

Dignity, Privacy and Respect Policy

Sample policy template. This is a Verivius-authored template anchored to the statutory regulation and current CQC/professional guidance. Tenants must adapt the operational sections to their own organisation, service type, workforce, premises and professional requirements. Where this template and live law or regulator guidance diverge, the live source wins.

Statutory anchor: Regulation 10 (dignity and respect), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936). This policy also engages Regulation 9 (person-centred care), Regulation 11 (need for consent), Regulation 13 (safeguarding service users from abuse and improper treatment), Regulation 17 (good governance), the Equality Act 2010 and the Human Rights Act 1998. **Primary source:**

<https://www.legislation.gov.uk/ukxi/2014/2936/regulation/10> **Last reviewed:** 2026-06-10

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Policy owner: Registered Manager. **Applies to:** all staff, workers, agency staff, bank staff, volunteers, contractors, clinicians, managers and visiting professionals working in or for the service.

1. What the regulation says

Service users must be treated with dignity and respect. (Reg 10(1): the headline duty) having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user. (Reg 10(2)(c): protected characteristics)

The full text of the regulation is at <https://www.legislation.gov.uk/ukxi/2014/2936/regulation/10>. Where this policy and the regulation diverge, the regulation wins.

2. Plain-English summary

Service users must be treated with dignity and respect. In particular, you have to protect their privacy, support their autonomy, independence and involvement in the community, and have due regard to any relevant protected characteristics under the Equality Act 2010.

3. Purpose

The purpose of this policy is to make sure that every person using [Service Name] is treated with dignity, privacy and respect at all times.

Dignity is not limited to personal care. It applies to every interaction, including consultation, treatment, communication, waiting areas, records, complaints, intimate care, decision-making, safeguarding, visiting, remote contact and end-of-life care where relevant.

This policy supports Regulation 10 dignity and respect, Regulation 9 person-centred care, Regulation 11 consent, Regulation 13 safeguarding, Regulation 17 good governance and the Equality Act 2010.

4. Policy warning

People must not be left in undignified situations, exposed unnecessarily, spoken to disrespectfully, ignored, mocked, rushed, discriminated against, isolated unnecessarily, or denied privacy without a clear and lawful reason.

A breach of dignity may also be a safeguarding concern, complaint, professional-conduct issue, equality issue or evidence of poor governance.

Staff must act immediately if they see poor, disrespectful or undignified practice.

5. Scope

This policy applies to:

- all care and treatment
- clinical consultations
- intimate examinations
- personal care
- waiting areas
- reception and telephone contact
- written and digital communication
- visiting and family contact
- care planning and review
- complaints
- safeguarding
- end-of-life care where relevant
- remote or video consultations
- photography and images
- use of surveillance where relevant

- records and confidentiality

6. Principles

The service will make sure that people are:

- treated as individuals
- addressed in the way they prefer
- spoken to respectfully
- given privacy when they need or want it
- supported to be autonomous and independent
- involved in decisions
- protected from discrimination
- supported with communication needs
- able to maintain relationships that matter to them
- protected from unnecessary exposure or embarrassment
- able to raise concerns without fear

7. Responsibilities

All staff are responsible for treating people with dignity and respect.

Managers are responsible for setting expectations, challenging poor practice and ensuring that dignity is reflected in supervision, training and audit.

The Registered Manager is responsible for ensuring that systems, staffing, premises, records and culture support dignity, privacy and respect.

The provider or Nominated Individual is responsible for oversight where dignity concerns are repeated, serious or linked to service design.

8. Communication

Staff must communicate in a respectful, clear and person-centred way.

Staff must:

- use the person's preferred name
- explain what is happening
- listen without dismissing concerns
- avoid jargon where possible
- support communication needs

- use interpreters or communication aids where required
- respect a person's right not to engage
- avoid talking over people
- avoid discussing people as if they are not present
- avoid judgemental, humiliating or discriminatory language

Communication must be adapted where a person has sensory, cognitive, language, learning-disability, autism, mental-health or other communication needs.

9. Privacy

The service must protect privacy during care, treatment, consultation and communication.

This includes:

- private areas for confidential conversations
- doors, screens or curtains where appropriate
- avoiding conversations being overheard
- protecting records from unauthorised view
- supporting private phone calls or conversations where relevant
- respecting personal relationships and visitors
- maintaining privacy when a person is asleep, unconscious or lacks capacity
- protecting dignity during transfer, transport, examination or personal care

Privacy must only be restricted where there is a clear safety, legal, safeguarding or care reason.

10. Intimate care and examinations

During intimate care, examinations or procedures, staff must:

- explain what will happen
- obtain consent
- offer a chaperone where appropriate
- minimise exposure
- use coverings or drapes where appropriate
- respect preferences about who provides care where reasonably possible
- stop if the person withdraws consent or appears distressed
- record concerns
- escalate safeguarding or professional-boundary issues

The Chaperone Policy and Consent to Intimate Examinations and Procedures Policy must be followed.

11. Autonomy and independence

The service must support people to make choices and maintain independence as far as possible.

Staff must not remove choice simply because it is easier, faster or more convenient.

Where a person's choice involves risk, staff must assess and manage the risk proportionately while respecting autonomy.

Restrictions must be justified, recorded, reviewed and least restrictive.

12. Protected characteristics and equality

The service must have due regard to protected characteristics, including age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation.

Staff must not discriminate, harass or victimise people.

The service must make reasonable adjustments where required and must record how individual needs and preferences are met.

13. Culture, language and personal preferences

Staff must ask about and respect, where reasonably possible:

- cultural needs
- religious needs
- dietary needs
- personal routines
- modesty preferences
- gender or sex preferences for intimate care
- communication preferences
- family and relationship preferences
- end-of-life wishes where relevant

Preferences must be recorded and shared with staff who need to know.

14. Visitors, relationships and community

The service must respect relationships that matter to the person.

People should be supported to maintain contact with family, friends, advocates, carers and others important to them, unless there is a clear legal, safeguarding or best-interests reason to restrict contact.

Restrictions on visitors or contact must be proportionate, recorded and reviewed.

15. Surveillance and monitoring

The service must not use surveillance, monitoring or recording unless there is a clear lawful reason, risk assessment, governance approval and transparency.

Any surveillance must protect dignity, privacy and data protection rights.

People must be informed unless there is a lawful reason not to do so.

Surveillance must not be used as a substitute for safe staffing, proper supervision or good care.

16. Concerns about dignity

Staff must report concerns where a person is:

- left exposed
- ignored
- spoken to disrespectfully
- humiliated
- rushed in personal care
- denied privacy
- denied communication support
- discriminated against
- isolated unnecessarily
- subject to unnecessary restrictions
- not involved in decisions
- distressed by care or treatment
- subject to poor professional boundaries

The Registered Manager must consider whether the matter requires incident reporting, safeguarding, complaint handling, staff supervision, disciplinary action or CQC notification.

17. Records

Records must show, where relevant:

- the person's preferences
- communication needs
- privacy needs
- consent
- dignity risks
- reasonable adjustments
- cultural or religious needs
- visitor or relationship preferences
- restrictions and rationale
- concerns raised
- actions taken

Records must be respectful and factual.

18. Training

Staff must receive training appropriate to their role on:

- dignity and respect
- privacy
- person-centred care
- communication
- equality and diversity
- consent
- mental capacity
- safeguarding
- intimate care
- professional boundaries
- confidentiality
- reasonable adjustments

Dignity must also be discussed in supervision where concerns or role risk require it.

19. Audit and governance

The Registered Manager must audit dignity, privacy and respect at least annually, and more often where concerns arise.

The audit may include:

- observation of practice
- feedback from people using the service
- complaints review
- safeguarding review
- care-record review
- privacy and premises checks
- chaperone and consent records
- staff training records
- incident themes
- reasonable-adjustment records

Findings must be added to the action plan or risk register where required.

20. Related policies

This policy should be read with:

- Person-Centred Care Policy
- Consent Policy
- Chaperone Policy
- Consent to Intimate Examinations and Procedures Policy
- Safeguarding Adults Policy
- Safeguarding Children Policy
- Equality and Diversity Policy
- Professional Boundaries and Conduct Policy
- Record Keeping Policy
- Data Protection and Confidentiality Policy
- Complaints Policy
- Mental Capacity Act Policy

21. Review

This policy will be reviewed annually, or sooner following a complaint, safeguarding concern, dignity-related incident, CQC finding, equality concern, change in service model or change in legal or regulatory guidance.

22. Sources and further reading

This template is based on CQC's guidance for providers and managers, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and other topic-specific legislation and guidance listed below. It is a starting point for adaptation, not a substitute for legal, clinical, HR, safeguarding or specialist professional advice.

- CQC Regulation 10: Dignity and respect
- CQC Fundamental Standards
- Equality and Human Rights Commission guidance
- Accessible Information Standard
- Equality Act 2010 (<https://www.legislation.gov.uk/ukpga/2010/15>)
- Human Rights Act 1998 (<https://www.legislation.gov.uk/ukpga/1998/42>)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (<https://www.legislation.gov.uk/uksi/2014/2936/regulation/10>)

23. When to seek further advice

Seek specialist advice where the issue involves serious harm, safeguarding, deprivation of liberty, restraint, children, professional misconduct, controlled drugs, radiation, termination of pregnancy, infection outbreak, water safety, employment dismissal, DBS barring referral, or regulatory enforcement.

24. Document control

Version	Date	Author	Changes
v1	2026-06-10	Verivius (sample)	Initial sample template, conformed to the Verivius policy standard.

This sample policy template was issued by Verivius. It is a template, not a substitute for legal advice or the tenant's own policy-development process. Where this template and live law or regulator guidance diverge, the live source wins.

An example for guidance, not a ready-to-use policy. This sample is deliberately generic and is not a finished policy. Before any service uses it, rewrite it around your own service, procedures, roles and local arrangements, and remove or replace anything you cannot actually provide (for example a reference to specific training you cannot access). It is guidance, not legal advice, and you are responsible for ensuring any policy you adopt is current.