

Case Studies and Activities for BTEC First Award in Health and Social Care



Unit 2: Health and Social Care Values



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Teacher's Introduction

This workbook has been prepared to assist students and staff with the learning for the BTEC First Award in Health and Social Care. It comprises a collection of practical activities for health and social care practitioners, set in the fictional town of Thornton Grange. The case studies of clients provide the basis for a range of tasks and activities for both class and individual use to complement the tutor's input. It is not intended as a textbook; indeed, we do not provide answers, but instead offer suggestions for students to do their own research. It also cannot be used as a supplementary source to facilitate teaching and learning, and could form part of a resource library.

It contains a variety of student-centred activities, discussions, role plays, tasks and projects, all based on health and social care settings. They are designed to encourage students to develop their knowledge and prepare them for the examination.

Similar activities have been used by the authors during many years of both Advanced Level teaching and examining, and have proved extremely successful in increasing student motivation and improving performance.

All the worksheets are photocopiable, and they provide a valuable resource for the classroom. The activities take place through practical tasks performed by the students themselves. No answers are given for the activities.

Many of the activities and case studies are based on visits to and interviews with professionals to ensure that the information is as up to date and as relevant as possible. Organisations may be different in different areas, and service provision may depend on practitioners' needs. We therefore strongly recommend that contact is made with local authorities and service providers to find out what the local situation is and how it differs from what is described. It is possible to arrange visits or invite guest speakers in.

The information provided is correct at the time of writing, but legislation and practice change, so tutors should check the current situation for any changes.



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The Thornton Green Social

The presentations and case studies in this book have been drawn from health and social care settings in Thornton Green, a small market town a few miles from a major city, with several features that are typical of many towns in Britain in the twenty-first century.



A recent health survey shows that residents generally enjoy good health, but there are pockets of deprivation where health services are limited. One of these areas is a large proportion of the area's children live. Greenview Estate, an area of mainly social housing, is located a short distance from the town centre. Access to services is generally good, but service cutbacks have created transport issues for some elderly residents.

The local health service providers have identified the following as areas of concern: teenage pregnancy, lung cancer, hypertension and an increasing number of elderly people in the area, therefore the need for services for them, including residential care.

The credit crisis has led to service cutbacks and businesses have closed, which has increased the level of unemployment. Many long-established shops have been replaced by charity shops and fast-food restaurants. Support groups have been identified as needing additional support. These include homeless people, members of ethnic minorities and new arrivals from Eastern Europe.

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Presentation 1: The Manager of Lilybank Residential Home

My name is Chloe, and I am the Manager of Lilybank Residential Homes in Green. We are a private company, and we run two homes here, on the same site. One is a nursing home, and the other is a residential home. We cater for the temporary or permanent needs of clients in later adulthood. Our original home, The Lilybank, is on the main road, and provides mainly nursing care for clients who need it. It has 35 beds, and caters for 35 clients, and provides mainly nursing care for clients who need it. We also cater for their intellectual needs with a visiting library and a range of type activities, and we encourage regular family visiting to ensure that clients' needs and social needs are met.

Our new building, Forest View, has 24 clients and provides later adulthood residential care, where medical support is not a priority. There is a particular focus for the care of clients with dementia, and we cater specifically for those clients as providing more general residential care.

In both homes we cater for temporary residents, such as caring for someone who has been discharged from hospital and needs some intermediate care before returning home, or providing respite care to allow the client's carers to take a break or go on holiday. And where clients cannot care for themselves at home, we can meet the needs of those who need permanent accommodation or care.

Communication with other professionals involved in our clients' care is very important, and we work closely with statutory services, such as Social Services, NHS trusts, local GPs and health visitors. In the nursing home, the District Nurse is our first point of contact for medical care, and in the residential home we work closely with the local mental health team for dementia care. We have visiting services from a dentist, an optician, a podiatrist, the local NHS Parkinson's team and members of the clergy. Of course, a very important part of our family.

Our services can be accessed through self-referral, where a client wants to go privately to stay here, but it is more common for a client to come to us as a result of professional referral. This means that Social Services fund the client's care and produce a care plan that outlines their needs.



There are few physical barriers to access, as we have to ensure that there is access for all in both the homes and the communal areas. However, we do have a duty of care to guard against burglars and unwanted visitors, and to protect our clients' privacy. There are, therefore, security pads and cameras throughout the homes.

Each care home has a duty officer to arrange rotas, fill in records and make sure that confidentiality are observed. They are responsible for six carers, who provide care for our clients. Carers all have NVQ qualifications, and some are working towards their own. We also provide or source training in moving and handling, first aid, fire safety, hazardous waste and dealing with vulnerable adults. They also need to know how to complete the accident book.

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Our care value base is very important, as our priority is to promote and support dignity, independence and health and safety. Our clients may have different beliefs, and these need to be respected; indeed, we include these aspects in our training. A survey found that the standard of care at homes in the Thornton Green area was good, although we came out of the survey very well, it emphasised the need for care that standards do not slip. We therefore make sure that all our carers have a strong care values. This training includes non-discriminatory practice and good communication, encouraged to find ways of empowering clients, giving them as much control as possible. Moreover, most of the practitioners with whom we work also have codes of conduct.

In my role I 'shadow' carers to make sure, for example, that they always knock on doors before entering, I arrange in-house and corporate training, and I make sure that every carer signs a form to say that they have read and understood our policies under the health and safety regulations. We use regular supervision, annual appraisals and informal interviews to ensure that our care standards are being met, and I have introduced a 'Policy of the Month', which is displayed on the wall to promote our care values, ranging from the need to respect each individual's needs and wishes to confidentiality, wearing protective clothing or hand-washing. The latter is particularly important in the context of infection and disease. The Control of Substances Hazardous to Health (COSHH) regulations require us to dispose of hazardous substances such as cleaning agents, soils and oils safely.

Apart from the formal qualifications, carers need to be relaxed, astute and able to relate well to residents, family and other direct carers, such as health visitors and social professionals. I always look for people who are happy and stable within their duties, someone who is calm, gentle and quiet.

We are governed by a wide range of legislation, guidance and regulations, including:

- The Mental Health Act 2007
- The NHS and Community Care Act 1990
- The Health and Safety at Work Act 1974
- The Food Safety Act 1990
- The Food Safety (General Food Hygiene) Regulations 2006
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

And, of course, all our employees need to have a Criminal Records Bureau

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Presentation 2: The Head of the Margaret Wilstead Trust Disabilities and Learning Difficulties

My name is Hamid, and I am the Head of Care Services at the Margaret Wilstead Trust, a resource and support centre that caters for young people and adults with disabilities and learning difficulties. We also work with families and the local community to provide a complete service. We aim to educate the local community and wider society about the potential that can be offered by disabled young people.



We have been lucky to acquire a large rural site near Thornton, where we provide a range of services to enable people with learning and disabilities to be valued. We want all our clients to fulfil their social and communication needs so they can become as independent as possible. We currently offer a range of activities, crafts, music, horticulture and catering. Our clients also manage their own enterprises, which include a smallholding with chickens and animals, a shop and an activity centre with quad biking and archery.

We have full accommodation and catering facilities, so we can offer breaks for young people on their own or with their families. While they are here they can use our facilities, including our brand new hydrotherapy pool, knowing that there is a safe place for them.

All our staff are trained in the care values that underpin our work, and we ensure these values are embedded in everything we do. These values obviously include respect for vulnerable adults and the Every Child Matters agenda, but they go much further. We take account of the diversity of clients who use our services and treat each client as an individual, respecting our clients' individual beliefs and cultural differences; and we ensure their dignity and empower our clients by taking account of their preferences and enabling them to do as much as possible about their lives and the activities in which they become involved.

For example, imagine being unable to speak. This challenge is faced every day by some of our clients, whose disabilities mean that they struggle to communicate with others. But this does not mean that they cannot communicate at all. We use Alternative and Augmentative Communication, a system of different communication methods that can support or replace speech. These range from complex PC-based aids to simple picture books and boards that can be accessed by pointing with a finger or the foot. We practice. We have also recently opened a music centre with electronic sounds that can be operated by clients with impaired mobility.

We also need to ensure that the young people in our care are properly safeguarded, so that all their physical, social and emotional needs are catered for and that they are protected from physical or emotional harassment or violence. All our staff, of course, undergo an enhanced Criminal Records Bureau (CRB) check to ensure that they are suitable to work with young people and vulnerable adults. We are also, of course, governed by the Equality Act 2010.

Our café and restaurant are a particular success, and we have invested heavily in safeguarding and protecting individuals. The Food Safety Act 1990 establishes the law on food safety and control of hazards and is the main piece of legislation where Food Safety Officers have power of enforcement. Other regulations that affect that side of the business are the Food Safety Act (General Food Hygiene) Regulations 2006 and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). But because of the needs of our clients, our staff need to go beyond these regulations, and be even more vigilant to ensure that everyone who work in this area safe.

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Case Study 1: Maya



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Maya is a resident of Lilybank Residential Homes. She is 75 years old, and has been widowed for about five years. She had been living on her own, but was having difficulty with everyday tasks such as feeding and dressing.

She was diagnosed with dementia, and was admitted to hospital following a fall at home. The hospital worked in partnership with a Social Services panel to arrange residential care, and Social Services agreed to fund her care needs, as she lived in rented accommodation, receives a basic state pension and has savings of less than £3,000.

Maya is originally from Eastern Europe, but speaks English well here for over fifty years. The Manager of the home visited her to see how well she communicated and whether her dementia involved any specific needs. The staff at Lilybank assessed her needs, to see whether the staff at Lilybank could meet them, and to fulfil the care plan set up by the hospital and Social Services.

She has settled in well at the home, and has been visited by a health team to treat pressure sores and check for any other health issues. The health team also visited her once she had settled in. She has been well cared for, but the Manager spoke to her neighbours, who were able to provide background information about her, her cultural background, and that her flat was rather dirty, and she had suffered from loneliness. They also put her in touch with Maya's priest, and she has been well cared for at the home.

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Case Study 2: Maggie

Maggie is a general carer at the Margaret Winstead Trust for young people with disabilities and learning difficulties. She cares for a variety of different clients, many of whom come in just for one or two days a week; in a typical week, her clients might include:

- **Rachel** (18), who has Asperger's syndrome. She works in the Trust's café, but she finds communication and social interaction difficult.
- **Kirsty** (17), who has cerebral palsy with associated mental age of seven). She is confined to a wheelchair for her body movements, but she is passionate about music.
- **Jack** (22), who is highly intelligent but has multiple learning difficulties. He attends sessions with the physiotherapist, but Maggie also works with him in the hydrotherapy pool.
- **Dipak** (24), who is able-bodied and fairly dextrous, but has some learning difficulties. She supervises him in the craft workshop.
- **Jasmine** (14), who is unable to speak. She attends sessions with the speech therapist. She likes to come to the Trust's smallholding at weekends.
- **Stephen** (20), who showed promise in art at school but is now profoundly deaf and with impaired mobility and motor skills.

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Survey Shows Variations in Care for the Elderly

A recent survey of homes for the elderly in the Thornton Green area shows wide variations in the quality of care they offer. While the very best offer a stimulating environment in which their residents are treated with respect and dignity, there are others where they are given no control over their lives, and where the prevailing atmosphere is one of neglect.



Many homes offer a programme of stimulating activities, ranging from reading and musical events to quizzes and games. Others, however, have residents sitting in front of the television for hours at a time, interrupted only by a coffee trolley halfway through the morning and the call to the toilet. For those with mobility problems there is no escape from this routine. Moreover, in far too many homes, residents who are incontinent of themselves are left in soiled underwear, either because they are too frail or because staff are too busy to attend to them. The survey found that where this occurs it is seldom because of deliberate abuse but is a result of a culture of neglect.

There are similar variations in other aspects of residents' care. In some of the area offer a varied menu at mealtimes, while in others they offer a standard diet. In some, staff take care to ensure that those who are unable to get up are given the attention they need; in others they are fed by spoon and time, which often means that they go without – or when they are hungry. It is cold. In the best homes, residents who need help dressing are encouraged to discuss what they are going to wear with their carers; in others they are dressed in whatever is easiest. Similarly, in many homes residents are allowed a time of their own choosing, but in some they go when it is convenient for the staff.

The results of this survey have prompted local campaigners to demand stricter regulation of nursing and care.

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Learning Aim A: Explore the Care Values That Underpin Health and Social Care

Activity A1



Topics Covered

Topic A1 – defining care values



You will need

☒ The 'dominoes' game

Activity A1 (Small Group Work)

There are certain terms that are frequently used when discussing health and social care. In small groups, play the 'dominoes' game to show that you understand what these terms mean.

1. Deal out the 'domino' cards. Each card has a term at one end and a definition at the other.
2. The first player places a card in the middle of the table.
3. The next player examines their cards to see whether they have one that matches the term or definition on the first card. If they do, they place it next to the first card, like this:

Term	Definition	Term	Definition
------	------------	------	------------

4. If the group agrees that it is a correct match, then the card stays in place. If not, the player must withdraw it.
5. If the player cannot match either the term or the definition, they must pass their cards to the next player.
6. Play then passes to the next player, who must try to match the term or definition at the end of the line of cards, like this:

Term	Definition	Term	Definition	Term
------	------------	------	------------	------

7. Play continues until all the cards have been played. The first player to play all their cards is the winner.

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'Domino' Cards for Use in Activity A1

Advocacy	A person's right and ability to make decisions on such subjects as where to live, home or medication.
Autonomy	A plan that identifies and meets the needs in a person's care plan, often a written document agreed with the person, the health or care professionals.
Care plan	The values that govern the way that care providers treat clients to ensure that their rights are respected, often based on professional codes of practice.
Care values	The ability of a client to make decisions on such things as when to go to bed, bedtime.
Choice	The protection of a client's privacy, especially with regard to personal details, which are shared with others, known as confidentiality.
Confidentiality	Treating individuals or groups differently, favourably because of characteristics such as age, gender, disability.

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Discrimination

Not undermining a client's dignity
example, closing the door
using the

Respecting dignity

Differences in character
belief, gender, age or ethnicity
be respected

Diversity

Encouraging a client to use
own abilities and to make

Empowerment

Enabling people to take control
regardless of their abilities

Inclusion

Treating all clients fairly
prejudice or discrimination
individuals

Non-discriminatory practice

Professionals from different backgrounds
together to provide a service
health professionals, social workers,
nursing home collaborator
client

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Partnership working

Inaccurate or unfavourable
generalisations about individuals
which could lead to discrimination

Prejudice

Positively valuing and respecting
differences

Respect

Identifying potential hazards
or minimising them to avoid
harm to clients

Risk assessment

Protecting clients from harm
including the protection of
information

Safeguarding

Offering support to clients
expressing their needs
and encouraging them to communicate

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Activity A2



Topics Covered

Topic A1 – professional practice



You will need

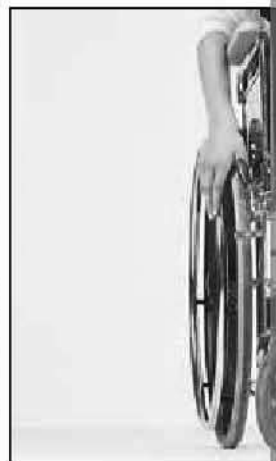
☒ Presentation

Activity A2 (Individual Work)

Read Presentation 1 by the Manager of Lilybank Residential Homes. In her presentation, she states that a 'Policy of the Month' is displayed in the home, to remind staff of good practice in the following areas to research, and produce a clear and informative poster that can be displayed in the home.

- The requirement to maintain confidentiality of client information
- The importance of good communication
- The need to be aware of anti-discriminatory practice
- The importance of maintaining clients' rights to dignity and independence
- Health and safety requirements
- The need to protect individuals from abuse
- The importance of providing individualised care (a person-centred approach)

Perhaps you could ask your tutor to judge which is the best poster.



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Activity A3



Topics Covered

Topic A1 – dignity and respect, safeguarding



You will need

- ☒ Presentation 1
- ☒ The *Thornton Green Herald*
- ☒ The answers to the previous activity

Activity A3 (Individual then Group Work)

Read Presentation 1 by the Manager of Lilybank Residential Homes, and the newspaper report from the *Thornton Green Herald*.

- a. Identify six ways in which the survey finds that clients of residential care in the Thornton Green area are neglected or treated badly.

1	
2	
3	
4	
5	
6	

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- b. What are the guidelines that carers have to follow to ensure that elderly people are protected from ill-treatment, physical or emotional violence or harassment?

- c. On the sheet provided, produce your own case study of an older person who has been safeguarded, using some of the following situations:

- Emotional ill-treatment
- Verbal abuse
- Physical neglect (e.g. personal hygiene)
- Bullying and humiliation by family or neighbours
- Forced isolation
- Sexual abuse
- Financial ill-treatment (e.g. theft of money by family or carers)

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Case Study:



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- This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the page.

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Activity A4



Topics Covered

Topic A1 – demonstrating care values
Topic B1 – empowering individuals



You will need

- ☒ Presentation 1
- ☒ Case Study 1
- ☒ The 'Care Value' cards

Activity A4 (Small Group Work)

Read Presentation 1 by the Manager of Lilybank Residential Homes and Case Study 1 about Maya. Then play the 'Care Value' game in small groups.

1. Place the 'Care Value' cards upside down in a pile.
2. Take it in turns to take one of the cards.
3. Explain to the rest of the group how the relevant care value relates to interactions in the residential home in general and to Maya's situation in particular.

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Non-discriminatory practice	Respect for rights to inde
Good communication	Conf
Good relationships	Acceptance of perso

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Activity A5



Topics Covered

Topic A1 – demonstrating care values
Topic B1 – empowering individuals



You will need

- ☒ Presentation 1
- ☒ Case Study 1
- ☒ The game board
- ☒ A die and counters

Activity A5 (Pair Work)

Read Presentation 1 by the Manager of Lilybank Residential Homes and Case Study 1 about Maya. In pairs, play the board game provided.










1. Each player in turn throws the die and moves the relevant number of squares on the board.
2. If you land on an 'instruction' square, follow the instruction, moving up or down the arrows as indicated.
3. The first person to reach the finish is the winner. It is not necessary to finish.

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Game Board for Activity A5

30  FINISH	29 Illness leaves a shortage of care staff to help clients	28	27 
21 Lilybank is rather remote, making it difficult for friends to visit Maya	22	23 Staff are trained to care for clients with English as a second language	24 
20 	19 Maya is left sitting in front of the television all day	18 	17 Lilybank has rules which are confidential
11 Staff are not trained to understand cultural or ethnic differences	12 	13 Codes of practice are clearly displayed	14 There are not enough resources for clients to access the garden
10	9 Lilybank has its own minibus for visits to other agencies and outings	8 	7 Maya does not want to leave the house
1  START	2 The home has lifts and hoists, in accordance with the law	3	4 

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Activity A6



Topics Covered

Topic A1 – safeguarding and duty of care



You will need

- ☒ The safety signs sheet
- ☒ The resident information sheet

Activity A6 (Small Group Work)

Professionals working in health and social care have a duty of care towards their residents. This includes keeping them as safe as possible, and reducing any potential risks.

- a. In small groups, look at the safety signs on the sheet provided; these include some of the signs that should be displayed in public places and workplaces under Health and Safety Executive guidance. Write under each sign what it stands for.

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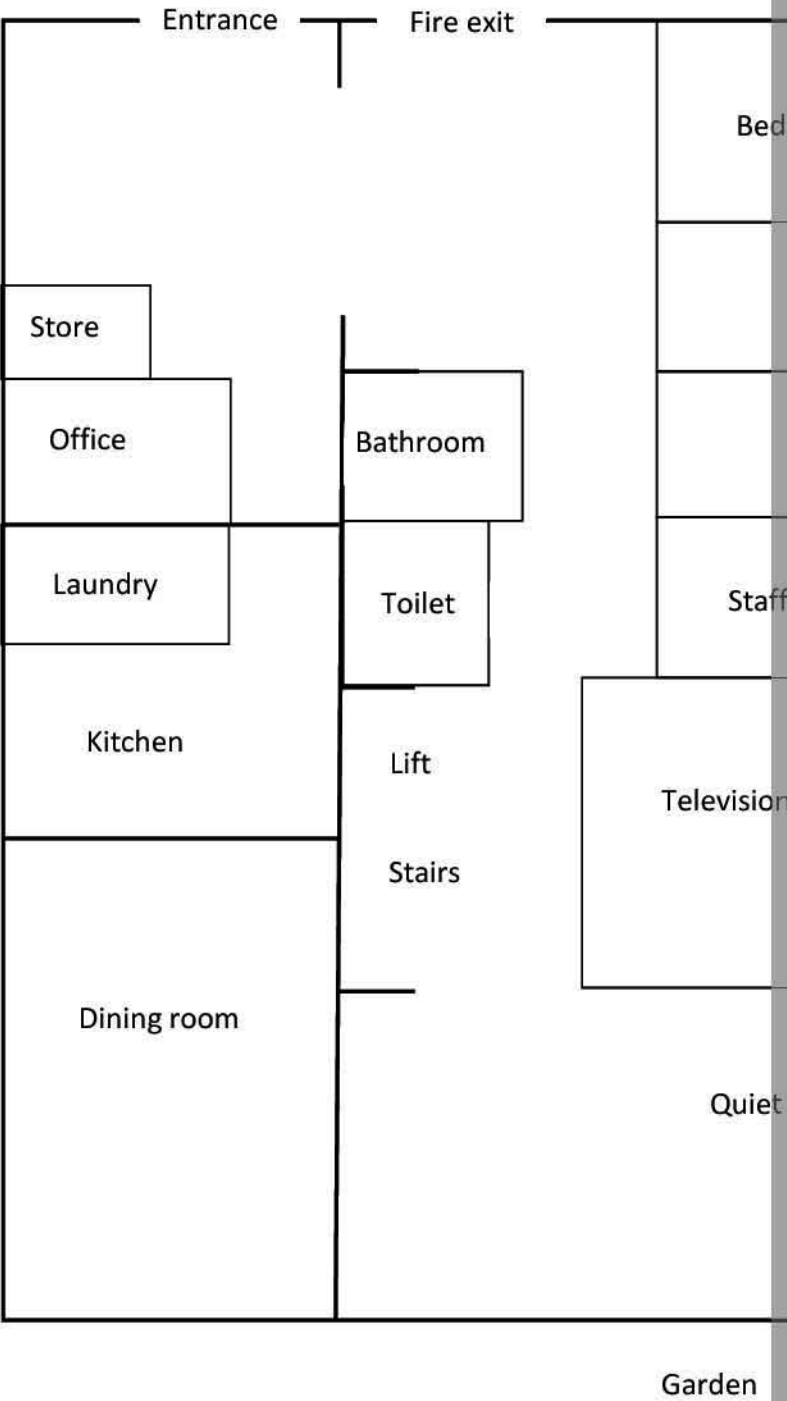
		
		
		
		

- Now look at the plan of part of one of the Lilybank homes provided. Decide where the signs should be placed (you do not have to use all the signs).
- Obtain a Health and Safety Executive poster (<http://www.hse.gov.uk>) and display it in your classroom.

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Learning Aim B: Investigate Ways of Empowering Individuals and Social Care Services



Topics Covered

Topic B – application of methods
Topic A1 – safeguarding and duty of care



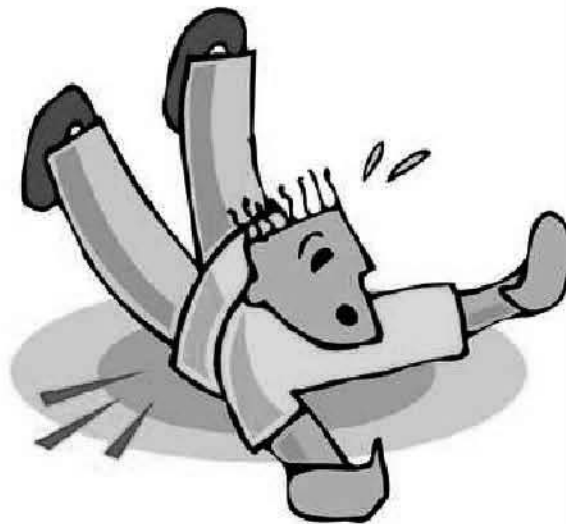
You will need

☒ The 'Sa

Activity A1 (Pair Work)

One of the care values for all health and social care settings is safeguarding ensuring the safety of individuals and avoiding negligence. In pairs, play the game, which will help you understand some of the potential dangers involved in care settings.


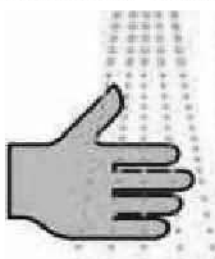


1. Shuffle the cards provided and lay them randomly face down on the table.
2. The first player should turn over two cards and try to match a potential danger with the right measure to minimise the risk involved.
3. If they get the right match they keep those cards and have another turn.
4. If they do not get the right match, play passes to the next player.
5. The winner is the person with the most correct matches.



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<p>Cross-contamination and infection</p> 	<p>Food</p> 
<p>Install handrails and mobility aids where necessary</p> 	<p>Injuries from aids and o</p> 
<p>Wash hands thoroughly, and handle and store food correctly</p> 	<p>Keep the floor spills i</p> 
<p>Mobility problems</p> 	<p>Use protective aprons, gl</p> 

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Transmission of germs from one person to another



Make sure electrical sockets are tested regularly

Train staff to use all equipment correctly



Slip

Electric shock



Dispose of hazardous waste, contaminated used syring

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Activity B2



Topics Covered

Topic B – application of methods
Topic A1 – safeguarding and duty of care

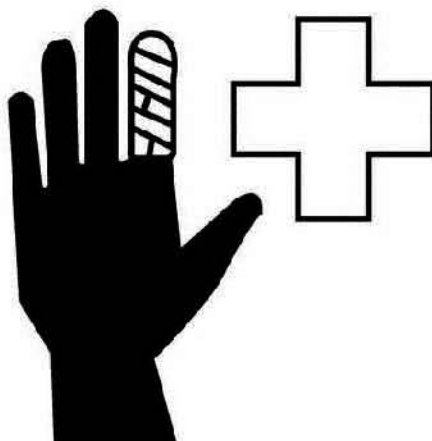


You will need

- ☒ Case Study 2
- ☒ The accident log

Activity B2 (Individual Work)

Read Case Study 2 about Maggie. Maggie is supervising Dipak in the craft room. Dipak is using a craft knife. She carries out first aid but, in line with the procedure, she must complete the Accident Log, so that the Trust has a record of what happened and what still needs to be done. Read the notes at the top of the form provided, as if you were Maggie.



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MARGARET WILSTEAD TRUST
Accident Log

Notes

1. This form should be used for any accident in the centre.
2. It should be completed initially by the member of staff who deals with the accident. Subsequent action should be recorded by the member of staff who deals with the action.
3. When completed, this form should be signed and handed to your line manager. If necessary, the line manager should sign it to show that they have checked the details. The accident should be recorded in the Accident Book, with a copy in the client's file.

Name of client:

.....

Date of accident:

.....

Time of accident:

.....

Location of accident:

.....

.....

Name of person who dealt with the incident:

.....

.....

Signature:

.....

Description of incident:

.....

.....

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What action was taken?

.....

.....

.....

Who was injured?

.....

.....

Where on the body was the injury sustained?

.....

.....

What further action is required?

.....

.....

.....

.....

Signature of line manager:

.....

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Activity B3



Topics Covered

Topic B1 – rights, preferences and needs; adapting activities and environments



You will need

☒ Presentation 1

Activity B3 (Group Work)

Read Presentation 1 by the Manager of Lilybank Residential Homes. As a group, discuss the challenges she might encounter in meeting the specific needs of her clients, taking into account their preferences, beliefs, needs and choices. If you were her, how would you address the following?

- the environment of the homes
- the activities you offer

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a. The environment

Difficulties

Adaptations



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b. Activities

Difficulties

Adaptations



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Activity B4



Topics Covered

Topic B1 – working with others in partnership



You will need

- ☒ Presentation 1
- ☒ Case Study 1

Activity B4 (Individual, then Small Group Work)

Read Presentation 1 by the Manager of Lilybank Residential Homes and Care.

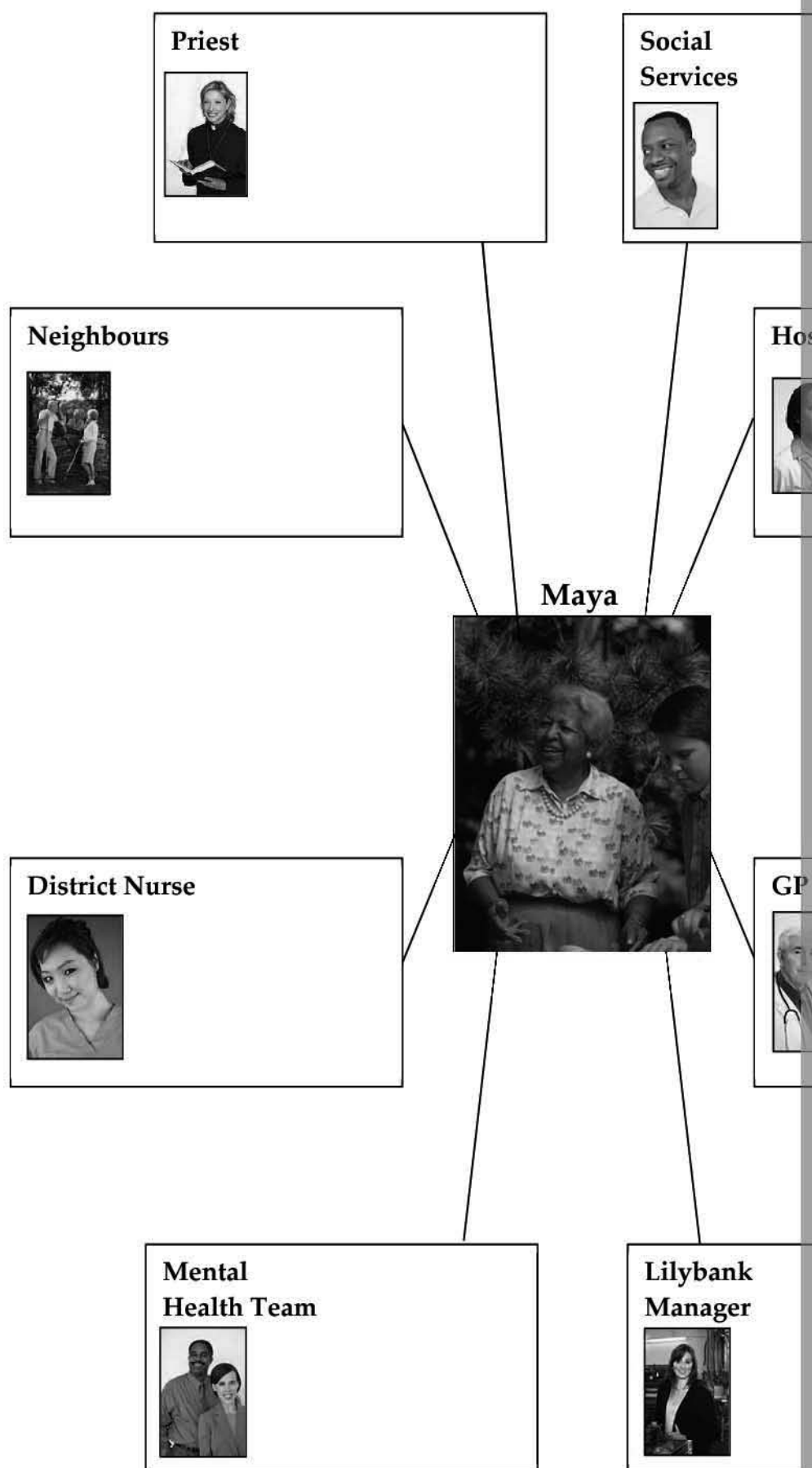
- a. Explain in the diagram provided what each of the people involved contributed to the overall partnership.

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Activity B4 (cont.)



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Activity B4 (cont.)

b. In small groups, prepare a short presentation on how one member of the partnership supports Maya. Choose one person and discuss how they could contribute to Maya's:

- independence
- individuality
- wellbeing

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Topics Covered

Topic B1 – promoting independence

Activity B5



Activity B5 (Individual, then Group Work)

Read Presentation 2 by the Head of the Margaret Winstead Trust, and Case Study 2 about Maggie.

- a. Identify ways in which the Resource Centre could help each of the clients listed in the case studies.

Client	Condition	How they
Rachel		
Kirsty		
Jack		
Dipak		
Jasmine		
Stephen		

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- b. As a group, discuss the positive contribution each could make to the Centre community. We have given you a suggested answer for Rachel.

Client	Contribution
Rachel	<ul style="list-style-type: none"> She can work in the café or in one of the other rooms.
Kirsty	
Jack	
Dipak	
Jasmine	
Stephen	

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Activity B6



Topics Covered

Topic B1 – preferred method of communication



You will need

- ☒ Presentation
- ☒ Case Study

Activity B6 (Individual Work)

- a. Read Presentation 2 by the Head of the Margaret Wilstead Trust and

Many of Maggie's clients have communication difficulties. Below, explain the difficulties they have and identify ways in which Maggie might overcome them in communication.

Client	Communication Difficulty	
Rachel		
Kirsty		
Jack		
Dipak		
Jasmine		
Stephen		

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Activity B6 (cont.)

- b. Research how you might respectfully greet someone using two of the following: Makaton, British Sign Language or Makaton communication, Makaton and British Sign Language.



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Activity B7



Topics Covered

Topic B1 – promoting autonomy



You will need

- ☒ Presentations 1 and 2
- ☒ Case Studies 1 and 2

Activity B7 (Individual Work)

Read Presentations 1 and 2 by the Manager of Lilybank Residential homes, Wilstead Trust, and Case Studies 1 and 2 about Maya and Maggie.

Autonomy is a person's right and ability to make informed decisions about their life without being unduly influenced or pressured. Here are two examples of autonomy in action:

- Having visited several residential homes, Maya makes the informed decision to move into Lilybank.
- Jack asks Maggie to help him improve his physical wellbeing by attending exercise sessions.

Describe two more examples, using people from the two case studies.

1.

2.

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Answers

Learning Aim A Activities

Activity A1

Term	Definition
Advocacy	Offering support to clients who have difficulty expressing their views to them to communicate their requirements
Autonomy	A person's right and ability to make informed decisions on their own home or medical treatment
Care plan	A plan that identifies and addresses a range of needs in a person's care, as a written document agreed by the client and the health or care professional
Care values	The values that govern the treatment of clients to ensure that their rights are respected, often written down in professional codes of practice
Choice	The ability of a client to make their own decisions on such things as their diet, etc.
Confidentiality	The protection of a client's right to privacy, especially with regard to information which is shared only on a 'need to know' basis
Discrimination	Treating individuals or groups unfairly or less favourably because of their age, gender, disability or ethnicity
Respecting dignity	Not undermining a client's self-esteem, for example closing the door to the toilet
Diversity	Differences in characteristics such as culture, belief, gender, etc. which should be respected by carers
Empowerment	Encouraging a client to be confident in their own abilities and to make their own choices
Inclusion	Enabling people to take part in activities, regardless of their abilities
Non-discriminatory practice	Treating all clients favourably and without prejudice or discrimination on the basis of individuals or groups
Partnership working	Professionals from different sectors working together to provide care, for example, health professionals, social workers and a nursing home caring for an elderly person
Prejudice	Inaccurate and unfair opinions and generalisations about individuals or groups which lead to discrimination
Respect	Positively valuing an individual's worth
Risk assessment	Identifying potential hazards and eliminating or minimising the risk of harm to clients and staff
Safeguarding	Protecting clients from harm or abuse, including the protection of vulnerable adults

Activity A3a

You could choose six examples from the following:

- They are given no control over their own lives
- They are left in front of the television for hours
- Those with mobility problems are unable to avoid this routine
- Residents who are unable to care for themselves are left in soiled underwear
- There is no choice of menu at mealtimes
- Those who have difficulty feeding themselves are only helped when staff are available
- Those who need help dressing are dressed in whatever is easiest, rather than what they prefer
- They go to bed when it suits the routines of the staff, not when they want to

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Activity A3b

Protection of Vulnerable Adults (POVA)

Activity A4

Care Value	How it relates
Non-discriminatory practice	<ul style="list-style-type: none"> There is legislation on discrimination. There is staff training in non-discriminatory practice. Maya is not discriminated against because her English is poor due to her dementia.
Respect for the individual's rights to dignity and independence	<ul style="list-style-type: none"> There was an individual assessment to identify Maya's needs. The Manager 'shadows' carers to make sure they respect her rights. Maya's neighbours were consulted about her preferences. Arrangements were made for her priest to visit her, to maintain contact with the outside world.
Good communication	<ul style="list-style-type: none"> Staff are trained in good communication. Carers are chosen for their interaction skills. There is communication between the various professionals involved. Maya's communication skills were assessed before she moved to the home.
Confidentiality	<ul style="list-style-type: none"> There are policies on information recording and sharing. There is staff training in this area. Like most organisations, the home is covered by the Data Protection Act.
Good relationships	<ul style="list-style-type: none"> Staff are chosen for their ability to develop good relationships. The Manager visited Maya in hospital to develop a relationship before she came to the home.
Acceptance of an individual's personal beliefs	<ul style="list-style-type: none"> Clients' cultural and religious beliefs are identified on admission. Efforts were made to discover what Maya's beliefs were. Arrangements have been made for her priest to visit her.

Activity A6a

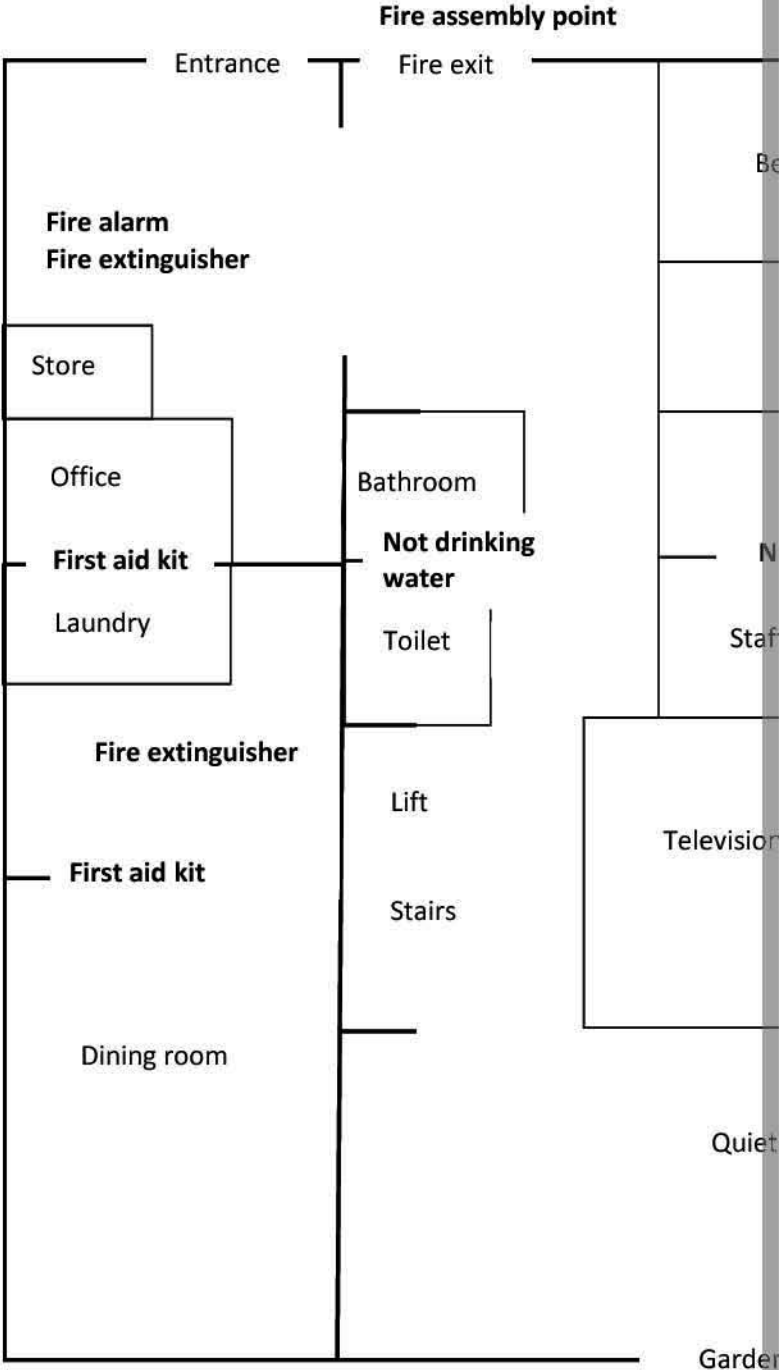
		
Dangerous chemicals	Fire alarm	First aid kit
		
Fire extinguisher	No entry	Not drinking
		
Slippery surface	No pedestrians	Wear goggles
		
Danger	Wear protective gloves	Fire assembly point

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Activity A6b

There is no definitive answer to this activity, but this is our suggestion.



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Learning Aim B Activities

Activity B1

Cross-contamination and infection: Dispose of hazardous and clinical waste, such as blood and bodily fluids, used syringes, etc., correctly.

Food poisoning: Wash hands thoroughly, and handle and store food correctly.

Injuries from hoists, mobility aids and other equipment: Train staff to use all equipment correctly.

Falls: Install handrails where necessary and support clients with mobility problems.

Transmission of germs from one person to another: Use protective clothing such as aprons and gloves.

Slippery floors: Keep the floor clean and mop up spills immediately.

Electric shock: Make sure electrical appliances are tested regularly and power sockets are correctly earthed.

Activity B2

This is our suggestion of the way you might complete the log.

MARGARET WILSTEAD TRUST Accident Log

Name of client: Dipak Patel

Date of accident: 4th May 2012

Time of accident: 11.47

Location of accident: Craft workshop

Name of person who dealt with the incident: Maggie Brown

Signature:

Description of incident: When carving a figure, Dipak's hand slipped and he cut himself.

What action was taken? I cleaned and bandaged the wound.

Who was injured? Dipak Patel

Where on the body was the injury sustained? Middle finger of the left hand

What further action is required? Monitor the situation to ensure that the wound has healed.

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Activity B3

The main difficulties she would face include:

a. The environment

- Ensuring that the homes feel like a home rather than an institution.
- Ensuring that those with mobility problems can access all areas of the
- Ensuring that there is non-intrusive help for those who have problems
- Ensuring that the individual physical needs of a range of different clients in an institutional setting.

b. Activities

- Giving clients autonomy and choice in an institutional setting.
- Providing a range of stimulating activities and outings to suit the individual clients.
- Catering for clients' different beliefs and preferences in catering, etc.
- Ensuring that clients who cannot get out have access to professional services.

There are many different adaptations you could make, including the following:

a. The environment

- Provide furniture and equipment suitable for those with mobility problems (e.g. armchairs).
- Provide 'homely' rather than 'institutional' type furniture.
- Enable clients to bring their own personal effects to the home as far as possible.
- Make the home wheelchair- and mobility-aid-friendly, for example with doorways, ramps, etc.
- Provide aids for those with impaired mobility, such as stairlifts, hoists, etc.
- Have appropriate equipment available for those who have problems eating and drinking.
- Make the physical environment light and bright.
- Ensure that clients' physical comfort is catered for, especially in relation to fresh air.
- Provide two lounges, one for television and one for quiet games, conversation, etc.

b. Activities

- Allow clients to choose their own daily routine, and their clothes for the day.
- Provide stimulating activities, such as quizzes and games.
- Giving clients access to computers.
- Providing access to a garden or other outdoor area.
- Taking account of individual clients' beliefs and preferences (e.g. halal food options, etc.).
- Taking clients on outings.
- Providing entertainment.
- Arranging visits by professionals such as hairdressers, chiropodists, etc.

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Activity B4a

Priest: Visits Maya and attends to her spiritual needs

Social Services: Worked with others on Maya's care plan; funds her residential care

Hospital: Worked with others on Maya's care plan; worked with Social Services to

Neighbours: Informed Lilybank Manager of Maya's background; put her in touch

Lilybank Manager: Assessed Maya's needs; provides ongoing care

Mental Health Team: Assesses Maya's psychological and emotional needs

District Nurse: Visits Maya to check her health

GP: Worked with others on Maya's care plan; visits her as necessary to deal with

Activity B4b

There are several possible answers, but these are our suggestions.

Priest

Independence: By making provision for her to attend services at her church

Individuality: By catering to her specific cultural and spiritual needs

Wellbeing: By helping to satisfy her emotional and spiritual needs

Social Services

Independence: By arranging for her to receive the support she needs to live as inde

Individuality: By assessing her particular needs and ensuring that they form part o

Wellbeing: By taking account of her emotional and physical needs when drawing t

Hospital

Independence: By dealing with the injuries caused by her fall so that she can be as possible

Individuality: By ensuring that her physical and health needs form part of her care

Wellbeing: By treating her with respect during her stay in hospital and ensuring th her emotional and physical needs

Neighbours

Independence: By providing opportunities for visits, etc. so that she is not totally r

Individuality: By ensuring that those involved in her care are aware of her cultural

Wellbeing: By highlighting the problems she faced at home; by visiting her and pr

Lilybank Manager

Independence: By enabling her to choose her own clothes and daily activities

Individuality: By allowing her to have her own personal effects around her; by tak background and beliefs

Wellbeing: By treating her with respect, making her comfortable and dealing with

Mental Health Team

Independence: By working to reduce the effect her dementia has on her ability to f

Individuality: By respecting her cultural background and beliefs; by being aware o needs

Wellbeing: By trying to improve her mental and emotional wellbeing

District Nurse

Independence: By respecting her right to make her own choices regarding any trea

Individuality: By being aware of her particular health needs

Wellbeing: By checking on her physical health and treating any minor ailments

GP

Independence: By respecting her right to make her own health choices

Individuality: By being aware of her particular health needs

Wellbeing: By ensuring that she remains healthy

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Activity B5a

Client	Condition	How they can be
Rachel	Asperger's syndrome	<ul style="list-style-type: none"> By using alternative means of communication By giving her a job that, with support, she can do
Kirsty	Cerebral palsy, learning difficulties	<ul style="list-style-type: none"> By letting her use the special music facilities With physiotherapy By using the hydrotherapy pool By ensuring that she can fully understand and use the pool
Jack	Multiple sclerosis	<ul style="list-style-type: none"> With physiotherapy By using the hydrotherapy pool By using alternative means of communication By giving him responsibility appropriate to his abilities
Dipak	Severe learning difficulties	<ul style="list-style-type: none"> By using appropriate means of communication By giving him simple yet useful tasks By encouraging his craft work
Jasmine	Inability to speak	<ul style="list-style-type: none"> By using alternative means of communication By encouraging her work with the animals With speech therapy
Stephen	Deaf, impaired mobility, moderate learning difficulties	<ul style="list-style-type: none"> By using alternative means of communication By encouraging his art work Through mobility aids By using the hydrotherapy pool

Activity B5b

These are our suggestions, but you may be able to think of other ways in which each client can make a contribution.

Client	Contribution
Rachel	<ul style="list-style-type: none"> She could work in the café or in one of the other commercial enterprises.
Kirsty	<ul style="list-style-type: none"> She could use the special facilities to provide music for special events at the centre. She could help provide entertainment for the other clients.
Jack	<ul style="list-style-type: none"> He could help in any of the centre's commercial enterprises. He could provide general managerial and administrative support.
Dipak	<ul style="list-style-type: none"> His craft work could be displayed or even sold. He could be given simple jobs to do in some of the commercial enterprises or the general maintenance of the centre.
Jasmine	<ul style="list-style-type: none"> She could be given tasks to do with the animals in the small zoo. She could be given a particular responsibility at weekends.
Stephen	<ul style="list-style-type: none"> His art work could be displayed or even sold. He could be given some responsibility in the art gallery or in the small zoo.

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Activity B6a

Client	Communication Difficulty	
Rachel	Difficulty with communication and social interaction	<ul style="list-style-type: none"> • Speak • Use si • Maint
Kirsty	Learning difficulty, mental age of 7	<ul style="list-style-type: none"> • Use la • menta • Use vi
Jack	No major difficulties, but his condition might lead outsiders to treat him as though there are	<ul style="list-style-type: none"> • Speak • Respe • Recog
Dipak	Severe learning difficulties	<ul style="list-style-type: none"> • Use cl • Use vi
Jasmine	Unable to speak	<ul style="list-style-type: none"> • Encou • metho • techn • Speak
Stephen	Moderate learning difficulties, deafness	<ul style="list-style-type: none"> • Use si • aids • Use be • expres

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