The English Martyrs Catholic School and Sixth Form College

Year 11 Knowledge organiser

Health and Social Care

A Member Of
Bishop Hogarth
Catholic Education Trust

Name:

OCR Cambridge National Health and Social Care

Knowledge Organiser

Unit R032 Principles of care in health and social care settings

1. The rights of service users in health and social care settings

2. Person-centred values

3. Effective communication in health and social care settings

4. Protecting service users and service providers in health and social care settings

1.1 Types of care settings

Healthcare	Social care	
Dental practice	Retirement home	1.
GP surgery	Day centre	
Optician	Residential home	
Nursing home	Homeless shelter	
Health centre	Foodbank	
Pharmacy	Community centre	
Walk-in centre	Support group	
Hospital	Social services department	

Choice- giving individuals options

Social care examples
- Offering a range of activities so that residents can choose whether or not to take part
- Ensuring that residents have access to both a television lounge and quiet room
- What to eat
- What clothes to wear
- When to go to bed/get up
- Whether they have a bath or a shower

- Health care examples
- Where to receive care e.g. support at home or in a residential home
- Choice of male or female doctor to meet cultural requirements
- Whether or not to receive treatment
- Choosing the GP we want to see

3.

Consultation- involves discussing an issue with another person to get their thoughts and opinions so that a decision can be made that is acceptable for all involved

- This means discussing things with people whatever their age
- People should be asked about the care they want
- Discuss wants and needs
- Clarify likes and dislikes
- Ask for preferences and options
- Peoples opinions and thoughts about different situations should be found out

4.

1.2 The rights of service users

- Choice
- Consultation
- Confidentiality
- Protection from abuse and harm
- Equal and fair treatment

2.

Confidentiality- keeping limited access and restrictions on personal sensitive information

- Examples include: Having personal notes stored securely, e.g. in a filing cabinet that is locked or passwords on computers only for those that need access to information
- Passing on information on a "**need to know** " basis
- Not gossiping about service users
- Shredding unwanted written information
- Having conversations in an enclosed room

Need to know basis
- Information is only shared with those directly involved with the care and support of the individual.
- Access to information is restricted to those who have a clear reason to access it when providing care and support for an individual.
- Telling a practitioner the facts they need to be aware of, to provide care for the individual, at the time they need to know them and nothing more.
- If something is said on a need to know basis you can only tell it to the relevant people. For example if someone had a problem at school they would tell the head of year, not all the teachers .

5.

Protection from abuse and harm   6.
Some settings provide care for those who are more at risk of abuse and harm , such as:

- Service users with dementia
- Service users with a learning disability
- Children

These service users might not know what abuse is or understand their rights. They may not realise they are being abused or receiving poor treatment and may not remember what has happened or know how to tell anyone clearly. So, it is essential that staff are aware and follow **safeguarding** procedures.

- Staff having CRB (Criminal Records Bureau) checks
- Staff to be trained in first aid, manual handling, safeguarding
- CCTV on entrance and exit
- Another person being there when an examination takes place, e.g. GP and nurse

Benefits to service users if   8.

rights are maintained:

- To make people feel valued
- To raise self-esteem
- To **empower** individuals
- To instil confidence
- To instil trust
- To make individuals feel safe
- To give equality of access to services
- To meet individual needs

High self-esteem
A person with high self-esteem feels valued and respected. If someone is treated fairly and receives appropriate care that meets their needs , and which enables them to live a better life, they will benefit emotionally and feel more positive. Having high self-esteem improves mental health and leads to feeling:

- Valued
- Respected   9.
- confident

Equal and fair treatment- being given the same opportunities and choices as everyone else.   7.

- People should be treated/be able to use services for the needs they have
- e.g. children should all have the same chances in school despite their ability
- elderly people should get the same medical treatment as younger people

A child who has a special educational need or disability should be enabled to take part in the same lessons as the rest of the class. This may mean that they need:
- Extra support such as simpler worksheets or tasks
- One to one support from the teacher or teaching assistant

Staff at a residential home have arranged a trip to the coast. The coach that is taking them must have a wheelchair ramp, otherwise those residents that are wheelchair users will be unable to go.

Empowerment   10.

Having choices and being consulted about care preferences gives service users control over their lives and promotes their independence. This increases their self-esteem and makes them feel valued.

Empowerment :

- Encourages independence and being self reliant
- Makes service users feel in control of their lives
- Gives service users choice, control and independence
- Ensures equality of access to care services

3

1.3 continued

Service users' needs are met

Service users who receive appropriate care and treatment will be helped to recover from injury or illness, or learn to manage a disability or health condition , and still enjoy and achieve in life .
Meeting a service users' needs:

- Means giving appropriate care and treatment so that service user's requirements are met

- Results in good and improving physical health

  11.

- Results in good and improving mental health

Trust

12.

It is important that service users' receiving care feel able to trust their care providers. They must feel that service providers are trustworthy, that they will not harm them and that they have their best interests at heart.
Service users' who can trust their care providers will feel:

- Reassured that service providers will not harm them

- Confident that service providers have their best interests in mind

- Confident in the care they receive

- Confident that staff will be able to provide a safe environment for care, following health and safety policies and procedures

2.1 Person-centred values and how they are applied by service providers

Person-centred values of care are key principles that underpin the work of those providing care and support in health and social care.
- They are a set of guidelines that provide ways of working for care settings and their staff
- Person-centred practice enables service users to receive person centred care that meets their own unique needs.

Person-centred values:

- Individuality
- Choice
- Rights
- Independence
- Privacy
- Dignity
- Respect
- Partnership
- Encouraging decision making of the service user

  13.

Individuality
14.
This means recognising that each person has their own identity, needs, wishes, beliefs and values. These individual differences must be considered and taken account of when providing care.

Choice
All service users are entitled to make their own choices. Choice is empowering and this is a feature of person-centred care. For example service users should be offered a range of different care options and given enough information about them to make an informed choice.
15.

Independence
16.
Having independence means that a service user :
Does not have to rely on others
Has the opportunity and freedom to make their own decisions
A service provider should support service users' to have as much control over their lives as possible , as this enables person-centred care

Rights
17.
Everyone is entitled to rights (see Topic area 1)
Service providers who support service users rights will be working within the law and providing a high standard of personalised care.

Privacy
Many procedures in healthcare and social care require privacy, such as showering and dressing someone. It is vital to respect and protect the service users' privacy. An example of good practice is to knock on the service users' door before entering.

18.

Dignity
This involves having regard for the feelings, opinions and wishes of others. By respecting and valuing the service users' rights, views and needs, the service provider supports their self-esteem and makes them feel valued.

19.

Respect
Having respect means treating someone in a way that shows they have importance as an individual, and their opinions and

feelings have value. Service providers should respect service users'

Diversity
Sexuality
Faith, cultural needs and preferences
Rights
Confidentiality

The people using health and social care will be from a range of different backgrounds. The Equality Act 2010 identifies 9 protected characteristics, and is illegal to discriminate against any of these characteristics:

Age
Disability
Gender reassignment
Marriage and civil partnership
Pregnancy and maternity
Race
Religion
Sex
Sexual Orientation

Any unfair treatment, exclusion or discrimination against service users is against the law.

20.

Partnership
21.
This involves different professionals, service and agencies working together to provide the most effective care for a service user requiring treatment or support. This could involve, for example, the hospital, a social worker and a care home working together to provide care to meet needs of an older adult being discharged from hospital after a fall.

Encouraging decision making of service user   22.
A servicer user may be recommended to use a walking aid to help with mobility:

- The suggestion is to use a walking frame rather than a stick to help the service user walk short distances, but they do not want to use a frame
- The service user should be encouraged to make their own decision by discussing advantages and disadvantages of each aid.
- The service user is more likely to use a walking aid if it has been their own choice..

Person centred care means..   23.
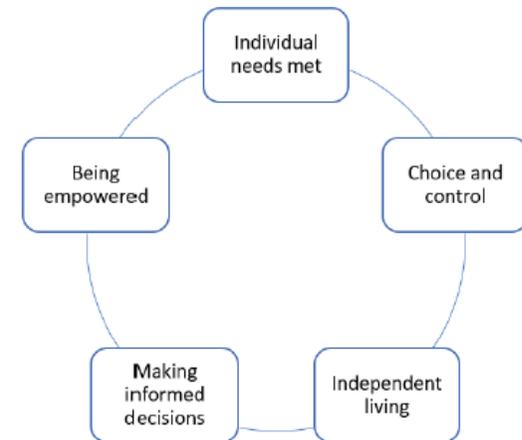
Qualities of a service provider: The 6 Cs.   24.

1. Care
2. Compassion
3. Competence
4. Communication
5. Courage
6. Commitment

Care- means a service provider will do all they can to provide appropriate treatment or support that will maintain or improve a service users' health and well-being

Compassion – is being able to provide care and support with kindness, consideration, respect and empathy. It is also having consideration for the service user receiving care or treatment, as well as being able to put yourself in the patient's situation and show understanding .

Competence – refers to the ability of a service provider to provide high-quality, effective care through applying their knowledge , skills, understanding and expertise to meet a service user's care needs.

Communication- is essential to developing good relationships with service users , their families and also with colleagues. It is important to be able to listen carefully and speak in a way that service users can understand.

Courage – is being brave: being able to speak up when having concerns, doing the right thing and also trying something new such as a new way of working.

Commitment – is when a service provider is dedicated to providing care and support to meet the service user's needs

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Partnership, individuality making and rights.

Producing a plan for an individual should be done in partnership with them and the health and social care services; other family members may be involved if appropriate.. The service user's needs, strengths and wishes should be the focus.

*   Everyone should meet together
*   The service user should be fully involved in any discussions   25 .
*   They should be given a copy of the plan that has been decided.

Examples of how person-centred values can be applied in health and social care settings
                                                                                          26.

Individuality, rights, choice and decision making

Hospitals and care homes could provide access to a prayer room or transport to a place of worship , to support service users' religious beliefs.

The right for a pregnant woman to choose the type of birth she would like e.g. home or hospital birth.

Providing a menu with vegetarian, vegan, halal and kosher options to provide choice and meet individual needs.

Respect

Service providers should always use non discriminatory language and avoid patronising the service user they are caring for.

They should challenge discrimination if they see or hear it happening . The discrimination can be challenged by:

Explaining how the they are being discriminatory to raise awareness
Reporting it to senior staff

Privacy and dignity

When someone is receiving help to get dressed/showered it is important that a curtain/screen is used or the bathroom door is closed.

Staff should not gossip about the service users

Independence

An important way to promote independence is to meet a service user's specific needs . For example:
If a theatre trip is arranged in a care home , it should be somewhere that has wheelchair access and a hearing loop system for those that need it.

2.2 Benefits of applying person-centred values

Benefits for **service providers** of applying person-centred care

Benefit	Explanation 27.
Provides clear guidelines of the standards of care that should be given	Service providers will know how to do their job effectively. Service users will receive appropriate care, attention and treatment to meet their individual needs. All of the staff in a care setting will be working to the same high standards
Improves job satisfaction	The service provider's role is clearly defined and they are aware of how to apply "best practice"; this provides job satisfaction for service providers.
Maintains or improves quality of life	People who use services will have their individual needs met. For example , by: • Providing hospital patients with appropriate nutritional meals • Providing help to eat and drink • Discussing their treatment with them • Consulting with them about alternative types of treatment available
Supports rights to choice and consultation	Choice is empowering and this is a feature of person-centred care as service providers will be involved in helping to construct a plan of care with a service user that fully takes account of their care needs and preferences.
Supports service providers to develop their skills; enables the sharing of good practice.	Partnership working enables collaboration between colleagues to develop best practice which will lead to the best possible outcomes as individual needs will be met.

Benefits for **service users** of applying person-centred care

Benefit	Explanation 28.
Ensures standardisation of care given; improves the quality of care being given to the service user.	Provides clear guidelines of the standards of care that should be given, and this maintains quality of care. When service providers apply the person-centred values of care in their day-to-day work , they ensure that service users: • Always receive appropriate care that meets their needs • Do not experience discriminatory attitudes • Have their diversity valued and rights supported
Maintains or improves quality of life for service user	Service users rights, beliefs and preferences will be respected and their individual needs will be met. This ensures that the care they receive is beneficial in every way for example, an occupational therapist carries out a home assessment of an older person with arthritis. As a result of the visit, various kitchen aids such as an easy grip knife and a special bottle and jar opener are provided. These will enable the service user to continue preparing their own meals independently.
Supports service users to develop their strengths	Person centred care ensures the service user is involved in decision-making by discussing their care needs and then being given, for example information about the different options that will meet their needs. The service user can then choose the care that they prefer. This is enabling and empowering, ensuring the service user is at the centre of their care and has choice and control

2.3 Effects on service users' health and well-being if person-centred values are not applied

Effects on service users can be :
Physical
Intellectual
Emotional   29.
Social

This can be remembered as PIES.

Physical effects
Effects on your body.
                                                                        30.
A nursing home resident suffers with coeliac disease this causes unpleasant symptoms if gluten is consumed. If they are not given gluten free food, it will lead to a deterioration of their digestive health.
If a hospital patient is not given regular drinks, they will become dehydrated and their condition will get worse.

Intellectual effects
                                                                        31.
These relate to your thought processes such as thinking skills, understanding, learning, reasoning, comprehension and knowledge.

If a young adult who has learning difficulties is not given support and learning activities matched to their needs, that learning will not progress and they will not reach their potential.

If staff at a retirement home expect residents to sit and watch television for most of the day and do not provide a range of activities to engage their interests, the residents will lack mental stimulation and suffer loss in concentration. This can have negative effects on their mental health and well being.

Physical	Intellectual	34.
• Pain	• Lack of skills development	
• Existing illness gets worse	• Lack of knowledge	
• Bruising	• Lack of progress	
• Cuts and grazes	• Loss of concentration	
• Broken bones	• Losing interest	
• Dehydration	• Lack of stimulation	
• Malnutrition	• Will not achieve potential	
• injury		

Emotional	Social
• Low self esteem	• Withdrawn
• Low self confidence	• isolated
• Disempowered	• Lonely
• Upset	• Excluded
• Loss of trust	• Become anti social
• Angry	• Uncooperative
• depressed	• Lack of friends
• stress	• Develop behaviour problems
• Frustrated	• Refusal to use the service
• humiliated	
• self harm frightened feeling unsafe	

Emotional effects
                                                                        32.
These relates to a service users feelings.

An elderly woman attends a day centre. She's a vegetarian but at lunch is expected to eat the same meal as the others, just without the meat. This is unfair treatment, and is likely to upset her as she is not being treated as well as the others. She might develop low self esteem she feels she is not important enough to be given a proper vegetarian meal. She could also feel embarrassed that she's being a nuisance, expecting a "special "meal.

An expectant mum would be upset, angry and frustrated if her midwife told her that she cannot have a home birth, without explaining the reasons why or giving her the chance to ask questions.

Social effects
                                                                        33.
These relate to service users relationships with others. If Stafford a centre do nothing about other young adults laughing at a girl who has a birthmark on her face, the girl may lack friends, become isolated and withdrawn, and refused to attend. An elderly resident at a retirement home has an undiagnosed hearing problem. The stuff do not bother to talk to him much because they think he just doesn't like socialising and prefers to be by himself. He avoids spending time with other residents, he can't hear properly and has to keep asking for things to be repeated. He doesn't want to bother other people so he keeps to himself.

3.1 The importance of verbal communication skills

Verbal communication is the exchange of information between people using speech.

35.

Adapting communication to meet needs	• Use vocabulary that can be understood – avoid specialist medical terminology and give age appropriate explanations • Use specialist methods such as sign language, interpreter or Braille. • Adapt communication to meet the needs of the service user, for example by using repetition, gestures, body language, flashcards. • Adapt the environment , for example by moving a meeting to a quiet room or provide chairs so people feel more relaxed when having a discussion
Clarity	Being able to share information in a clear and accurate way. • Spoken words must be clear – a service provider must not mumble and must pronounce words carefully. • Straightforward terminology should be used and any technical terms should be explained.
Empathy	This is the ability to put yourself in someone else's shoes, understand and share the feelings of another person. This can help a service provider to gain a better understanding of other people's viewpoints , and shows the service user that their feelings have been acknowledged
Patience	This involves giving the service user time the time to do and say what they need, not rushing them and not making them feel pressured.
Using appropriate vocabulary	Vocabulary refers to the collection of words used. • If a nurse was explaining treatment to a child , they would use simple words that are easily understood. • Adults understand more advanced vocabulary but they might not understand some medical terminology. It is therefore important to explain information that service users may not know the meaning of. For example: • CCU - critical Care unit Appropriate vocabulary also includes using the appropriate language. Information should be available in a range of languages. A "welcome " sign in a variety of different languages will send a positive message that everyone is welcome to use the service.

Tone	This is how your voice is heard • The tone of your voice should be calm and not rushed. A varied tone of voice will come across to others as friendly and interested. • It is important not to use a tone of voice that may come across as aggressive. Also, a slow and steady monotone voice may be boring to listen to and might suggest or cause a lack of interest.
Volume	How loudly (although not shouting) or quietly you need to speak depends on the situation. For example: • Raising your voice may be appropriate in a noisy environment such as in the accident and emergency department in a hospital, to attract someone's attention, but it would not be appropriate when discussing a patient. • You need to speak loudly enough to be heard but not so loud that everyone else can hear. This is particularly important when service users personal information is being discussed. Move into a quiet area or in to an office would be more appropriate, so that confidentiality is not breached.
Pace	It is important to have the correct pace when speaking. If a service provider speaks too quickly, the service user may miss important information. If the service provider speaks too slowly, the service user may become bored and stop listening.
Willingness to contribute to team working	• Team working is when a group work together to achieve a common (shared) goal. When working as part of a team, each individual should : • share information as appropriate for the scenario, and as needed by the team to provide care • communicate effectively • work to meet the teams shared goals in the best interest of the service users. Team workers need to be reliable and contribute fully to any task. If they do not do this, resentment and bad feelings can develop which results in the service users best interest not being met. For example, a team of care assistants working in pairs to bathe residents before bedtime would develop problems if every night one team bathed 2 residents and another team bathed 4 residents. The whole team would need to look at why this is happening - does one team need more help to bathe certain residents because they require more assistance, or are they simply taking longer than they should and not working hard enough? Teams do not always work together face to face they can communicate with each other through: • conference calls • patient records these are usually electronic and must be updated regularly so that up to date information, for example, about care and treatment, is available to the whole team • Emails • Telephone calls. Examples of team working include a GP, midwife, sonographer , obstetrician, anaesthetist and health visitor all work together to achieve the safe development and delivery of a baby

3.2 The importance of non verbal communication

Non verbal communication
Non verbal communication involves the transfer of information through the use of body language such as gestures, eye contact and facial expressions.

Eye contact
Service users must always be sensitive to the service user's views and cultural differences , as shown in these examples.

- In some cultures, such as East Asian including Japanese and Middle Eastern cultures, eye contact is considered disrespectful.

- Western Europeans , however, have a different view and will maintain eye contact , seeing it as positive and reassuring.

- In America and Latin America , not looking the other person in the eye is a sign of disrespect . It might even look suspicious or be interpreted as "they don't dare to look me in the eye. They must be hiding something".

In western society eye contact is a way of showing interest in a conversation.

Facial expressions
These can act as positive and negative responses to a situation . Examples are:
Raising eyebrows
Frowning
Moving your mouth

Facial expressions should match the message, For example, when giving bad news, you would use a sympathetic expression – smiling would not be appropriate.

Gestures
Gestures involve hand movements. Examples include:
- Drumming fingers on a surface or twiddling thumbs (these signal impatience)
- Thumbs up signal
- Thumbs down
- Waving goodbye
- Beckoning someone with your hand
- Pointing

37.

Positioning
Height
It is better for effective communication if people are at the same level. This reduces the risk of feeling dominated by someone "talking down" to them. This is particularly important when speaking to a service user with learning difficulties or someone who is in a wheelchair.

Space and personal space

Personal space differs between cultures and service users. Some people feel uncomfortable if others are close, whereas others find it acceptable.
Many spaces in health and social care setting are not suitable for meetings or consultations; they may be too small, so service users invade each others personal space or cannot sit facing each other in the position they would like.
Often in offices a large desk is placed between those attending a meeting. This makes it rather formal , which might not be appropriate for what is going to be discussed, for example between a patient and a doctor. This may have a negative impact on service users attending the meeting.

The room layout will be affected by whether it's a group , on-to-one , formal or informal situation.

- A confidential discussion will require a private area where there are no disturbances or noise

A group training activity with the staff will require space and an area where noise doesn't matter.

Positive body language, no crossed arms/legs

- It makes the service provider more welcoming and trustworthy
- It will make the service users feel more comfortable and relaxed in any situation

- **Sense of humour**
This is the ability to see the funny side of things. Careful use of humour can lighten the mood and remove tension, making people feel more relaxed. However, it is important that service users and their families feel they are being taken seriously , and so humour should be used with care.

38.

3.3 The importance of active listening

Active listening involves demonstrating an interest in and responding to what a person is saying by fully concentrating on what is being said rather than just passively hearing.
Active listening skills include:

- Having an open and relaxed posture
- Making eye contact, looking interested,
- Nodding in agreement
- Showing empathy, reflecting feelings
- Clarifying(by asking questions that cannot be answered with a one word response
- Summarising to show understanding of key points(paraphrasing)

39.

3.4 The importance of special methods of communication

Advocate
An advocate is some who speaks on behalf of a service user who cannot speak up for themselves. For example:

- A young child
- a service user with a learning disability
- An older person with dementia
- Someone who has been assessed as having reduced mental capacity

40.

An advocate for a child could be a parent or carer; an advocate for an adult could be a friend or a carer. A professional advocate could be provided by, for example, a charity organisation such as Age UK to represent an older adult.

An advocate will represent the views, needs and interests of service users who are unable to represent themselves, without judging them or giving their own personal opinions.

An advocate can:

- Go with a service user to meetings or attend them for them
- Help a service user to find and access information
- Write letters on the service users behalf
- Speak for someone at a case conference to express their wishes

An advocate will:

- Be completely independent and represent the service user's views, not their own personal opinions
- Ensure the service user's rights and needs are recognised
- Represent the service user's wishes and views
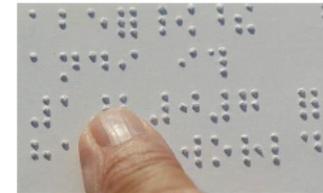- Speak for someone who is unable to do so for themselves

An advocate will not:

- Judge the service user
- Give their own personal opinion
- Make decisions for the service user

41.

British Sign Language
BSL involves using the hands and fingers to make visual signs. This is used by people who have impaired hearing and by other people to communicate with them.
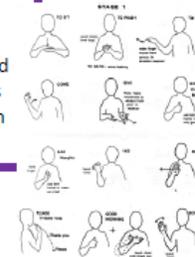
42.

Other communication strategies:

43.

An interpreter – who will convert a spoken or signed message from one language to another, and speak it

A translator- who will convert a written message from one language to another , and write it.

Makaton- a system that uses a combination of speech, gestures, and pictures to communicate.

PECS- Picture Exchange Communication System. It is a method of communicating where pictures are used to indicate what is needed, and can be useful for individuals with communication difficulties such as dementia or autism.

Braille

This is a method of communication used by visually impaired or blind people. It was devised by Louis Braille in 1829. it consists of a series of dots which are read by touch. Each character is made up of raised dots; the raised dots may be in any of 6 positions within a rectangle. There are 64 possible combination of dots.

Voice activated software
Speech activated programs allow users to

- Write text
- use the internet
- Send emails
- Use application with their voice rather than a mouse or keyboard

44.

These programs can be very helpful to people who do not have full use of their hands
For example, someone with cerebral palsy may have difficulties with fine motor skills , which make handwriting and using a keyboard challenging.

Below are some examples of software:

- Dynavox- speech generating software . The service user touches a screen that contains text, pictures, and symbols which software then converts into speech.
- Lightwriter- is a text to speech device . A message is typed on a keyboard , displayed on a screen and then converted into speech

Effective communication supports the person-centred values of care

45.

- **Individuality**
- **Choice**
- **Rights**
- **Independence**
- **Privacy**
- **Dignity**
- **Respect**
- **Partnership**
- **Encouraging decision making of the service user**

- It also helps to meet service users' needs ad protects their rights

Successful and effective communication depends on:
- How well the service user can hear and see
- How comfortable they feel
- How attentive they are
- How well they understand what is happening
- How well they can express themselves
- Whether they are motivated to communicate

Communication profiles , sometimes called " communication passports" are often created to inform staff about how a service user communicates with others and how they wish to be communicated with. The communication passport:

- Helps service providers to understand the communication and other needs of a person who has difficulties communicating information, due to illness or mental or physical disability

- Includes information about the service user such as their likes, dislikes and communication skills

- Will be updated regularly

- Enables consistency between staff

This is my Communication Passport

Hello. My name is:

Please place your photo here

I like to be called:

Please read! My communication passport will tell you the best way to communicate with me.

To be reviewed on:

Date reviewed:

Impact of good communication skills	Impact of poor communication skills
	46.
• Well informed service users will know what to expect, why they are receiving care or treatment, and the effect on their health and well being. They will also feel able to ask questions if they are not sure about something that is worrying them.	• If information is not clearly explained, it can lead to misunderstandings. Service users need information to be clearly explained to them, or there is a danger that they will not understand complicated medical procedures, treatments or conditions, for example. This could impact on the success of their care, because anxiety and stress about what is happening does not help recovery.
• Actively listening to service users needs, concerns and opinions enables them to feel valued and respected. They will be reassured that they are being supported and that their questions and concerns are being taken seriously.	• Do po communication can lead to errors or danger to health due to inaccurate recordkeeping. For example, if medication has been given but not noted on the medication record, or the wrong amount is recorded, there could be serious health consequences for a patient.
• Using appropriate vocabulary, and avoiding jargon, helps understanding. Service users feel reassured as they will understand the straight forward language that will be used by the service providers.	• If a service user feels patronised or stupid, it can make them feel upset or distressed. The service providers role is to help the service user with their care needs, and different services service users have different needs. Service users with a learning disability or who have poor hearing, for example, may need information to be repeated. It is important that service providers do not do this in a patronising and disrespectful way.
	• If speech is too fast, the listener will not have time to understand it. Service provider should not cause information overload. For example being in hospital is stressful in itself, without being bombarded by lots of new information that the service user cannot understand. Service providers should always be aware of, and be sensitive to, service users need for information, but not overload them with it.

Ways service providers can avoid creating communication barriers

	47.
Not being patronising	• No sarcasm or talking down to the person • Not ignoring their views and beliefs because they are different • Use of positive body language e.g. nodding in agreement • Being polite • Make them feel that they are being taken seriously • Being patient and listening to repetitions
Using vocabulary that can be understood	• No jargon • Specialist terminology must be explained • Age-appropriate vocabulary • Simplified language , for example with young children, individuals with a learning difficulty or patients with dementia. • Using interpreters/translators
Adapting communication to meet service user's needs or the situation	• Emphasising important words • Slowing pace if necessary • Increasing the tone of voice, but not shouting • Repetition where appropriate • Using gestures, flashcards, pictures • Making use of aids to communication e.g. loop system • Using specialist methods e.g. Braille, BSL. • Technological aids, such as Dynavox
Listening to the service user's needs	• Active listening- demonstrating interest to what the person is saying, using body language to show a positive reaction • Ask the person – do not assume you know what they want • Concentrate on what the person is saying

HEARING LOOP

BE AN ACTIVE LISTENER

4.1 Safeguarding

Safeguarding refers to the actions taken to protect a service user's health and well-being to ensure they are not at risk of harm or abuse. All care environments must have safeguarding procedures in place:
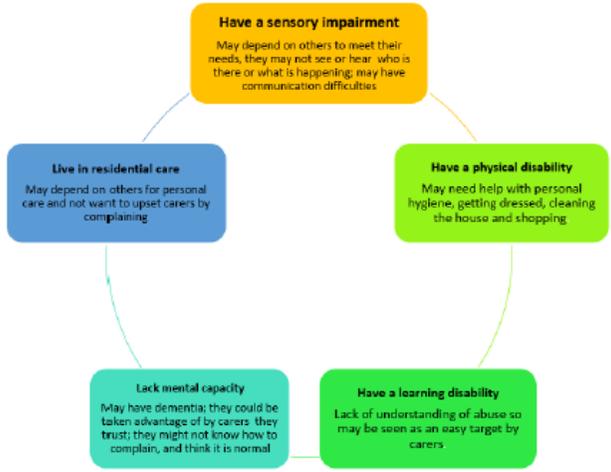- They must have a specific person with responsibility for safeguarding
- All staff and service users should be aware of the procedures to follow to report safeguarding issues.
- Staff should know how to deal with **disclosure** of abuse

49.

Service users who need safeguarding   50.

Some service users are more vulnerable to abuse or harm than others. Vulnerable groups include:
- Homeless people
- Children
- People with physical disabilities
- People with learning disabilities
- People with mental health conditions
- Older adults in residential care settings
- People who have a sensory impairment (sight loss, hearing loss
- People in residential care dependent on carers – children, older adults

Have a sensory impairment
May depend on others to meet their needs, they may not see or hear who is there or what is happening; may have communication difficulties

Live in residential care
May depend on others for personal care and not want to upset carers by complaining

Have a physical disability
May need help with personal hygiene, getting dressed, cleaning the house and shopping

Lack mental capacity
May have dementia; they could be taken advantage of by carers they trust; they might not know how to complain, and think it is normal

Have a learning disability
Lack of understanding of abuse so may be seen as an easy target by carers

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Abuse and harm are more likely to happen in situations where people are dependent on others . For example:

51.

- If the service user depends on others to provide personal care and money management, this makes them vulnerable

- Some service users are very challenging and may be aggressive. This can lead to carers being verbally or physically abusive in response , especially if they have not been trained properly.

- The service user is vulnerable when there is an invasion of privacy, such as doors or curtains deliberately not being closed when they are receiving help to get dressed or undressed.

- Lack of staff could cause carers to rush as there is so much to do. They could handle a service user roughly when giving personal care , causing bruising. Although not intentional, it is still abuse.

- Lack of staff training can lead to abuse Staff may not know how to bathe someone safely or how to use hoists to move a service user from a bed to a chair. They could unintentionally cause injury.

Key terms   52.

Disclosure – This is when a service user tells you directly, or indirectly through their behaviour, that they have been , or are being, abused.

Vulnerable – someone who is less able to protect themselves from harm or exploitation due to , for example, mental health problems , a learning disability or physical impairment such as mobility problems, loss of hearing or sight.

Impacts for service users of a lack of safeguarding

Physical	Intellectual 53.
• Broken bones • Bruising • Illness • Injury • Lack of sleep • Pain • Health deterioration • Self harm • Depression • anxiety	• Confusion • Denial • Lack of skills/development • Lack on interest • Lack of motivation • Lack of understanding • Loss on concentration • Not asking questions
Emotional	**Social**
• Feeling betrayed • Feeling disempowered • Feeling excluded • Feeling afraid • Feeling upset • Loss of self-confidence • Loss of self-esteem • Self-harm	• Becoming anti-social • Aggression • Being isolated • Behaviour problems • Lack of trust in others • Refusal to use the service • Withdrawal from people

Safeguarding procedures in care settings

Safeguarding policy
54.
All organisations must have a safeguarding policy that states their ways of working and procedures to follow regarding safeguarding.

Designated Safeguarding Lead
The DSL is the person in an organisation that has responsibility for safeguarding.

Common safeguarding issues in adult care environments

- Maladministration of medication
- Pressure sores- service users who are frail or who have restricted mobility are at risk of developing sores on the points of their body which receive the most pressure. These are known as bed sores or ulcers. People need to be moved often so that these don't develop. If left untreated, they can become very deep and infected.

- Falls- residents not being assessed on their risk of falls; walking aids not provided.

- Rough treatment – being rushed, shouted at, ignored

- Poor nutritional care – appropriate food not provided for chewing and swallowing problems , or for religious or dietary needs; this could result in malnutrition.

- Lack of social inclusion – no stimulation, activity, opportunities for social interaction

- Physical abuse between residents or staff and residents.

- Financial abuse – e.g. theft of personal money or belongings ; staff inappropriately accepting gifts.

- Institutional abuse occurs when the routines and systems of an organisation result in poor or inadequate standards of care and poor practice. This affects the whole setting and denies, restricts or ignores the dignity, privacy, choice and independence of service users. Examples would be forcing people to eat or go to bed at a particular time.

Safeguarding training for all staff
55.
All staff , service providers and other staff , regardless of their job role, must be trained in safeguarding. They should receive regular refresher training to sat up-to-date in safeguarding procedures. It is compulsory for all those who come into contact with children and vulnerable adults in their work.

The training will ensure that all staff :

- Are aware of their duty to report a serious concern
- Know the care setting's procedures for reporting a disclosure of abuse or serious concern
- Can recognise possible signs of abuse or harm
- Know who to report to

Disclosure and Barring Service
57.
The Disclosure and Barring Service (DBS) works closely with the police and helps prevent unsuitable people from working with vulnerable service users.

DBS checks are a requirement for anyone aged over 16 for roles that involve working or volunteering with children or vulnerable adults.
This also applies to anyone applying to foster or adopt a child.

There are 3 types of DBS checks:
Standard – checks for criminal convictions , cautions, reprimands and final warnings

Enhanced- an additional check of any information held by police that is relevant to the role being applied for

Enhanced with barred list checks – additionally checks the barred list, which is a list of individuals who are on record as being unsuitable for working with children and vulnerable adults.

The 5 Rs
56.
1. Recognise
2. Respond
3. Report
4. Record
5. Refer

Recognise (all staff)
All staff should be able to recognise the signs and symptoms of abuse and harm.

Respond (all staff)
The issue must be reported , whether it is a specific concern raised by a service user or just a suspicion.
- Do not ask questions - just listen, then write it down as soon as possible, in the person's own words.
- Reassure them that they have done the right thing
- Inform the person sharing with you that the concerns they have raised must be recorded and passed on so that possible abuse can be dealt with , and that this will be done on a limited "need-to-know" basis.

Report (all staff)
Report your concerns, urgently, to the DSL member of staff. It is then their responsibility to take further action.

Record (DSL)
The DSL will record the member of staff's concerns, including direct quotes. If appropriate for the situation, they might include notes about the person's physical and emotional state they have observed.

Refer (DSL)
The DSL will carry out an investigation into complaints , allegations or suspicions of abuse. If a crime is suspected , the DSL will contact the police.

4.2 Infection prevention.

Personal hygiene
58.

- Hair tied back/covered
- Open wounds covered
- No jewellery
- No nail polish
- Appropriate protective clothing/wear an apron/ disposable gloves
- Appropriate hand washing routines
- Regular brushing of teeth
- Regular shower and hair washing
- Appropriate use and disposal of tissues/antiseptic wipes
- Wear blue plasters

How it protects:

Prevents transfer of bacteria

Destroys bacteria

Carries less bacteria

Ensures high level of cleanliness

Reduces opportunity for spreading bacteria/germs

Stops others coming into contact with bacteria/germs

Barrier method reduces/prevents transfer of bacteria

Removes places for bacteria to be trapped

Nail polish/hair can fall into food and contaminate it

When should workers wash their hands

- Before putting on and after removing disposable gloves
- Before and after treating wounds or caring for a sick or injured person
- Before or after providing personal care such as feeding them or helping get them dressed.
- Before and after changing a nappy or incontinence pad
- Before and after preparing or handling food
- After handling clinical waste
- After cleaning up rubbish and putting it in the bin
- After cleaning up toys and equipment
- After touching your face or hair
59.
- After using the toilet

Personal protective equipment
61

Wearing PPE is a barrier method of preventing the spread of infection. The clothing or equipment can prevent the transfer of germs from one person to another.

Examples of PPE include:
Disposable aprons, disposable gloves, and rubber gloves – a fresh pair of disposable or rubber gloves/apron should be used for each new task, to prevent cross-contamination

Face masks provide a barrier that retains droplets released when talking, sneezing or coughing.

Hairnets or hygiene hats- for example , these are important when serving food to prevent hair contaminating the food, and when changing dressings

Overalls, overshoes- these provide a barrier covering the service provider's clothes and so reduce the likelihood of transferring germs

Surgical garments/scrubs- when carrying out operations and other surgical procedures and dental work, they can protect the service provider and the patient from infection.

General cleanliness
60.

- Clear spillages , for example vomit, urine, blood straightaway then clean and disinfect the area.
- Sterilise surgical equipment after use
- Dispose of hazardous waste following correct procedures , for example dispose of hospital sharps (needles, cannulas) in a hard yellow sharps box.
- Clean and disinfect bathrooms and toilets frequently (at least once a day)
- All used antiseptic wipes and tissues should be disposed of immediately after use into a covered bin.
- Provide specialist disposal methods , such as red laundry bags for soiled bed linen and yellow bags for used dressings , disposable gloves and other clinical waste.

Personal protective equipment (PPE) for health workers

Within metre of patient with possible/confirmed Covid-19

Eye protection if risk of splashing

Fluid repellent facemask

Apron

Gloves

For high-risk procedures including contact with bodily fluids

Disposable goggles or full-face visor

FFP3 respirator mask

Long-sleeved disposable gown

Gloves

Apron

PA graphic: Source: NHS England

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4.3 Safety procedures and measures

Safety procedure –a set of actions or instructions that are carried out in a particular order. They will tell service providers what they have to do and how to do it. Examples of safety procedures are how to del with emergency situations such as a fire.

Safety measures – are specific actions, such as putting out a "wet floor" sign or placing a fire extinguisher by each exit. Other examples:

Fire safety notices
Signs indicating fire doors and assembly points
A fire blanket in kitchen areas
General safety measures
A "no entry" sign to prevent unauthorised access   62

Procedures to prevent accidents and promote good practice
- Emergency fire procedures
- Emergency evacuation procedures
- Equipment considerations e.g. appropriate training
- Specialist training for the use of manual handling equipment
- Regular risk assessments
- Regular fire drills
- First aid procedures
- Food safety procedures   63
- Supervision - children at all times/ adults as necessary
- Adequate staff to children/ patient/ resident ratio

How safety procedures protect service users and service providers

Safety procedures provide guidance for staff so they know what to do to keep service users and themselves safe at all times. Knowledge of safety procedures enable staff to take quick , efficient action in emergencies. 64

Staff will know how to treat service users with first aid and how to reduce the risks of cross-contamination to aid the spread of infection. Training staff how to use equipment prevents accidents, which helps to provide a safe environment.

Safety procedures for reducing risk/danger and promoting good practice

First aid policy
It is a legal requirement that all care settings and service providers must have enough trained first aiders available for the number of staff and service users in case of health emergencies.

Numbers of service users with specific health needs or conditions have to be noted, as this may impact on the number of first aiders that should be available.

Staff trained in using adrenaline auto-injectors, e.g. Epipens, should be available , based on an assessment of the number of service users in a care setting who are at risk of anaphylactic shock.
First aid
First aiders must be trained and attend regular refresher training every three years to ensure they have up-to-date knowledge. The Health and Safety Regulations 1981 require that employers provide:
- Suitable and appropriate equipment
- Facilities such as a first aid room

65

Safety procedures for reducing risk/danger and promoting good practice

66

Risk assessments

Need to be carried out for any activities or visits and trips that care settings organise. They are needed to check that equipment is safe and that the care setting building itself is safe . Risk assessments identify dangers such as
- Potential accidents
- Trip hazards
- Risks activities that require more than the usual amount of staff supervision

The 5 risk assessment steps
1. Look for hazards
2. Decide who might be harmed and how
3. Consider the level of risk – decide on the precautions needed to reduce the risk
4. Make a written record of the findings
5. Review the risk assessment from time to time and improve precautions if necessary

Why carry out a risk assessment?
- It is a legal requirement under the Health and Safety at Work Act
- Staff, service users and visitors have a right to be protected, and kept safe from harm
- An assessment will check what could cause harm to people using the care setting
- A risk assessment should help prevent accidents, illness and danger
- Staff, service users and visitors will feel confident using the service, knowing that risk assessments are carried out.

Safety procedures for reducing risk/danger and promoting good practice

Staff training programmes

Equipment use
Service providers in health and social care settings will use a wide range of equipment , from mobility aids and manual handling equipment to household appliances.
Staff should be trained to use specialist equipment such as:
- Hoists
- Transfer boards   67
- Slings
- Slide sheets
- Leg-lifters
- Fire evacuation chairs

Moving and handling techniques

Service providers have to assist service users to move e.g.:

- Assisting an older person with a physical disability to get out of a bed/chair/shower/bath
- Transfer from bed to chair
- Moving or handling objects , such as shopping bags
- Use of hoists when bathing or getting out of bed

4.3 (continued)

Who benefits?	The benefits of being trained in moving and handling techniques	68
Service providers	• Staff are given guidance on good practice – they will be aware of the correct posture and position to be in when using equipment for lifting or moving • The environment, equipment and load will always be risk assessed • The risk assessment identifies if a second person is needed to assist with the lift • It prevents injury to service providers • It helps service providers to do their job correctly ; this results in a safer environment as it reduces risk • Improved knowledge of moving and handling develop the service provider's confidence when moving an handling service users. • The training provides protection from accusations of abuse as correct procedures will have been followed	
Service users	• Training of staff prevents injury to service users • It improves comfort and dignity of service users • It shows respect • It instils confidence, trust, and a feeling of safety as the service user knows that the service provider is trained and qualified to carry out manual handling • It results in a safer environment and reduces risk to service users • Service users will not feel disempowered by being handled incorrectly	

Safety procedures for reducing risk/danger and promoting good practice
Equipment considerations

Safety procedures for reducing risk/danger and promoting good practice
69.

Emergency procedures
All care settings should have emergency procedures in place for situations such as fire, bomb scares and intruders.
• Service providers should be made aware of the procedures and their role in an emergency
• Service users also need to be made aware of fire evacuation procedures

• There should be regular evacuation practices and fire drills so that everyone is familiar with what to do and where to go .

• Emergency events such as:
• Gas leak
• Flood
• Bomb threat

IN THE RARE EVENT OF
a firearms or weapons attack
RUN HIDE TELL

Will all require a setting to be evacuated quickly and efficiently to keep people safe.
In the very rare event of a firearms or weapons attack, the Government provides advice on how service users can keep themselves safe. Care settings are encouraged to ensure that they raise awareness of this advice sensitively, particularly with children.
Run- if you can
Hide – if you can't run away
Tell – the police when it is safe to do so

Equipment considerations	70.	How it improves safety
Appropriate training of staff for specialist equipment (e.g. hoists, transfer boards)		Staff will know how to use it correctly
Is equipment fit for purpose, appropriate for the task? Is specialist equipment available?		Correct equipment provided for the task , which reduces risk of injury to staff and service users
Regular safety checks for damage-items repaired or disposed of if necessary(e.g. wheelchairs)		No worn out, damaged or potentially dangerous equipment will be used
Is equipment risk assessed to ensure it is safe? is special training required?		Only equipment deemed safe is used. Staff will receive training if required
A reporting system for damaged or faulty equipment		Action can be taken immediately to take equipment out of use. This reduces the risk of accidents
Replacement programme for older or worn-out equipment		A good standard of equipment is maintained
Regular PAT testing of electrical equipment		Testing ensures safe electrical equipment

4.4 How security measures protect service users and staff

An important part of maintaining the safety of a care setting is keeping it secure from strangers and intruders entering the building. Security measures also prevent service users leaving the care setting on their own, for example children from a breakfast club or service users with dementia leaving a residential home.   71.

Security measure	How it helps keep service users and service providers safe .
Identifying staff	Wearing ID lanyards and staff uniform quickly identify who is a member of staff
Monitoring keys	This will limit the number of people with access to keys and there will be a list of authorised key holders. This means the location of each set of keys is known.
Receiving and monitoring visitors	• Manned reception desk – access can be monitored. A receptionist can monitor CCTV to ensure there are no intruders around and report any incidents to the manager • A signing in and out book for visitors ensures that reception knows who is there and who has left the building • Some settings have staff signing in and out, or swiping their ID card • Issuing visitor badges identifies visitors quickly and clearly
Reporting concerns to line managers	It is important to report concerns to the manager so that they are aware of security breaches. Senior staff can take appropriate action to address security issues
External doors, restricting access	• An electronic swipe card entry system or a security pad with a pin code will be able to enter. • A buzzer entry system allows reception staff to control who enters
Window locks and restraints	• Keep vulnerable service users safe – for example, window locks and restraints prevent service users falling out of or leaving through open windows • Prevent intruders from entering