LEICESTERSHIRE DIGNITY AWARD INITIAL APPLICATION FORM

In this document you are given the 10 Dignity Challenges and you are required to provide evidence that demonstrates how your service maintains a dignified service for your service users with regard to each of the challenges. This document should be used to make your first application for a Dignity Award. To renew your award in 12 months time you will be sent a dedicated renewal application form.

The information and evidence you provide will enable us to assess the good practice of your service provision and decide how well your service is doing in meeting the Dignity Challenges. The Dignity Award will be issued to organisations/homes that meet all the necessary criteria. (See attached guidance notes)

**The Dignity Challenge:**

The organisation is committed to respecting people’s dignity and every service will:

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. **Respects 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**
Leicestershire County Council is committed to respecting people’s Dignity by ensuring that every organisation/care home is implementing the 10 Dignity Challenges into their care practices and the way service users are supported.

The Dignity Award will be awarded to providers who can demonstrate their commitment to promoting dignified care services. This purpose of this questionnaire is to gather evidence to show that your organisation/care home meets the required criteria. Please answer all of the questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your organisation signed up to the enclosed Dignity Charter and committed to implementing the 10 Dignity Challenges?</td>
<td>NO</td>
</tr>
<tr>
<td>(Please provide a signed photo copy of the Charter)</td>
<td></td>
</tr>
</tbody>
</table>
| Please confirm who has signed the Dignity in Care Charter                | GINA LOCKTON  
CHRIS KIRBY  
DANIEL VAHER  
ANDREW MCDONALD |
| Please give us the names of each of your Dignity Champions in your service along with their role (Please include details of Lead Champions if applicable) |        |
| Name of organisation/care home                                          | HALLATON MANOR  
CRANOE ROAD, HALLATON, LEICESTER LE16 8TZ |
| Contact telephone number                                                | 01858 555271 |
| Email address                                                           | gina@hallatonmanor.com |
| Name and position of person completing the application                  | Gina Lockton |
**LEICESTERSHIRE DIGNITY AWARD INITIAL APPLICATION FORM**

<table>
<thead>
<tr>
<th>Question</th>
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<tr>
<td>Please provide details of the services you provide (i.e. residential/nursing care, domiciliary care, extra care, day service etc)</td>
<td>RESIDENTIAL CARE HOME</td>
</tr>
<tr>
<td>Please provide details of the client group you provide services to (i.e. older people, mental health, learning disability etc)</td>
<td>MENTAL HEALTH, DEMENTIA, DRUG AND ALCOHOL INDUCED DEMENTIA</td>
</tr>
<tr>
<td>Date application completed</td>
<td>4.6.13</td>
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<tr>
<td>Signed</td>
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Please explain/demonstrate clearly how your establishment is delivering a service that is maintaining service users’ dignity and respect and achieving positive outcomes for them.

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<th>DIGNITY CHALLENGE</th>
<th>To include within your answer</th>
<th>Give examples of actions that are being undertaken in the home and the outcome for service users showing how their Health, Well Being, Independence, Choice and Control is respected with Dignity.</th>
</tr>
</thead>
</table>
| **1. Have a zero tolerance of all forms of abuse**                                | • Have all staff received training in safeguarding & whistle blowing – is this all staff employed including housekeeping, domestic, caretaking staff etc?  
  • How often do you update their knowledge?  
  • How is the training delivered and what resources are used for delivery?  
  • What level of training have all senior staff received i.e. have they attend the multi-agency safe guarding training provided by the local authority?  
  • Please provide a statement giving details of supervision policy procedure and practice. | ALL STAFF HAVE OR ARE BEING TRAINED IN SOVA, WHISTLE BLOWING AND DOLS AND IS UPDATED ON AN ANNUAL BASIS. THE TRAINING IS HELD IN HOUSE AND DELIVERED BY MYSELF HAVING ATTENDED THE LCC ALERTERS TRAINING. THE INTENTION IS FOR ALL SENIOR STAFF TO ATTEND SAFEGUARDING TRAINING BY LCC.  
  SUPERVISIONS ARE CARRIED OUT 3 MONTHLY BY THE HOME MANAGER AND THE STAFF ARE GIVEN THE OPPORTUNITY TO RAISE CONCERNS IF THEY NEED TO. OBSERVATIONS ARE ALSO DONE ON AN ONGOING BASIS.  
  THE HOME HAS AN OPEN DOOR POLICY AND A COMPLIMENTS AND COMPLAINTS PROCEDURE THAT IS CLEARLY DISPLAYED IN RECEPTION. STAFF ARE ADVISED IN THEIR DIGNITY TRAINING THAT ALL VISITORS TO THE HOME ARE TO BE TREATED WITH DIGNITY AND RESPECT, OFFERED REFRESHMENTS, HELP, SHOULD THEY NEED IT. |
| **2. Support people with the same respect you would want for yourself or a member of your family** | • How do you monitor the support that you provide e.g. satisfaction surveys, dementia mapping etc.  
  • Provide your interview questions and your person specification checklist.  
  • What access do staff have to literature and information on practices which actively promote Dignity?  
  • How does the organisation/home manage the processes involved in moving into the home (if applicable), daily life in the home, changes in need, end of life? | RESIDENT AND FAMILY SURVEYS ARE CARRIED OUT 6 MONTHLY AND OPINIONS VIA SURVEYS ARE SOUGHT FROM FAMILY MEMBERS AS TO THE CARE THAT IS BEING DELIVERED TO THEIR RELATIVE. AND GIVING THEM THE OPPORTUNITY TO STATE ANY PROBLEMS THAT THEY MAY BE HAVING  
  STAFF ARE GIVEN HANDOUTS WHEN ATTENDING DIGNITY TRAINING REGARDING WHAT DIGNITY IS, WHAT THE RESIDENTS SHOULD EXPECT, AND SHOWN PICTURES TO INVOKE DISCUSSIONS AS TO WHAT DIGNITY IS, THEREFORE IT IS ALSO INFO FROM THE ALZIEMERS SOCIETY, NHS CHOICES.  
  WHEN A NEW RESIDENT COMES INTO THE HOME IF POSSIBLE THEY ARE ENCOURAGED TO VISIT FOR A FEW HOURS AT FIRST AND THEN OVERNIGHT BEFORE THEY MOVE IN COMPLETELY. THIS IS NOT ALWAYS POSSIBLE THEREFORE THE FAMILY AND FRIENDS ARE ENCOURAGED TO BE WITH THEM ON THE FIRST DAY AND STAY FOR AS LONG AS THEY WISH. AS SAID PREVIOUSLY WE HAVE AN OPEN DOOR POLICY AND RELATIVES AND FRIENDS ARE ENCOURAGE TO VISIT WHEN EVER THEY CAN OR WANT TO AND GET INVOLVED WITH HOME LIFE, JOINING IN WITH ACTIVITIES, OFFERING ENCOURAGEMENT AND IDEAS AND BEING INVOLVED WITH BUILDING THEIR CARE PLAN AND HELPING WITH LIFE HISTORIES, HOBBIES ETC.  
  FAMILY AND FRIENDS ARE ALSO INVOLVED IN PLANNING END OF LIFE AND ADVISING THE HOME OF ANY WISHES OR CHOICES THAT THE RESIDENT MAY HAVE EXPRESSED IN THE PAST. NOT ALL FAMILIES WISH TO DISCUSS THIS ESPECIALLY IF THE RESIDENT IS NOT AT THAT STAGE AS IT IS QUITE UPSETTING. |
## LEICESTERSHIRE DIGNITY AWARD INITIAL APPLICATION FORM

### DIGNITY CHALLENGE

**To include within your answer**

Give examples of actions that are being undertaken in the home and the outcome for service users showing how their Health, Well Being, Independence, Choice and Control is respected with Dignity.

### 3. Treat each person as an individual by offering a personalised service

- How do your care plans reflect individual needs and choices?
- Demonstrate how your care plans and care practices allow service users to receive care that respects their choices and needs building on strengths and referring to those things and people that are important to them.
- Give evidence that it is common practice that all changes to care plans are shared widely amongst the care staff ASAP.
- Demonstrate how you involve relatives and service users in care planning and life at the home and how this recorded?

All residents are individual and different. No two care plans will be the same. It is important to involve the resident in the planning of care to ensure their wishes are granted. This shows respect and Dignity by offering them choice. Family and friends can also be included. If the resident lacked capacity and had no family then the home would appoint an advocate on their behalf to ensure that their best interest were being upheld.

Care plans are constantly be monitored and updated if the needs of the resident have changed. This is then communicated to the staff by means of the communication book, handover meeting, staff meeting or an emergency meeting if necessary. The care files are in a lockable office and staff are able to read any changes to the care plans and sign the appropriate documentation to say they have read the changes. They are reviewed monthly by the home manager and the periodically with the commissioning team, the home and any other professional involved with that resident.

Each relative has a daily diary that is completed each day by the staff, manager, cpn, or myself to reflect what that resident has done that day, had any visitors, what their mood was like, how their appetite has been and have they been out for a trip or to appointments and the outcomes.

### 4. Enable people to maintain the maximum possible level of independence, choice and control

- How do you support service users to access appropriate medical and community interventions in a timely manner?
- Give examples of support you have provided which has enabled a service user/s to maintain independence choice and control.
- How have you supported people to develop independent living skills and the promotion of independence within daily life?
- How do you ensure that all staff are aware of their roles and responsibilities under the

Staff are trained in Dignity as part of induction and ongoing update training. Within that they are taught about choice and that some times residents may make what we might feel are unwise decisions and that it is ok to do that as long as they are safe and free from harm. Residents who become ill are referred to a medical professional immediately and from there given choices about ongoing treatment. One resident preferred to go to the GP surgery rather than see the GP that came to the home each week. This was because the resident could then choose who they saw and when. A member of staff them took them in the minibus. Another resident need to see a paediatrician and was given the choice of two different locations and two different dates and went to see the one they had chosen.

Each residents independance is promoted on a daily basis. When got up in the morning they are given choices as to whether they wish to wash themselves or have assistance, what they want to wear and whether they can dress themselves or have help. They are encouraged to help with bed making and tidying up their room, putting clothes away and deciding what needs washing. Residents are also encouraged to serve...
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| Mental Capacity Act and the Deprivation of Liberty Safeguards | • How do staff support service user/s who have difficulty in making choices to maintain their independence?  
• How do you assess and record choices regarding End of Life decisions or deterioration in health?  
• How do you ensure that staff are able to support service users who may be at risk to manage that risk effectively?  
• How do you enable service users to have the maximum possible choice and control over the service they receive?  
• Give examples of how are service users’ ideas and suggestions have been incorporated into the way the home is run. | STAFF RECEIVE TRAINING ON THE MCA AND DOLS AND THEREFORE UNDERSTAND THE NEED IF A DOLS MAY BE NEEDED AND WHY. STAFF SUPPORT RESIDENTS MAKING CHOICES BY BEING AWARE OF THE RESIDENTS PREFERRED METHOD OF COMMUNICATION, SHOWING THEM CHOICES IE., THIS ONE OR THAT ONE AND OFFERING INFORMATION TO GO WITH THAT SUCH AS ITS COLD, RAINING OUTSIDE SO YOU MAY NEED A WARMER TOP, JUMPER SO WOULD YOU LIKE THIS ONE OR THAT ONE. IF THEY DECIDE THAT THEY MAY WANT TO WEAR SOMETHING INAPPROPRIATE FOR THE WEATHER BECAUSE THEY HAVE CHOSEN TO THEN STAFF WOULD RESPECT THAT DECISION AND MONITOR THE RESIDENT TO ENSURE THAT THEY ARE SAFE IE., NOT GOING OUTSIDE WHILST ITS RAINING OR COLD. WITH REGARD TO END OF LIFE CHOICES THIS CAN BE A DECISION THAT HAS BEEN MADE PRIOR TO THE RESIDENT ENTERING THE HOME, IT COULD BE WRITTEN IN A WILL, OR AN ADVANCE DECISION DOCUMENT HAS BEEN COMPLETED OR BY TALKING TO THE RESIDENT AND THEIR FAMILY AND FRIENDS FINDING OUT WHAT THEIR WISHES ARE AND DOCUMENTING THIS IN THEIR CARE PLAN. IT IS IMPORTANT TO GATHER AS MUCH INFORMATION AS POSSIBLE FROM FAMILY, KEY WORKERS AND PROFESSIONALS THAT HAVE BEEN INVOLVED IN THEIR CARE. ENSURE THAT THEIR INDEPENDENCE IS MAINTAINED. RESIDENTS MUST BE ALLOWED TO TAKE RISKS AS LONG AS THEY ARE KEPT SAFE AND MEASURES ARE PUT IN PLACE TO ENSURE THIS HAPPENS FOR EXAMPLE A RESIDENT MAY WISH TO GO FOR A WALK TO THE VILLAGE BUT THERE IS A STEEP HILL SO THE RESIDENT CAN BE TAKEN IN THE MINI BUS TO THE VILLAGE AND THEN GET OUT AND GO FOR A WALK WITH THE CARER. RESIDENTS HAVE MONTHLY MEETINGS WHERE THEY ARE ASKED FOR THEIR COMMENTS AND VIEWS ON ANY ISSUES THEY MAY HAVE. STAFF TAKE IT IN TURNS TO RUN THESE MEETINGS. MIN UTES ARE DOCUMENTED AND ANY ISSUES THE RESIDENTS MAY HAVE ARE PASSED TO THE QUALITY MANAGER AND HOME MANAGER. IDEAS AND REQUESTS ARE ALSO LOOKED AT AND IMPLEMENTED WHERE POSSIBLE – IE., MOVIE AFTERNOON AND THE RESIDENTS TOOK IT IN TURNS TO DECIDED WHAT MOVIE THEY WATCHED. IF OTHERS DIDN'T WANT TO WATCH THE FILM THEY WERE GIVEN THE OPTION TO GO INTO ANOTHER LOUNGE TO WATCH SOME THING DIFFERENT. |

5. Listen and support people to express their needs and wants | • How do the staff know the service users preferred method of communication?  
• How does the manager ensure that all staff are properly trained to communicate with people who have cognitive or... | STAFF ARE TRAINED IN DIFFERENT METHODS OF COMMUNICATION AND EACH RESIDENT PREFERRED METHOD IS DOCUMENTED IN THEIR CARE PLANS. THIS CAN CHANGE SOMETIMES ON A DAILY BASIS AND DEPENDANT ON THE MOOD OF THE RESIDENT. STAFF ARE TRAINED IN VERBAL, PICTURES, SIGN LANGUAGE – BASIC SIGNS NOT MAKATON – STORY BOARDS, WRITTEN, BODY LANGUAGE, FACIAL EXPRESSIONS, AND TOUCH TO NAME A FEW. SOME RESIDENTS LIKE THINGS TO BE WRITTEN DOWN FOR THEM TO ENABLE THEM TO REMEMBER WHEREAS OTHERS ARE UNABLE TO RETAIN INFORMATION AND MAY NEED CONSTANT REASSURANCE AND REMINDERS. EACH RESIDENT IS DIFFERENT AND STAFF... |
### LEICESTERSHIRE DIGNITY AWARD INITIAL APPLICATION FORM

**DIGNITY CHALLENGE**  | **To include within your answer**  | **Give examples of actions that are being undertaken in the home and the outcome for service users showing how their Health, Well Being, Independence, Choice and Control is respected with Dignity.**
---|---|---
**communication difficulties?**  | - How do you ensure ‘time to talk’ with service user/s to give them the opportunity not only to chat but to voice any concerns or raise any issue/s?  
- How do staff communicate the importance of feelings?  |  
**ARE TRAINED TO RESPECT THAT.**  
**ALL RESIDENTS ARE GIVEN A SURVEY TO COMPLETE EVERY 6 MONTHS ENABLING THEM TO VOICE THEIR ISSUES.**  
If they are unable to complete it themselves then their key worker will assist them or a family member if they prefer. Staff chat to residents on an on-going basis and this is recorded in the residents daily diary’s and also in the handover book if other staff need to be aware. This is also used to communicate how a resident has been behaving along with the behaviour charts that are completed. It is also important the how a resident is feeling to other staff members as this can have a impact on others, give an indication of why a resident is behaving the way that they are and support, help and just listening to them can be offered by all staff.

**6. Respects people’s right to privacy**  | - How do you ensure all staff have a clear understanding of how to maintain confidentiality?  
- Demonstrate how any specific instructions to staff relating to the care aspect of the service user are kept in a confidential manner, throughout locations in the home. (No information is displayed in a place where it can be viewed by those who are not involved in the daily care of the service user).  
- How does the organisation/home ensure that disclosure of information about service users is shared appropriately?  
- What access do service users have to personal private space when they need it (e.g. for meetings)? If applicable  
- How do managers ensure all care and support is delivered in a way that ensures the service user feels respected and valued?  
- How do you ensure that care and support is delivered in a way that avoids embarrassment, devalued and |  
**All staff are trained in confidentiality and that it is not just regarding the residents but also their fellow work colleagues. They are reminded of the impact of social media sites – Facebook – and how not to discuss work related issues on there. The care files for all residents are in a lockable office and that they are only shared with appropriate professionals and the resident. When visitors are in the office no confidential information is to be left on view. Meetings can be arrange to be held in a private lounge area, residents bedroom or the care office ensuring that personal and private information is not on display unless the resident has given permission. Information is not passed on unless staff are sure that the person has a right to that information. No information is given out over the phone, the caller is asked to leave a number and once the checks have been made to ensure that they have a right to the information it will be passed on. Callers to the home will be asked for identification upon entering the home.**  
**To ensure that the resident feels respected and valued quality surveys are carried out, residents meetings, talking with the resident and listening to them, acting upon their suggestions if able to but if not sitting and talking to them about ways you may be able to modify it so that you can act upon it.**  
**By maintaining the dignity values at all times residents will feel valued and respected. When giving personal care staff must maintain privacy, respect their choices and focus attention on them, do not allow yourself to be interrupted.**  
**For those residents who lack capacity the process is the same. Their preferred methods of care, clothes they like to wear should be documented in their care plan and therefore staff will be aware of who prefers to wear skirts, trousers etc. Dignity must still be maintained at all times and respect afforded to them. Staff must ensure that appropriate choices are made for them and they are dressed in appropriate clothing and clean and tidy. Staff must communicate with them at all times and let them know what they are doing.**
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<td>dehumanised?</td>
<td>▪ How is the above principle managed for those who lack capacity?</td>
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<td></td>
<td>The home policy for complaint is on the notice board in the entrance to the home. It is also given to all new residents and their family members on arrival and a copy is in the bedroom of the resident. Residents meetings are held regularly for residents to voice their opinions and staff communicate with all relatives when they visit the home. In Dignity training staff are encouraged to talk to relatives to find out how they have been because it important that the relatives feel valued and are included with their relatives care. Staff key workers are encourage to talk to their residents, ensure that they are feeling well looked after and encouraging them to speak about any issues they may have. If it is a problem they may need to get an advocate or IMCA involved.</td>
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</table>

7. Ensure people feel able to complain without fear of retribution  
▪ What is the organisation's/home’s complaints and compliments procedure which is available to all the service users, visitors and relatives? How is it monitored?  
▪ How do you encourage people to raise their concerns and what forums are in place i.e. service users and relatives meetings?  
▪ How do you support service users to raise their concerns and complaints with the appropriate person/carer/ key worker? (May include access to advocacy services)  
▪ The home policy for complaint is on the notice board in the entrance to the home. It is also given to all new residents and their family members on arrival and a copy is in the bedroom of the resident. Residents meetings are held regularly for residents to voice their opinions and staff communicate with all relatives when they visit the home. In Dignity training staff are encouraged to talk to relatives to find out how they have been because it important that the relatives feel valued and are included with their relatives care. Staff key workers are encourage to talk to their residents, ensure that they are feeling well looked after and encouraging them to speak about any issues they may have. If it is a problem they may need to get an advocate or IMCA involved. |

8. Engage with family members and carers as care partners  
▪ How do managers and staff recognise and value the role of relatives and carers, and involve them as care partners?  
▪ How does the home support relatives and carers who want to be closely involved in the care of the individual, and provide them with the necessary information?  
▪ How does the organisation/home respect the service users’ views and wishes which may differ to their Families’ or carers’ views and wishes?  
▪ Demonstrate how you Involve family and friends at End of Life, periods of change or illness.  
▪ In Dignity training staff are encouraged to talk to relatives to find out how they have been because it important that the relatives feel valued and are included with their relatives care. The home operates an open door policy and encourages members of the family to visit at a time that is suitable for them as we appreciate that relatives have to work. We work closely with relatives as sometimes the wishes of the family may not concur with the resident and this can sometimes cause friction. The home will have meetings with the family and other professional’s involved and try to resolve it to an appropriate conclusion with the needs of the resident paramount. WITH REGARD TO END OF LIFE CHOICES THIS CAN BE A DECISION THAT HAS BEEN MADE PRIOR TO THE RESIDENT ENTERING THE HOME, IT COULD BE WRITTEN IN A WILL, OR AN ADVANCE DECISION DOCUMENT HAS BEEN COMPLETED OR BY TALKING TO THE RESIDENT AND THEIR FAMILY AND FRIENDS FINDING OUT WHAT THEIR WISHES ARE AND DOCUMENTING THIS IN THEIR CARE PLAN. IT IS IMPORTANT TO GATHER AS MUCH INFORMATION AS POSSIBLE FROM FAMILY |

9. Assist people to maintain confidence and a positive self  
▪ How does the organisation/home encourage and support involvement by service users to enable them to participate in self delivery or completion of their care as far as possible?  
▪ Each residents independence is promoted on a daily basis. When got up in the morning they are given choices as to whether they wish to wash themselves or have assistance, what they want to wear and whether they can dress themselves or have help. They are encouraged to help with bed making and tidying up their room, putting clothes away and deciding what needs washing. Residents are also encouraged to serve themselves breakfast, getting drinks and helping others. |
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<td><strong>esteem</strong></td>
<td>How does the organisation/home encourage people to make choices that have a positive impact on their self esteem? How does the organisation/home make use of the service users’ past history and life experiences?</td>
<td>By encouraging the Residents to do a little bit at a time empower them to becoming a little more independent, makes them feel good about themselves. History and life experiences are useful to help staff give an insight into why the resident may display certain behaviours and also help with what the resident may like to do or find interesting.</td>
</tr>
<tr>
<td><strong>10. Act to alleviate people’s loneliness and isolation</strong></td>
<td>How does the organisation/home offer service users enjoyable, stimulating and challenging activities that are compatible with their individual interests, needs and abilities? How does the organisation/home encourage service users to actively maintain contact with the outside community and feel valued as members of the community?</td>
<td>The home offers activities such as helping in the kitchen peeling potatoes and veg, washing up, and making things – sandwiches or cakes to promote their independence. Also laundry duties, making beds helping clean their rooms, put clothes away can all be made into activities – sort clothes into colours, items etc. they can also help with the gardening, planting things, growing herbs. There are also games available, Wii, cards dominos, ball games. These are all things that all residents can participate in in some way or another. Priest and Vicar come to the home to offer communion to various residents who wish to participate, access is also offered for residents to go to the mobile library that comes to the village and our last Christmas fair was held in the village hall with a lot of residents helping from making cakes and decorations to selling raffle tickets on the day.</td>
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</tbody>
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Please provide additional information which describes innovative practice required by the 10 challenges within your establishment and the outcomes your service users can expect. Please limit your written response to no more than 350 words. Please send only those copies of policies and procedures or any other documents that have been explicitly requested.
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(The text box will expand as you type)
LEICESTERSHIRE DIGNITY AWARD INITIAL APPLICATION FORM

Please provide 6 names and full contact details of other persons and / or professionals who regularly visit the organisation/care home who can comment on how your organisation/care home supports service users with Dignity and Respect.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position / Job Role</th>
<th>Address, telephone number and email (PLEASE ENSURE A FULL ADDRESS IS SUBMITTED)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>MEDICAL</td>
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<td>MEDICAL</td>
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<td>SERVICE USER / RELATIVE</td>
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<td>5</td>
<td>COMMISSIONER</td>
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<td>6</td>
<td>OTHER (SEE LIST BELOW)</td>
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</table>

Hairdresser, Mobile Library  Religious Leader, LiNKs local member, Trainer from college or training organisation/provider, Volunteer organisations, Learning for the 4th Age, OPEN members, Independent Advocates

Thank you for completing the application. Please return to:

Lee Hewitt, Dignity in Care, Leicestershire County Council, Adults and Communities, Room 500, County Hall, Glenfield, Leicestershire LE3 8RL or email to DignityinCare@leics.gov.uk or alternatively fax to 0116 3056398 (Please mark for the attention of Lee Hewitt)