

Equality, Diversity and Human Rights Policy

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	9, 10, 11, 12, 17
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CQC Single Assessment Framework Topics

Safe Topic Areas:

Safeguarding

Involving people to manage risks

Safe and effective staffing

Effective Topic Areas:

Assessing needs

Delivering evidence-based care and treatment

Supporting people to live healthier lives

Consent to care and treatment

Caring Topic Areas:

Kindness, compassion and dignity

Treating people as individuals

Independence, choice and control

Responding to people's immediate needs

Workforce well-being and enablement

Responsive Topic Areas:

Person-centred care
Care provision, integration, and continuity
Providing information
Listening to and involving people
Equity in access
Equity in experiences and outcomes
Planning for the future

Well-led Topic Areas:

Shared direction and culture
Capable, compassionate and inclusive leaders
Workforce equality, diversity and inclusion
Governance, management and sustainability
Learning, improvement and innovation

Please see the 'Quality Statements' section for full guidance

Scope

The Equality Act 2010 legislation replaced 116 pieces of legislation with one single Act. It provided a new anti-discrimination law, which protects individuals from unfair treatment and aims to promote a fair and equal society.

This policy sets out the organisations framework for compliance with the act when delivering services to its Clients and their families, as well as working with staff and people in the community.

This policy and procedure are provided for the regulated activity of personal care.

Equality Statement

Our organisation is committed to equal rights and the promotion of choice, person-centred care and independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or

minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Key Points

- The policy fully embraces the Equality Act 2010.
- We aim to ensure that service users and their family feel they are treated with kindness, compassion and dignity in their day-to-day care and support.
- Staff are trained and required to listen to service users and communicate with them appropriately, in a way they can understand and meets their needs.
- We ensure that service users feel that staff know and understand them, including their preferences, wishes, personal histories, backgrounds and potential.
- We ensure that service users believe that staff will respond to their needs quickly and efficiently, especially if they are in pain, discomfort, or distress.
- The organisation and staff ensure that the privacy and dignity of all who come into contact with the service is respected and upheld at all times.
- Service users and those that interact with the service are assured that information about them is treated confidentially and they know that staff respect their privacy.
- The organisation and staff promote a culture of kindness and respect between colleagues from other organisations.
- Where we support young adults, we support them to feel they have control over their own privacy and the amount of parental involvement in managing their care and support.
- Discrimination occurs when someone is treated less favourably than another person because of a 'protected characteristic' they have or are thought to have (see perception discrimination below), or because they associate with someone who has a 'protected characteristic.'
- The nine protected characteristics are:
 - Age
 - Disability
 - Gender Reassignment
 - Marriage and Civil Partnership
 - Sex
 - Sexual Orientation
 - Race
 - Religion
 - Pregnancy and Maternity

- Person-centred care, including assessment and care planning, will be used to ensure the needs of the service users are identified and to ensure their equal rights and diversity needs are met.

• The organisation is committed to supporting each individual the service works with, including:

- Service user,
- Family,
- Staff,
- Professional, or
- Community member.

• In a way that supports their:

- Human rights,
- Diversity, and
- Any protected characteristic.

• The organisation will make all reasonable adjustments so that people can access our services, especially in support of the nine protected characteristics, e.g. disability, so that people can access and use our services on an equal basis.

• The organisation will treat any discriminatory behaviour by staff or management as gross misconduct and will deal with it under the organisation's disciplinary policies.

• Managers and care staff will receive training on what unconscious bias is, and how to ensure it does not affect their judgements and decisions while undertaking their role.

• The organisation will undertake regular monitoring of equality and diversity to ensure that staff and the service are compliant with policies and procedures, guidance, regulations and legislation.

Policy Statement

The organisation is aware of the importance of the Human Rights Act 1998 and the Equality Act 2010 in relation to compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Fundamental Standards.

In addition, where the organisation provides services through a contract with the local authority and/or NHS, the management and staff will comply with the relevant aspects of the [public sector](#)

[equality duty](#), as set out in the organisation's contract with these bodies.

Equality and diversity will be assessed under our 'Good Governance Policy' and framework, including engagement and audit activities to ensure the organisation is compliant.

Staff and managers are required to read this policy and ensure they understand and implement non-discriminatory practice, and provide support to service users and their carers across the nine protected characteristics to ensure they are safe from:

- Abuse,
- Harm,
- Harassment,
- Discrimination.

Where staff and managers are concerned for a service user, their carer or family, or another staff member, they should raise this with their Line Manager who will contact the appropriate authorities, which may include the local authority safeguarding adults team.

If at any time a member of staff or manager feels that a service user or their carer is in immediate danger, they should dial 999 and inform the Police and, as appropriate, the safeguarding adults team.

Notification to CQC will also be required following referral to these authorities.

The Policy

The organisation is committed to protecting the rights of people who use the service, come into contact with the service and/or are employed by the organisation.

In addition, the organisation is committed to promoting equality and diversity, and supporting people's human rights through its services and interactions with the community it serves. The organisation will aim to achieve this through a range of activities which support service users and staff within the nine protected characteristics as set out in the Equality Act 2010.

These activities will include, but are not limited to:

- Person-centred care
- Service user reviews
- Risk management
- Promotion of independence and choice
- Positive risk taking
- Monitoring the effectiveness of equality and diversity
- Quality assurance and audit

Staff and managers will be provided training in equality and diversity, including how to support service users within each of the nine protected characteristics, as well as ensuring that everyone that comes into contact with the service is, at all times, treated in a positive and non-discriminatory manner.

Equality and diversity training will be provided and assessed through:

- Induction
- Annual training updates
- Staff supervision and spot checks
- Training and development plans
- Competency assessments
- Performance management
- Mentorship
- Staff and management meetings

The organisation will not tolerate any breaches of this policy, and any acts of discrimination against service users, their families, colleagues or members of the community, will be treated as gross misconduct under the organisation's disciplinary policies.

Training

All staff, during induction, are provided with and required to read the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff updated with any changes. Observations are undertaken to check skills and competencies.

Staff new to care will undertake the Care Certificate which includes learning about equality and diversity. All staff will undertake refresher training on a regular basis. Skills for care provide a 'Confident with Difference' resource for leaders/managers to use as a training tool with their teams. Observations and supervision are undertaken to check skills and competencies.

Devon County Council has developed a [Diversity Guide](#) to provide guidance on meeting the needs of diverse groups of people to reduce inequality.

Blackpool, Fylde and Wyre Hospitals NHS Trust developed [guidelines on religious and cultural beliefs](#) and the Royal College of Nursing provides this helpful guide, '[A guide to cultural and spiritual awareness](#).'

These guides can be used as an aide for staff to ensure the cultural and ethnic needs of service users are met in a way that offers privacy, dignity and respect. Important information about a

service user's cultural, ethnic, religious, spiritual and sexuality needs should be included in the person's care plan in order to support staff to understand their individual needs and preferences. Further guidance should be sought where required.

Unconscious Bias

People's life experiences and upbringing can affect how they treat people and sometimes they have beliefs and views about other people that might not be right or reasonable.

This is 'unconscious bias' and includes when a person thinks:

- Better of someone because they believe they're alike or from the same/similar culture or background.
- Less of someone because that person is different to them, for example, they might be of a different race, religion, have a disability or age.

This means they could make a decision influenced by false beliefs or assumptions. Another term which is often used is 'stereotyping.'

We can all think like this and suffer from unconscious bias at some point, but it is important to be aware of it and not let it affect our behaviour or decisions.

Managers and care staff will receive training on what unconscious bias is, and how to ensure it does not affect their judgements and decisions while undertaking their role.

Ways to Avoid Unconscious Bias

The organisation will support staff to avoid unconscious bias through a range of activities, including:

- Training in equal opportunities and equality and diversity.
- Discussion of unconscious bias at staff meetings, supervisions and in training sessions.
- Observation of staff in the work environment to ensure staff are following policies and procedures and their training.
- Making staff and managers aware of unconscious bias, and how to recognise it and to remove it from their decision making.
- Encouraging managers and care staff to agree to make each other aware if they notice stereotyping or unconscious bias.
- Allowing time to make decisions, for example on recruitment, promotions or grievance and disciplinary outcomes.

- Keeping a written record of care records, so that information about care decisions can be audited and improvements identified.

Person-Centred Care

All Clients will have in place:

- Assessment of needs.
- Risk assessments.
- Health assessment.
- Aspirations and agreed outcomes.
- Communication needs (see the 'Accessible Information Standard Policy').

These documents and other information will be used to develop a person-centred care plan, which will include details on how their support and care will be delivered to meet their individual needs and to develop outcomes to support their independence and personal choices/aspirations.

As part of the assessment and care planning process, information required to support any relevant protected characteristic will be included, and will be used to develop the care plan to meet their needs and ensure their dignity.

Outcomes will include:

- Positive risk taking,
- Actions to support connection with their communities,
- Maintaining friendships and relationships,
- Actions to maintain and improve life skills, and
- Activities to minimise social isolation.

Care planning will include meeting cultural, religious and ethnic needs which may relate to carer gender, religious holidays, diet, and other important aspects of the Clients' lives.

Staff and management are required at all times to honour and respect peoples cultural, religious and ethnic diversity and needs, and to provide care and support in line with the needs of the individual Client.

The organisation will provide sign posting information in support of equality and diversity from the local authority and third sector organisations.

These organisations will include:

- Local Authority

Accessible Information Standard

The Accessible Information Standard (AIS) became a legal requirement in August 2016 for all organisations that provide NHS care and/or publicly funded adult social care. The guidelines were revised in 2017 and set out a consistent approach to ensure that the communication support needs of service users, carers and parents with a disability, impairment or sensory loss will be met by the organisation's services.

The aim of the AIS is to establish a framework and set a clear direction so that service users who use these services, and, where appropriate, carers and parents, who have information or communication needs relating to a disability, impairment or sensory loss receive:

- Accessible Information - information which can be read, or received, and understood by the individual, or group, for which it is intended, and
- Communication support - support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.
- This is to prevent individuals being at a substantial disadvantage when accessing NHS or adult social services. This includes accessible information and communication support to enable individuals to:
 - Make decisions about their health and well-being, and about their care and treatment.
 - Self-manage conditions.
 - Access services appropriately and independently.
 - Make choices about treatments and procedures, including the provision or withholding of consent.

The organisation, management and staff will implement the five steps of the AIS, i.e:

- Identify communication needs, e.g. at care assessment.
- Record these, e.g. in the care plan.
- Flag these needs within our systems, e.g. office electronic records will clearly identify service user or carer communication needs and identified solutions.
- Share their needs, e.g. with partner providers or transferring to healthcare settings.
- Meeting these needs, e.g. develop solutions for the service user in partnership with the individual.

Please see the 'Accessible Information Standard Policy.'

Sharing Information

The organisation will share information where there is a need to protect, safeguard, and support the health and well-being of the service user, and where it would be more harmful not to share information. Staff and the organisation will work in the best interests of the resident and will share information in line with the DPA 2018 Code of Practice.

When confidential information is shared it will be relevant, necessary and proportionate.

The data protection principles to be followed will include the need to demonstrate that:

- There is a clear purpose, for example to help with a diagnosis.
- The purpose could only be achieved by the sharing of confidential information.
- The extent of the information sharing is kept as limited as possible, consistent with achieving the clear purpose.

Recording of information sharing will be noted in the care notes for the service user, including detail of what has been shared, who shared it date, time, receiving person or agency and why.

Where staff are concerned that confidential information has been shared inappropriately, they must raise this with their Line Manager who will investigate the concern and take appropriate action.

See the 'Data Protection Act and UK GDPR Policy' and 'Confidentiality Policy.'

Nine Protected Characteristics

Age

Relates to a person or person's age group, i.e. people of the same age and people of a particular range of ages. Where people are in the same age group, they share the protected characteristics relevant to age. See '[Age discrimination](#)' for more information.

Disability

A person has a disability if they have a physical or mental impairment and it has a substantial and long-term adverse effect on their ability to undertake normal day to day activities.

People with:

- HIV
- Cancer
- Or multiple sclerosis

Are protected by the Act from the point of diagnosis, and some visual impairments are automatically deemed to be disabled.

Where people share the same disability, they share the protected characteristic of disability.

With regard to recruitment Criterion 10 of the Health and Social Care Act 2008: Code of Practice for the prevention and control of infections, states that all regulated activities under the *Health and Social Care Act 2008* must ensure that all staff fill in a pre-employment health questionnaire with information about residence overseas, previous and current illness and immunisation against relevant infections.

See '[Disability discrimination](#)' for more information.

Gender Reassignment

A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. This applies to both men and women who are reassigning their sex.

The Act does not require a person to be under medical supervision to be protected; therefore, a woman who decides to live as a man but does not undergo any medical procedures would be covered.

If transsexual persons propose to undergo, are undergoing or have undergone gender reassignment, then it would be discrimination to treat them less favourably for a work absence than if they were absent due to illness or injury. See '[Gender reassignment discrimination](#)' for more information.

Marriage and Civil Partnership

Refers to people who are recognised as having the common characteristics of being married or of being civil partners in law. A heterosexual man and a heterosexual woman who are married to each other and a man and another man who are civil partners or married, and a woman and another woman who are civil partners or married all share the protected characteristic of marriage and civil partnership.

A divorcee or where civil partnerships have been dissolved means that the people no longer have this protected characteristic, and neither do people living together or who are engaged to be married. See '[Marriage and civil partnership discrimination](#)' for more information.

Race

Race includes:

- Colour;
- Nationality;
- Ethnic or national origins.

People which have or share characteristics, of colour nationality or ethnic or national origins can be described as belonging to a particular racial group.

Examples:

- Colour includes black or white
- Nationality e.g. being a French, Norwegian or Indian Citizen
- Ethnic or national origins include being from an Irish or Mauri heritage
- Racial group e.g. Black Britons who are black and British.

See '[Race discrimination](#)' for more information.

Religion or Belief

For it to be considered a religion within the meaning of the Act, it is required to have a clear structure and belief system. Religion and belief includes people with religious or philosophical beliefs.

Examples would include:

- Christianity, Hinduism, Islam, Judaism, Rastafarianism, Sikhism as well as many others (please see GMHNFT reference for further examples and information).

The Act considers a belief to have the following characteristics:

"Genuinely held; be a belief and not an opinion or viewpoint; be a belief as to a weighty and substantial aspect of human life and behaviour; attain a certain level of cogency, seriousness, cohesion and importance; and be worthy of respect in a democratic society, compatible with human dignity and not conflict with the fundamental rights of others".

The Act cites as examples of philosophical beliefs, including humanism and atheism.

Where a cult is involved in illegal activities, they would not satisfy the criteria nor would fanatical support of a particular sports team under the Act.

People who are of the same religion or belief share the protected characteristic of religion or belief.

See '[Religion or belief discrimination](#)' for more information.

Sex

For the purposes of the Act, sex means being a man or a woman. Men share the sex characteristics with other men and women with other women. See '[Sex discrimination](#)' for more information.

Sexual Orientation

Sexual orientation means a person's sexual orientation (or attraction) towards:

- People of the same sex (i.e. being a gay man or lesbian)

- People of the opposite sex (i.e. being heterosexual)
- People of both sexes (i.e. being bisexual)

In relation to the protected characteristic of sexual orientation:

- A reference to a person who has a particular protected characteristic is a reference to a person who is of a particular sexual orientation;
- A reference to persons who share a protected characteristic is a reference to persons who are of the same sexual orientation.

See '[Sexual orientation discrimination](#)' for more information.

Pregnancy and Maternity

A woman remains protected in her employment during the period of the pregnancy and any statutory maternity leave to which she is entitled. This is now separate from protection on grounds of sex, which is not available to a woman during her pregnancy and maternity. It is unlawful to take into account an employee's period of absence due to pregnancy related illness when taking a decision about her employment.

Reasonable Adjustments

The organisation will make all reasonable adjustments so that people can access our services, especially in support of the nine protected characteristics, e.g. disability, so that people can access and use our services on an equal basis.

This will be achieved through strength-based assessments of need, identifying adjustments that will support the individual to access our services and then working with them to implement the most appropriate solutions which work for them.

The organisation will work with the service user, family and social services to identify technology which will support the individual to be as independent as possible, support their communication needs and to minimise risks, e.g. trips and falls.

Where adjustments are identified these will be recorded within the service user's care plan, and where appropriate staff will receive training on how to implement and ensure these are in place when supporting the individual.

Any technology implemented within the service, to support or communicate with service users and their family, will be chosen and developed for its ease of use, and where is reasonably practicable, its ability to be adapted to meet the needs of our clients. This will include:

- Telephone and answering services
- Web sites

- Online or digital services, e.g. online rosters and visiting schedules

Types of Discrimination

Direct Discrimination

Occurs when a Client, staff member or other person involved with the service is treated less favourably than another person because of one of the nine protected characteristics they have, or are deemed to have (Perception Discrimination), or because they are associated with someone who has a Protected Characteristic (Discrimination by Association). See '[Direct discrimination](#)' for more information.

Discrimination by Association

Originally applied to age, race, religion or belief and sexual orientation, and has been extended to include disability, gender reassignment and sex.

The individual is being directly discriminated against because they associate with a person who possesses a protected characteristic.

Perception Discrimination

Originally applied to age, race, religion or belief and sexual orientation, and has been extended to include disability, gender reassignment and sex.

The individual is being directly discriminated against because others think, or assume, the person possesses a protected characteristic, and applies even where the person does not.

Indirect Discrimination

Originally applied to age, race, religion or belief, sex, sexual orientation and civil partnership, and has been extended to include disability and gender reassignment.

Indirect discrimination can occur when there is a condition, rule, policy or a practice in the organisation that applies to everyone, but by doing so disadvantages people who share a protected characteristic.

Where indirect discrimination is identified, the organisation will work with the Clients, management team and staff to:

- Review policies, procedures and practice,
- Identify and implement suitable alternatives, and
- Remove the indirect discrimination.

Where this is not possible and there is no suitable alternative, the organisation will monitor the situation and provide an alternative as soon as is practicable in line with the [Equality Act 2010](#).

Harassment

Harassment is unwanted conduct related to a protected characteristic, which violates an individual's dignity or intimidates, or creates a hostile, degrading, humiliating or offensive environment for that individual.

Harassment applies to all nine protected characteristics except for pregnancy and maternity, and marriage and civil partnership.

Staff and managers can complain of behaviour they find offensive even if it and does not need to be directed to them. The individual complaining does not need to have the protected characteristic. Protection from harassment includes perception and association discrimination.

Victimisation

Victimisation happens when a person is treated badly after they have made or supported a concern regarding discrimination; or a grievance under the Equality Act; or because people think they have.

Staff are not protected from the consequences of maliciously making or supporting an untrue complaint, and will be dealt with in line with organisation's disciplinary policy where appropriate.

Pregnancy and Maternity

The 'protected characteristics' are the same as under the Sex Discrimination Act 1975. Women who are pregnant are protected against unfair workplace practices.

Ethnic, Religious and Cultural Diversity

The people who use our services may come from a wide variety of ethnic, religious and cultural backgrounds. The purpose of this section of the 'Equality and Diversity Policy' is to provide staff with information about different peoples, their religions and some important aspects of their lives, e.g. diet. The aim is to support staff to better understand and appreciate service users' (and other staff) diversity including their religious and cultural needs.

The communities in which we live in today are composed of many diverse groups of people. Conventions which were used to guide society in the past are no longer appropriate in a multicultural society, and we all need a better understanding and appreciation of the different cultures and faiths which make up the England of today.

It can be very easy to make assumptions about people's needs, expectations and what is right and wrong, but without better understanding of cultures and religions it could lead to misunderstandings, people being offended and even discriminatory practice.

As an example, it is helpful to remember that the calendar system generally used in England may not be relevant to other faiths and cultures, who have their own calendars, New Year and festivals which are significant to their lives. Families will get together for holidays at different times of the year, with adults taking time off work and children being away from school. These may include different dietary and nutritional requirements based on faith and religious decisions which will need to be considered and supported.

Information to support staff understanding is available from the [Devon County Council 'Diversity Guide'](#). Please also see references for links to helpful sources of further information, advice and guidance.

There is also helpful guidance developed by SCIE to support staff to understand and act on the cultural and religious needs of people with dementia (see references).

CQC have produced guidance on culturally appropriate care. The guide explains culturally appropriate care (also called 'culturally competent care') as being, 'sensitive to people's cultural identity or heritage. It means being alert and responsive to beliefs or conventions that might be determined by cultural heritage. Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality or religion. Or it might be to do with the person's sexuality or gender identity. Lesbian, gay, bisexual and transgender people have a particular culture. So do Deaf people who use British Sign Language,' CQC 2021.

The CQC guidance provides advice for a range of staff as cited below:

Key Points for Everyone Working in Adult Social Care

Often, only small changes are needed to make a big difference to people. The most important things to do are:

- Ask people questions - or ask their representatives - especially if you are unsure.
- Try to understand and meet people's preferences.
- Be curious about what the important things are to help people live their fullest lives.

More Key Points for Registered Managers

- Building staff's confidence in person-centred care will help them deliver culturally appropriate care. Discussing how to meet cultural needs in team meetings will also help build confidence.
- Everyone's cultural needs should be part of their care planning and review.

- Providing culturally appropriate care is everyone's responsibility but managers have a particular role in acting as a bridge between different cultures in a care setting. For example, between frontline care staff and people from a different background who are receiving care.
- Being an inclusive leader means being aware of your own cultural values and the potential impact they have on others.
- It is important to look at the shared culture of the service - for example, the way it is reflected in activities and decoration - as well as individual care.
- Good communication with people and their families is vital to meeting cultural needs.
- It is important to respect people, treat them with dignity and respect their privacy.
- It is good to ask open questions in residents' meetings to find out whether cultural needs are being met. For example, "what do people think of the activities?" But people from a minority culture might be uncomfortable speaking up in an open meeting, so an informal chat outside the meeting can be helpful too.
- Staff from minority groups - such as black and minority ethnic staff or lesbian, gay, bisexual or transgender staff - may also face discrimination from some people using the service. Good staff engagement and support are important to solve these issues.
- If you have a diverse staff team, use the cultural knowledge and skills of your team in a positive way.

More Key Points for Senior Staff and Keyworkers

- Everyone's cultural needs should be part of their care planning and review under the relevant sections of the care plan.
- Cultural needs vary. They are not just based on ethnicity and religion. They are also based on things like age, sex, sexual orientation (for example lesbian, gay and bisexual people), gender identity (for example transgender people), disability, neurodiversity, region in the UK, family and employment history.
- The way people identify with their culture can also change through time. For example, people with dementia may identify more strongly with the culture in their earlier years as they get older.
- Do not make assumptions about people's needs based on generalisations about cultures.
- Good communication with people and their families is vital to meeting cultural needs. If there are conflicting views, the person's own wishes need to have most weight.
- It is important to look at the shared culture of the service - for example, how it is reflected in activities and decoration - as well as individual care.

More Key Points for Care Staff

- Cultural needs vary. They are not just based on ethnicity and religion. They are also based on things like age, sex, sexual orientation (for example lesbian, gay and bisexual people), gender identity (for example trans people), region in the UK, family and employment history.

- The way people identify with their culture can also change through time. For example, people with dementia may identify more strongly with the culture in their earlier years as they get older.
- If you are not sure about whether someone's cultural needs are being met, talk to the person responsible for their care. This might be their keyworker, for example, or your shift leader. This is just as you would do with any other concern about someone's care.

(CQC May 2021)

It is important to remember that all service users and their families need to be treated with respect and understanding including their individual cultural and diversity needs. Individuals have their own interpretation and understanding of those things as they relate to themselves and their families, and it is important that we understand and act on these. It is essential to establish effective communication between staff and service users in order to ensure their needs are met. It is always advisable to talk sensitively with the service user about their needs, including those which support and promote their links with their community, religion and culture.

Small Business Guidance

Specific guidance is now available to small businesses via the Equality and Human Rights website in the Advice and Guidance section.

If you provide services through a website such as direct marketing or advertising, you are known as an Information Society Service Provider (ISSP).

This advice and guidance is aimed at all service providers and includes guidance about ISSP.

Guidance notes assist small businesses and are example led for different situations to support in explanations of how the Equality Act 2010 applies.

This organisation takes the advice and guidance regarding discriminatory advertising seriously and regularly reviews any marketing or advertising on its website.

Monitoring Services

The organisation will use a range of activities to monitor the services compliance with human rights, equality and diversity, Inclusion guidance, regulations and legislation, as well as the [Public sector equality duty](#). These monitoring activities will be used to ensure that all people who come into contact with our services are treated appropriately and are not discriminated against because of a protected characteristic or their standing in society.

The monitoring activities will be used to develop a continuous improvement plan, which will be reviewed in line with the 'Plan, Do, Check, Act' cycle.

The organisation will undertake the following activities to monitor the services related to equality and diversity:

- Service user care assessments, care plans and reviews.
- Service user and stakeholder engagement and feedback.
- Staff supervisions and spot checks.
- Complaints/compliments.
- Audits, e.g. of care assessments and care plans, care notes and recruitment activity etc.
- Staff meetings.
- Training and competency assessment.

These activities will be used to identify good and poor practice in line with equality and diversity. Good practice will be congratulated and shared with staff, and poor practice will be challenged and action plans put in place to improve the service.

The results of any monitoring procedure will be reviewed at regular intervals to assess the effectiveness of the implementation of this policy. Consideration will be given, if necessary, to adjusting this policy.

Monitoring will be reported to senior management on a quarterly basis, who will review and discuss the progress the organisation has made.

Complaints

The organisation has in place policies and procedures for:

- Complaints,
- Whistleblowing,
- Bullying and Harassment
- Safeguarding Adults, and
- Safeguarding Children in an Adult Setting.

These, and a suite of other policies and procedures, are available to ensure service users and staff are able to raise concerns to the organisation and public bodies where they have issues with the service and staff conduct, including concerns under the Equality Act 2010 and the protected characteristics.

These policies and procedures are made available to service users and their families to support them in knowing how to raise concerns to staff and management, as well as to external bodies who can support them if they do not wish to raise concerns directly with the company.

Staff supervision and spot checks are also used to identify poor staff practice, and to put in place actions to improve services, e.g. retrain staff, additional supervisions and spot checks.

The organisation will support the service user or their family to raise concerns and complaints, and will work in an open, honest and transparent manner to investigate, resolve and continuously improve services. The organisation will always act to protect the person raising the concern or complaint from bullying, harassment and discrimination, e.g. suspending staff who are being investigated for misconduct.

Working with Local Authorities and/or the NHS

Where the organisation provides services through a contract with the local authority and/or NHS, the management and staff will comply with the relevant aspects of the [public sector equality duty](#), as set out in the organisation's contract with these bodies.

The organisation will work with the local authority and/or NHS to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The organisation will aim to provide relevant information requested by the local authority and/or NHS to support them in their statutory reporting duties.

Equal Opportunities for Staff

The organisation aims to ensure that all staff are treated fairly and that diversity is celebrated within the service.

Staff will be recruited in line with [safer recruitment practices](#) and the Equality Act 2010, with equal opportunities no matter an individual's protected characteristics.

The organisation is committed to recruiting, employing and developing the best staff with a focus on their skills, values, qualifications and commitment to providing safe, caring, responsive,

effective, well-led care and support to our service users. The organisation aims to employ quality people who represent the diverse nature of the community we serve.

Please see the 'Equal Opportunities Policy' for the principles of recruitment and selection of staff in line with the Equality Act 2010 and the 'Recruitment Policy' for details of staff selection in line with safer recruitment practices and compliance with the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#), especially Schedule 3, 4 and Regulations 18 and 19.

References and Further Reading

[Protected Characteristics, Equality and Human Rights Commission](#)

[Equality Act Codes of Practice, Equality and Human Rights Commission](#)

[Equality Act 2010 - Guidance](#)

[Equality and Diversity, Skills for Care](#)

[The Human Rights Act, Equality and Human Rights Commission](#)

[Discrimination: your rights](#)

[Equality and Human Rights Commission: Advice and Guidance for Small Businesses](#)

[Know your rights, Equality and Human Rights Commission](#)

[Equally outstanding: Equality and human rights - good practice resource, CQC](#)

[Guidelines on religious and cultural beliefs, Blackpool, Fylde and Wyre Hospitals NHS Trust](#)

[A guide to cultural and spiritual awareness, RCN](#)

[Diversity Guide, Devon County Council](#)

[Confident with Difference Training Resource, Skills for Care](#)

[Person Centred Care, SCIE](#)

[Cultural and religious needs of people with dementia, SCIE](#)

[Public sector equality duty](#)

[Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)

Quality Statements

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

Supporting people to live healthier lives

We support people to manage their health and well-being so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Workforce well-being and enablement

We care about and promote the well-being of our staff, and we support and enable them to always deliver person-centred care.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Equity in access

We make sure that everyone can access the care, support and treatment they need when they need it.

Equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Planning for the future

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

Shared direction and culture

We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

Capable, compassionate and inclusive leaders

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

Workforce equality, diversity and inclusion

We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

[Key questions and quality statements - Care Quality Commission](#)