Aden House Limited

Aden Court Care Home

Inspection report

Birkhouse Lane
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Tel: 01484425562

Date of inspection visit:
05 December 2018

Date of publication:
14 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 December 2018 and was unannounced. At the last inspection the service was rated as requires improvement overall and requires improvement in the key areas of safe, effective and well-led. At this inspection we checked to see whether the provider had improved in these areas and found they had in effective and well-led but had not in the key area of safe.

Aden Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Aden Court is registered to provide residential and nursing care for up to 40 people. The home has a reception area, a large dining room, a choice of lounge areas and an activities room. All bedrooms are en-suite. At the time of our inspection there were 37 people living at the home, with 14 people receiving nursing care and 23 people receiving residential care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us they felt safe living at Aden Court and staff were well-trained and knowledgeable about safeguarding procedures. Measures were in place to help keep people safe in an emergency.

A person had not received the support advice given from a visiting health professional, whilst the health professional confirmed this had not had a detrimental impact on the person, measures were not robust to ensure appropriate action had been taken. People had good access to health professionals and visiting health professionals spoke highly of the service.

Risks to people were individually assessed, reviewed regularly and consideration was given to maintaining people's independence.

There were sufficient staff to support people and people's dependency was regularly checked to ensure this.

Medicines were administered safely and best practices were followed. Regular checks took place to ensure this.

Accidents and incidents were monitored and analysed to ensure the home improved and learnt lessons were applicable.

Premises and equipment were well-maintained and regular checks took place in line with legislation.

There was some evidence people were involved in their care planning and some relatives told us they felt

involved in their relative's care.

People's mental capacity was assessed and staff showed a good understanding of this and in how they promoted people's choice and independence.

People told us they felt staff were well-trained and staff were positive about the quality of the training they received. Not all staff had received training in line with the provider's policies however plans were in place for this to be completed by the end of January 2019.

Recruitment processes were robust and new staff completed an induction to ensure they were knowledgeable about the service and the people living at Aden Court.

People were supported to maintain a balanced diet and people and relatives spoke highly about the quality of the food. People's weight was monitored to ensure they were not a risk of malnutrition.

People were involved in the decoration of the home and bedrooms and communal areas were personalised.

People and relatives told us staff were caring and we observed staff supporting people with compassion, dignity and respect.

Staff were knowledgeable about people, their life history and preferences. People had regular access to a range of group and individual activities which supported their individual needs.

Compliments and complaints were monitored and people felt able to raise concerns with staff and managers.

People, relatives and staff spoke highly of the registered manager. The registered manager told us they felt well-supported by the provider.

People, relatives and staff were regularly consulted, meetings were held and documented, and they were involved in the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People and their relatives told us they felt safe living at the home. Staff were well-trained in safeguarding.

People had their medicines administered safely.

One person had not received the care advised by a health professional and procedures had not identified this.

Is the service effective?

Good

The service was effective.

Staff received induction training and ongoing supervisions and appraisals.

The principle's of the Mental Capacity Act were applied and people's care was in line with legislation.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, dignity and respect.

People's records were kept securely and their confidentiality was respected.

People's communication needs were recorded and supported.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's choices and preferences and were regularly reviewed.

People received a broad range of individual and group activities

according to their preferences and aspirations.

People's end of life care wishes were considered and met.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the manager.

The registered provider had up to date policies and procedures in place.

Regular audits and quality checks took place which resulted in continued improvements in the home.

Aden Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 December 2018 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home and we gathered information from the local authority, including the commissioning and safeguarding teams, and from Healthwatch Kirklees. Healthwatch Kirklees is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The registered provider had been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan and inform our inspection.

We used a number of different methods to help us understand the experiences of people who lived at the home, including observations and speaking with people. During our inspection we spoke with six people who lived at the home, five relatives, two visiting health professionals, six staff members, the registered manager and the regional manager. Following the inspection we spoke with another healthcare professional on the telephone.

We looked at four people's care records, four staff files including recruitment and training documents, as well as records relating to the management of the service. We looked around the building and saw people's bedrooms, bathrooms and other communal areas.

Requires Improvement

Is the service safe?

Our findings

At the last inspection this key area was rated as requires improvement. This was because people's moving and handling risk assessments were not always appropriate, staff did not always follow the moving and handling care plan, and staffing rota records were not always accurate. At this inspection we found the service had made improvements in the areas we noted of concern last time.

However during our inspection a health professional was visiting to review a person who they had asked staff to undertake exercises to increase this person's strength following a fall. Staff had recorded the previous visit and the exercises to be undertaken but had not followed this request. The team leader immediately took action at this visit by highlighting this need in the person's care record and notifying the registered manager of the error. Following our inspection, the health professional confirmed that the person's health and strength had improved despite the lack of exercises and they were confident staff would implement the exercise regime. The health professional told us staff at the home were "usually very responsive" and did not have any concerns about the home. We discussed procedures for following health professional guidance with the registered manager, who confirmed procedures were in place but these had not been followed in that instance. Since the inspection the registered manager has undertaken an investigation, issued instructions to all staff and undertaken a group supervision with staff about this.

People's dependency was assessed monthly and this helped to determine staffing levels. Rotas showed the numbers of staff deployed were consistently above the number which had been identified as required. On the day we inspected there was an additional member of staff working because the home was putting up Christmas decorations. To ensure effective use of staff an allocation sheet was used for each shift which showed the duties staff had been given.

All of the people and relatives we spoke with told us there were enough staff however they all spoke about a lengthy wait for people to be supported to the toilet. A relative told us this had been discussed with the manager at a 'residents' meeting but the relative did not feel the matter had been addressed effectively. During our inspection we observed a person sat in the lounge who pressed their call bell and staff attended quickly however the person then waited approximately 10 minutes before they were assisted. At the last inspection more than half the people we spoke with told us they felt they did not have to wait long in response to call bells but were then kept waiting to be supported to the toilet or to have their catheter changed so this aspect of care had not improved. We discussed this with the registered manager who was considering how this aspect might be improved.

All of the staff we asked told us they felt there were sufficient numbers of staff to keep people safe. One member of staff said, "On duty there are six carers and a shift leader. Enough to keep people safe. At night… this is adequate too." Another staff member said, "Always someone around, [people are] never left on their own."
All of the people we asked told us they felt safe living at Aden Court and all of the relatives we spoke with confirmed this. Comments from people living at the home included, "Look after me very well" and "It's a lovely place". One relative told us their relative living at the home had raised a concern and the home "did

listen to them". Another relative said, "I feel I can go up to any of them (staff) and say if there is a problem."

Staff knew the appropriate action to take if they had concerns about anyone being at risk of harm or abuse. A staff member told us, "Safeguarding training is all on site. Training has been very good." Staff were aware of the registered providers up-to-date safeguarding policy. Staff confirmed they had received safeguarding training and described safeguarding procedures and understood the signs of potential abuse. The registered manager made appropriate referrals to the local safeguarding authority and the Care Quality Commission.

Risks to people were assessed and measures were in place to reduce and manage these. People had individualised risk assessments for areas such as falls, malnutrition, mobility and their environment. These were reviewed regularly and support given promoted people's independence and considered the least restrictive option. For example, one person was at risk of falling out of bed and the home had considered the risk and put in place a v-cushion, rather than bed rails, which would have restricted the person more.

Measures were in place to help keep people safe in an emergency. Each person had a personal emergency evacuation plan (PEEP). The plans detailed the level of assistance required by each person to support them to evacuate the home in an emergency. There was a 'grab bag' which contained useful items such as a high visibility jacket, torch, first aid kit, foil blankets, emergency contact telephone numbers and PEEPs. Fire drills and a simulated evacuation of a different part of the home took place monthly. Records showed which staff had taken part and confirmed their knowledge and understanding of how to evacuate people safely.

To ensure the safety of premises and equipment regular checks took place in line with guidance and legislation. Records showed fire alarms, emergency lights and fire doors were checked regularly and actions were taken to rectify any identified faults. Water temperatures were regularly checked. A fire risk assessment was completed and up to date. Records showed equipment, for example, wheelchairs, were regularly checked and maintained.

Staff were recruited safely. We inspected four staff recruitment files. We found safe recruitment practices had been followed. For example, reference checks had been completed, identification had been verified and Disclosure and Barring Service (DBS) checks had been carried out. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

People received their medicines safely and these were administered by staff who were kind and respectful. To ensure people received their medicines in a timely and unrushed manner the registered manager had implemented a system of two medicines rounds at the same time. One, for people who received nursing care, was undertaken by the nurse on shift. The other was undertaken by the senior care worker on shift for those people who received residential care. The staff member administering medicines sought consent from people and helped people, at their own pace, to take their medicines. Where people refused, this was respected and appropriate action was taken.

To reduce the risk of medicines being administered to the wrong person, medication administration records (MARs) contained photographs of each person and where there was more than one person with the same first name this was flagged with a red card. Medicines were stored securely and temperature checks were taken of the room and the medicines fridge twice daily. Medicines were administered by a nurse or senior care worker who had been specifically trained to do so. Annual competency checks for staff administering medicines were undertaken.

To ensure peopled received appropriate doses of medicines prescribed 'as and when' (known as PRN) protocols were in place so staff knew when to administer these. The home had close liaison with the GP surgery responsible for prescribing medication and had agreed with them that people who were unable to say when they might need a medicine did not have any medicines prescribed as PRN.

All of the people and relatives we spoke with told us the home was clean and during our inspection visit the home looked and smelled clean and fresh. Domestic staff were knowledgeable about infection control protocols and a notice in the laundry showed colour-codes were used as part of control procedures. Staff used personal protective equipment appropriately to reduce the risk of infection.

Records showed accidents and incidents were logged, recorded and analysed to track incidents, record actions and consider lessons learnt. Appropriate actions were taken, such as applying first aid, additional observations, or calling for emergency services when necessary. Analysis of the time of day and location of incidents occurred, which helped the registered manager to identify any trends and act accordingly. For example, a recent fire drill simulation had identified the need for rechargeable walkie-talkies rather than battery-operated and these had been purchased.

Good

Is the service effective?

Our findings

At the last inspection we rated this area as requires improvement because some staff lacked appropriate care skills, staff did not always get the consent from people before they started to support them, and dementia-signage was not always evident. At this inspection we found the service had improved in all these areas.

One relative told us they were aware of their relative's care plan however most of the people and relatives we spoke with were unaware or unclear about how their care was planned or reviewed. The relative of a person living at the home who was fed via a percutaneous endoscopic gastrostomy (PEG) expressed concern at the lack of information or involvement in their relative's care. However, another relative described feeling very involved in their relative's care and felt "well informed" by staff. Another relative said about staff, "They really, really know my [relative] very well." This relative said they felt "involved" and there was good communication from staff. We discussed this with the registered manager who described plans to use a review form (developed by the provider) to better involve and record people and their relatives in care plans and reviews.

We looked at whether the service considered and respected peoples human rights and their individuality under the protected characteristics of the Equality Act 2010 and found they did. The registered manager described how the home maintained bonds between marriage partners and explained about how they ensured the protected characteristics of a person who previously lived at the home who had been transgender. The manager said, "It's about allowing them to be 'them' and protecting them as humans."

People were offered choices and consented to their care and support arrangements where they were able to do so and this was recorded. Where people lacked capacity, the service worked within the legal framework of the Mental Capacity Act (MCA).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found they were.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager used a tracker to monitor and manage DoLS applications. Staff were knowledgeable

about MCA and DoLS and could describe how they supported people's independence and choice. For example, we observed staff saying, ""Here you are [name of person], are you going to be OK or do you want some help?" and, "Do you want a tissue? Shall I put your glasses back on?"

Staff were kept updated about current legislation and guidance. Policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme.

One person we spoke with told us new staff were supported in their role and other staff were "always on hand to advise and help them". One person said, "I think they do a pretty good job here, I really do". Staff received a two-day induction and completed shadow shifts with experienced staff. Their competency was checked by a shift leader and reviewed at the end of a three-month probationary period. A visiting health professional told us, "Very good, nurses are superb, good at advanced care planning", and "Prompt [referrals] at the right time, good clinical acumen and organisation." Staff were positive about the regular face-to-face training they received from the provider. A staff member said, "I attend good practise events, an end of life event to improve care plans and incorporated learning into care plans. Given confidence to staff to discuss with people who live here and residents and feel that made lots of improvements in this area." New staff with no previous experience in the caring profession completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

However not all staff had received up-to-date training to support them to perform their duties effectively. Just under a third of staff had not received up-to-date training about MCA and DoLS and only a third of staff had received in-date health and safety training. The provider told us additional training was scheduled and all staff would have been trained by the end of January 2019.

The registered manager explained their plans to have staff 'champions' in different aspects of care, such as dignity, safeguarding, tissue viability, and continence. This was scheduled to start in January 2019. Agency staff received an induction and the registered manager looked at their profiles to ensure their skills were appropriate for the home. The registered manager explained they had asked for agency staff training certificates to ensure these were up-to-date. Staff confirmed, and records showed, they received regular supervisions and had a yearly appraisal.

People were well supported to eat and drink and maintain a balanced diet. Everyone we spoke with were positive about the food; comments included, "it's very good is the food" and "you can have what you want". One relative, whose relative had lost weight before moving to the home said about the cook, "I can't praise [them] enough" and described how the cook made lots of effort to try and tempt this person's appetite. The cook was extremely knowledgeable about people and their likes and dislikes and menus were based around these. People's weights were monitored and we saw a person who had lost weight had been referred to a dietician for additional support. Cold drinks and snacks were available at 'snack stations' which were well-maintained and a hot drinks trolley with freshly made biscuits was taken round the home during the day. People who needed assistance to eat and drink were well-supported in an unrushed manner.

There was evidence staff communicated well to ensure people's care and support was effective and met their needs. Detailed handover sheets were used at the start of each shift and each shift leader and nurse undertook a room by room handover so staff saw people as well as received written notes about them. Staff were knowledgeable about people and were able to describe what was written in people's care plans. Timely daily records were completed as an additional record about how people had been cared for and the

support they had received.

People were supported to access the healthcare they needed at the right time. The home had developed good working relationships with a range of healthcare professionals, such as, dentists, occupational therapists, dieticians, and district nurses. Records showed how one person had suffered frequent urinary tract infections and the home had involved a community practice nurse and followed their bladder care plan advice. This had resulted in the person not having any further infections.

The registered manager described the regular meetings held with the local GP surgery practice manager and how these had helped to develop protocols to better support the healthcare of people living at the home. The home had been chosen as part of a care home engagement pilot. This involved working with healthcare professionals such as 111 and out of hours doctors to establish best practices for people living in care homes. The ambition is to reduce hospital admissions and provide more healthcare within the home.

People were given a choice in the decoration of the home. The home was in the process of refurbishing one of the communal lounges and people had chosen the wallpaper for this and colour scheme for this. People's bedrooms were personalised and various items of personal furniture, pictures and ornaments were evident.

Good

Is the service caring?

Our findings

We asked people whether staff were caring and comments included, "I think they've been very good to me", "they're all nice nurses", "very kind, can't do enough for you", "the [staff] are very nice here", "they don't make you feel as if you're imposing", and "anything you need help with they get it". Relatives comments included, "I must admit I can't fault it", "it's fantastic", "staff are wonderful", "really, really happy with everything", and, "absolutely brilliant". Another visitor told us, "I would recommend it to anybody" and, "in fact I've recommended it to my next-door neighbour".

Staff supported people with kindness, respect and compassion. People responded well to staff and there was an atmosphere of friendly affection. We observed genuine, warm, friendly interactions between staff and people regularly throughout the day. During meal times the atmosphere was relaxed and staff were attentive to everyone, providing support to people who needed it. Relatives were encouraged and supported to eat with people. One person's care plan, whose relative visited every day, showed that a spare seat next to the person needed to be left so the relative could sit next to them to eat their meal.

People were treated with dignity and the home promoted inclusivity. The registered manager was keen to ensure people were not 'labelled', as such people received nursing or residential care on the same floor; there was no distinction between the two. Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them.

People were supported to express their views and were involved in decision making about their daily lives. Staff asked people about each aspect of their day and gave them independence and control over their choices. For example, a person chose to eat their meal in the reception area and staff made sure they were comfortable, provided them with a table and asked them whether they wanted to listen to any music, which they did. This person was asked what type of music they would like.

Staff ensured they told people about what they were doing at each stage of their care and support. For example, whilst administering eye drops the senior care worker asked the person whether they wanted their eye drops, informed which eye they were putting the drops in first, and after administering the eye drops said, "Would you like a tissue?" and "Do you want your glasses back on?"

Information about advocacy support was available in the reception area.

Good

Is the service responsive?

Our findings

People told us about the activities available at Aden Court and said, "We really enjoy what we do," and, "There is plenty of choice". Activity planners were clearly displayed throughout the home showing the group activities taking place each morning and afternoon, these were bright and engaging and included pictures of each activity. The home also took people on regular visits, for example, to concerts and cafes as well as outings to the local park and museum. These outings were responsive to what people in the home felt like doing and people were consulted about these. For example, a group of people wanted to start painting Christmas tree ornaments which had been made during a previous activity session and this was facilitated with ease. Group home-based activities included singing, games, reminiscing cards and exercises. The activities co-ordinator explained how they used sensory activities for people who were cared for in bed. These involved using aroma, touch, pictures and sounds to create an experience such as 'the seaside' and told us, "Touch is important, they know someone is there for them."

People's social and life histories were well documented and all staff were knowledgeable about these. People had been asked about their aspirations and had been supported to achieve these. For example, one person wanted to go to a local café and eat coffee and cake, and they had done this. Another person wanted to attend a sixties concert and there were photos of them enjoying this. Another person wanted to see their relative who lived abroad and the home had arranged for a Skype session for all the family members to get together and chat.

The activities co-ordinator had forged close links with the local community and the home had been provided with their own garden area at the local park for the home's sole use. People were taken here to garden and, in the summer, to eat ice-cream. People with different faiths were regular supported by visits from local churches.

The provider was compliant with the Accessible Information Standard (2016), which requires that people who have sensory impairment or a disability have information available for them about their care in a way they can understand. People's communication needs were assessed and information provided to people in a suitable format such as large font.

The complaints policy had recently been updated and was displayed in the home and also contained in the service user guide. Complaints were recorded and responded to within the provider's policy. A relative explained their relative had been upset by being showered by a staff member of the opposite sex. This had been brought to the manager's attention and immediate action had been taken so this did not happen again.

People and their relatives were well supported during end of life discussions and care. The home had made links with the local hospice and staff had received additional end of life care awareness sessions. Staff told us this had given them more confidence to have conversations with families about and during end of life care and build a good rapport. One staff member had produced a sheet of written information to give to relatives. This was written from their own experience and used simple and caring language to explain what

support staff would provide to them and their loved one. It also explained who they needed to tell after the death. The registered manager had produced an 'end of life' box which contained different objects which relatives were able to use to support them to care for their loved one during their end of life. Relatives could choose according to their needs, for example, one relative had used hand-cream to massage their loved one's hands.

Good

Is the service well-led?

Our findings

At the last inspection we rated this key area as requires improvement. This was because people and their relatives did not feel involved in how the home was run and actions from audits were not always identified. At this inspection we found the service had improved in these areas.

Staff we spoke with were all positive about the management of Aden Court. A staff member said, "Manager is a good boss, makes sure everyone is well cared for." Another staff member told us, "[Name of registered manager] is amazing, [they] have taught me a lot."

The registered manager described the improvements to their support since the provider had changed in April. They told us, "Hillcare listen, they support if I'm stuck or just want to chat. I can pick up the phone and talk to any of the managers. They're realistic, listen to what I'm saying. We have a no email Wednesday, this frees me up to spend time to sit with [people]."

The provider and the registered manager had oversight of the home. The registered manager undertook a weekly audit of all aspects of the home. This covered areas such as first impressions, staffing, medicines, and communal lounges. This audit supported the monthly audit, which the registered manager sent to the provider. This showed how the home is performing in areas including falls risk assessments, accident and incident analysis and staff training and rates their performance. This allowed the provider to have oversight of the management of the home. The registered manager also completed an environment action plan which was used to make capital expenditure risks. The registered manager described how they used this to track requests and chased them with the provider if necessary. We saw some areas of the home environment which we felt could be improved had already been identified and a request made to the provider for funding for refurbishment.

The service used risk assessments, audits and analysis to learn and improve the service. For example, the registered manager had identified the medicine round was taking a long time. They implemented a two-round system so a nurse undertakes a medicine round for those people receiving nursing care and a senior care worker undertakes a medicine round for those people receiving residential care.

The registered manager encouraged staff to learn from others, for example, facilitating the recent workshops run by the local hospice and discussed these with staff to embed their learning.

People and relatives were involved in the running of the home. The home had a 'residents' noticeboard which showed activities people had suggested and their involvement in these. People were able to attend a regular health and safety committee and were asked to contribute their ideas. The registered manager told us how they had invited people to take part in the next staff recruitment exercise. The home had a 'relatives' noticeboard which included a 'you said, we did' section showing how the home had responded to relatives' suggestions.

Staff confirmed they are involved in the running of the home. A staff member told us they were "asked for

opinion at staff meetings". Staff meetings were held quarterly and staff attended regularly. The registered manager explained how they also spoke with staff during handovers, supervisions, appraisals, and generally chats whilst completing their daily walk round. The registered manager explained how they had recently implemented a 'carers voice' meeting with one staff member who had volunteered to have a regular discussion on behalf of the rest of the staff with the registered manager.

There was evidence of how the service worked in partnership with local community groups and other professionals. The home was actively engaged with community groups such as a historic group, a local park and the National Citizen Service (NCS), which encourages young people to be involved in projects. The NCS chose Aden Court to be their partner in one project this year. The home also supported the activity co-ordinator to be a participating member of the National Dignity Council which supports the dignity in care campaign.