipate this need and leave sufficient time between appointments, as necessary.
- Patients will be given adequate time and privacy for the provision of any required samples on the premises without feeling any time pressures or other constraints.
- Patients' 'personal space' should not be compromised where at all possible.
- Clinical staff will be sensitive to patient needs and will ensure patients are comfortable in complying with any requests during the consultation.
- Communication between clinicians and patients will be personalised to each individual patient, taking into account any disability or difficulty they may have.
- Clinicians conducting a consultation in a patient's home will be sensitive to the location, surroundings and any other persons present who could potentially overhear matters discussed.

### **Post-Consultations**

- Clinicians and staff will respect the dignity of patients and will not discuss issues arising from the above procedures unless in a confidential clinical setting appropriate to the care of the patient.
- Clinicians and staff will continue to be respectful of the patient, even when the patient is not there.