



2016 specification
first assessment in 2017

Topic on a Page for BTEC Level 3 Health and Social Care

Unit 2: Working in Health and Social Care

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Contents

Thank You for Choosing ZigZag Education.....	ii
Teacher Feedback Opportunity.....	iii
Terms and Conditions of Use	iv
Teacher’s Introduction.....	v
A4 Summary Pages	11 pages
A4 Activity Pages for Higher-ability Students.....	11 pages
A4 Activity Pages for Lower-ability Students	11 pages
A3 Summary Pages	11 pages
A3 Activity Pages for Higher-ability Students.....	11 pages
A3 Activity Pages for Lower-ability Students	11 pages


Teacher's Introduction

This resource is primarily intended to be used during revision by students studying BTEC Nationals Health and Social Care, Unit 2: Working in Health and Social Care. This unit explores what it is like to work in the health and social care sector, including the roles and responsibilities of workers and organisations.

As a revision tool, this resource does not aim to cover the material in depth, but rather to provide visual 'mind maps' of the entire Unit 2 specification which students can use as a basis for their revision, covering all the key knowledge that students need for their exam. The resource is especially suited to visual learners, and those learners who find it hard to revise from written notes. There are two versions of each of the activity mind maps, adapted for higher-ability and lower-ability students.

This resource contains:

- 11 completed mind maps which provide solutions to the activity mind maps, labelled **1** to **11**
- 2 × 11 activity (partially completed) mind maps for students to complete, labelled **1** to **11**
 - The lower-ability versions of the activity sheets are labelled with a square: ■
 - The higher-ability versions of the activity sheets are labelled with a triangle: ▲

Activities are identified by a  icon.

All are provided in A3 and A4 formats.

The mind maps cover components of the specification in the following way:

1	Roles of people working in health and social care	A1
2	Responsibilities of people working in health and social care	A2
3	Specific responsibilities (applying the core values) 1	A3
4	Specific responsibilities (applying the core values) 2	A3
5	Multidisciplinary working and monitoring health and safety workers	A4 and A5
6	The roles of organisations providing health and social care services	B1
7	Issues affecting service access and representing service user's interests	B2 and B3
8	The roles of organisations that regulate health and social care services	B4
9	The roles of organisations that regulate health and social care professions	B4
10	Responsibilities of organisations towards health and social care workers	B5
11	People with specific needs and working practices for specific needs	C1 and C2

How to use the resource:

- The sheets can be handed out at the end of the course, or at the end of each topic for revision purposes.
- The mind maps can be printed out poster size and displayed on the classroom walls as the topic is being taught, so that students have a visual reminder of what they have been covering in their lessons.
- The resource also includes partially filled-in mind maps. Students could be encouraged to complete the exercises as a way to recap on knowledge from the topic at the end of teaching. More-able students could, additionally, be asked to think of more examples to illustrate the points, or weaker-ability students could provide more illustrations or colour-code the mind maps to aid memory of the key topics.

October 2019

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* resulting from minor specification changes, suggestions from teachers and peer reviews, or occasional errors reported by customers

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ROLES OF PEOPLE WORKING IN HEALTH CARE

There is a wide range of roles available in the health and social care sector. They often work closely together, especially with older people and people with health conditions. They also work with users who have multiple, interacting needs. Each job plays an essential role in promoting health and well-being for people.

DOCTORS

A doctor is a person who has received the necessary training and qualifications to use medical approaches to diagnose and treat people who are ill or injured. Their responsibilities include:

- **Assessment, diagnosis and monitoring** of health problems
- **Discussing** treatment and care options with patients
- **Prescribing** medication

There are many different types of doctor. For example:

1. **General practitioners (GPs):** These have a wide-ranging knowledge of general medicine and deal with common medical issues (acute and chronic). They treat patients of all ages, and often deliver **preventative care** and **health education**. GPs refer patients on to specialists as needed.
2. **Consultants:** These are senior doctors, usually based in a hospital, with **specialism or expertise in a particular field**. Consultants often go by a specific title, such as:
 - *Psychiatrist* – specialises in mental health
 - *Dermatologist* – specialises in skin conditions
 - *Endocrinologist* – specialises in hormones and metabolism
 - *Gynaecologist* – specialises in women's health and reproductive systems

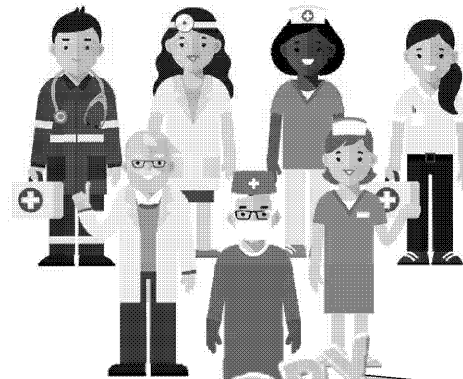
Preventative care aims to prevent the development of health problems and disease.



NURSES

Nurses provide **clinical support** to people that are ill or injured. They also provide **medical assessments** and carry out medical procedures. They also run **health promotion or prevention** programmes, such as smoking cessation. There are many different types of nurses. For example:

	Paediatric	Neonatal	Health visitors	Mental health
Work with people in a range of settings, e.g. the community and hospital wards.	Work with sick children and their families.	Work with newborn and premature babies.	Provide family support during a child's early years, and review child development.	Work with people in a range of settings, in hospital, clinic and community settings.



MIDWIVES

Midwives support women through **pregnancy**, **childbirth** and **postnatal care**. They ensure **safe delivery** and provide **emotional support** based in a range of settings, and often provide **high quality care** or the **untreated** **emotional** **and** **physical** **to a woman**.

CARE MANAGERS

Care managers oversee the **running** of **residential care services**, such as supported housing or care homes. They provide **supervision** for the staff team (e.g. care assistants), and ensure that the **policies** and **procedures** of the organisation are being followed.

CARE ASSISTANTS

Care assistants provide care that meets the needs of people with health conditions, mental health issues, or learning disabilities. They work in a range of settings, and their tasks depend on the needs of the people they are supporting.

- Help with **personal care**, such as washing and dressing
- **Household tasks**, such as cleaning and tidying
- **Financial management**, such as paying bills
- Getting out and about
- Providing **emotional support** and **socialisation**
- **Liaising** with other professionals

Personal care – broad term usually referring to personal hygiene, dressing and toileting assistance



SOCIAL WORKERS

Social workers are often employed by the **local authority**, the **NHS**, and **voluntary sector** organisations. Their key role is to **safeguard** vulnerable groups from **harm**. Social workers also help to promote **social inclusion**, help people to live independently, and arrange appropriate support in order for people to do so.

Social workers may work with groups of **vulnerable adults** (for example, in mental health, learning disability, or some elderly people) or in **children's services**. Social workers who work with children may help to arrange placements for children when their own home becomes too risky, or work with families to ensure that children are safe and their needs are being met.



Local authority – government organisation that covers a particular area

Social inclusion – being able to participate in society, and being valued as a member of society

Social development – learning needed to help other people and improve the community

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THE RESPONSIBILITIES OF PEOPLE WORKING IN HEALTH AND SOCIAL CARE

Workers in health and social care have a wide range of duties they are likely to undertake, in order to provide high-quality care.

Examples: *Health and Safety policy, Lone Working policy, Equality and Diversity policy*

POLICIES AND PROCEDURES

- **Policies:** Usually contain an outline of the **values** and **principles** of the organisation, and an overview of organisational procedures that staff must follow with regard to particular issues.
- **Procedures:** Detailed **instructions** for the actions that workers must take in a given scenario, e.g. step-by-step guidance on how to raise **safeguarding** issues.

It's crucial that health and social care workers follow the outlined policies and procedures of the organisation, as these are put in place to **protect** service users and ensure care is provided to a high standard.

HEALING AND SUPPORTING RECOVERY

Depending on the person's (and their individual needs and circumstances), the type of support **recovery** will vary. See the table for some examples.

Recovery – returning to a previous state of health following illness or injury

Medication	Surgery	Radiotherapy	Organ Transplant	Lifestyle Change Support	Talking Therapies
Drugs prescribed by a qualified professional to treat a condition.	A medical procedure that involves removing/altering body parts.	Using radiation to kill cancerous cells and stop cancer spreading.	Replacing a damaged or missing organ.	Support to develop a healthier lifestyle, e.g. stop smoking clinics.	Help people to overcome and cope with mental distress.

ENABLING REHABILITATION

Supporting someone's rehabilitation involves helping someone to get back to living a **normal life** following illness, injury, or the receipt of a medical procedure. Rehabilitation may involve support with regaining **mobility** and/or **independence**, and ensuring that daily living tasks can be done. Rehabilitation should take a **holistic** approach, and may also involve the provision of **psychotherapy** and/or **complementary therapies**, depending on need.

SPECIALIST AGENCIES

These can support individuals in specific areas. Examples include AgeUK (older adults) and Mind (people with mental health needs).

SUPPORTING ROUTINES

Many service users have a **holistic** range of **needs**, rather than just one thing they need support with. When working with someone, you need to consider all of these – what are their needs relating to family life and leisure? What about their educational and employment needs?

Addressing all these needs is really important, especially when they often impact upon one another. To know service users and their circumstances well will help you to provide **better-quality care**, and help people to live a more **fulfilling** life.

Holistic approaches to care consider all aspects of the person and their circumstances

Washing – Consider service user preferences – do they prefer a bath or a shower? Are there any cultural needs which should be taken into account? For example, many Muslims and Hindus prefer to use running water. You may also need to use specialised equipment or adaptative aids (e.g. walk-in showers).

Toileting may involve the use of specialist equipment (e.g. bedpans or commodes) or adapted service users) or commodes (a specialised chair for toileting used for people with disabilities or mobility issues).

PERSONAL CARE

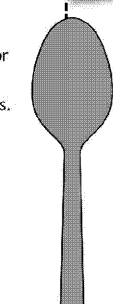
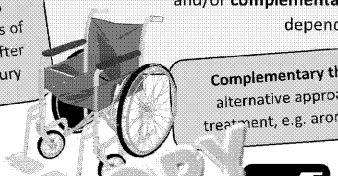
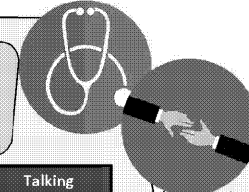
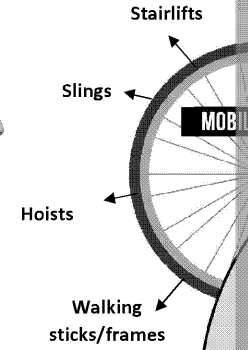
Personal care means the provision of support to undertake **intimate hygiene** tasks or to give assistance with **feeding**. This can often be challenging for people with disabilities or an illness; for instance, due to mobility problems or learning disabilities.

Maintaining personal hygiene is a key part of promoting **dignity** and **self-esteem**, as well as reducing the **risk of illness**. Due to its intimate nature, personal care should be carried out with the highest levels of **respect** and **professionalism**.

Close attention should be paid to following service users' preferred routines, and efforts should be made to increase service users' **independence** in carrying out personal hygiene tasks.

Complementary therapy – alternative approaches to treatment, e.g. aromatherapy

Feeding should be enjoyable and socially acceptable. Consideration needs to be given to safety (e.g. choking risk – cutlery up), and whether specialist equipment (e.g. adapted cutlery) is needed. Be aware of potential dietary requirements, e.g. allergies or cultural requirements.



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APPLYING CARE VALUES AND PRINCIPLES IN HEALTH AND SOCIAL CARE

PROMOTING ANTI-DISCRIMINATORY PRACTICE

Services need to accommodate the needs of people regardless of their background.

Policies relating to anti-discriminatory practice are based on key pieces of legislation:

Equality Act 2010	Human Rights Act 1998
Makes it illegal to discriminate against people based on protected characteristics , including: <i>age, disability, gender reassignment status, sex, marriage / civil partnership status, sexual orientation, race, religion (or no religion), pregnancy.</i>	A law that states that people must be treated fairly and with dignity. It protects a set of basic freedoms and rights that all people are considered to have, including freedom from degrading treatment, access to justice, the right to life, and respect for private and family life.

Prejudice – negative beliefs held about a group of people

Right to Access Education

Right to Freedom of Religion and Belief



Right to Freedom of Religion and Belief

Right to Freedom of Expression

Right to Respect for Private and Family Life

Promoting anti-discriminatory practice involves ensuring there are **equal opportunities** for all, and that **prejudice** is actively challenged (even when it is unintentional). As a health and social care worker, it's also necessary to examine your own prejudices and make active attempts to educate yourself about other groups and their experiences.

Adaptations should be made to health and social care services to ensure they are inclusive. For example:

- For physical **disabilities** / mobility impairment → the provision of stairlifts; wheelchair ramps
- For **sensory** impairment → provision of materials in alternative formats; BSL interpreters
- **Cultural** needs → ensure prayer times are adhered to; provide food which meets dietary requirements; offer activities to celebrate relevant holidays and festivals.



BSL – British Sign Language; a communication system based on gestures



EMPOWERMENT

Promoting **individualised** care that puts the person at the centre of care planning.

Supporting service users to **express their preferences** and needs, e.g. by using translators/interpreters, **advocate** family/friends.

Handling **conflict** appropriately.

Conflict and **challenging behaviour** can arise in various settings, including GP services, hospital wards, care homes (for the elderly and young people), and in service users' own homes. If you visit people in their own homes, **lone worker** policies must be followed to reduce risk to yourself (e.g. the use of buddy systems, summoning help, remaining aware of exits).

Providing support that is consistent with individual preferences.

Supporting service users to **express their preferences** and needs, e.g. by using translators/interpreters, **advocate** family/friends.

Promoting and supporting service user **rights, choices, and well-being.**

Supporting the promotion of individual rights with rights of others (e.g. staff and other service users). Other common **dilemmas** include balancing confidentiality against safety, and independence against safety.

Advocate – someone who speaks on behalf of another person to promote their rights

Challenging behaviour – behaviour that puts others or someone themselves at risk

There are core principles and values that should be followed in health and social care.

ENSURING SAFETY

The Health and Safety at Work Act 1974 outlines the legal framework for ensuring safety. Key elements of this include:

EMPLOYERS' RESPONSIBILITIES

- Provide appropriate training, policies and procedures
- Carry out and update risk assessments
- Consult employees on health and safety matters
- Provide appropriate protective equipment
- Ensure that machinery and devices are fit for use

RISK ASSESSMENTS

Involve the identification of hazards and putting controls in place to reduce the risk. These should be kept up-to-date, and reviewed regularly. A risk assessment should include the following steps:

1. Identify **potential hazard**

2. Identify **who** is at risk

3. Assess **level of risk**

4. Identify **ways to limit risk**

5. Review **ways to limit risk**

Risks are identified by...

Steps to identify the risk and act on it...

SAFEGUARDING

All organisations will have a policy in place that outlines what should be done if abuse occurs. An organisation's safeguarding procedure may follow the following steps:

Incident witnessed or disclosed

Report to supervisor

Consider incident

COMPLAINTS PROCEDURES

All care organisations are required to have procedures in place so that services can be improved with feedback. A complaint should be investigated, with feedback given to the person who made the complaint.

Complaint reported

Acknowledged

Investigation

Close case

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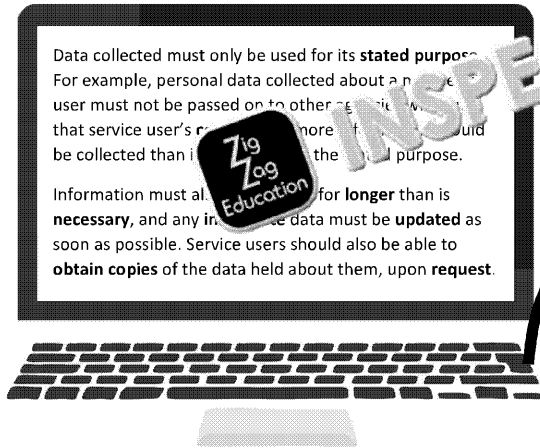


APPLYING CARE VALUES AND PRINCIPLES IN HEALTH AND

INFORMATION MANAGEMENT AND COMMUNICATION

DATA PROTECTION LEGISLATION

Data protection legislation (e.g. the Data Protection Act) outlines how personal information can and cannot be used.



Data collected must only be used for its **stated purpose**. For example, personal data collected about a service user must not be passed on to other services without that service user's consent. More information should be collected than is needed for the **stated purpose**. Information must also be kept for **longer** than is **necessary**, and any information held must be **updated** as soon as possible. Service users should also be able to **obtain copies** of the data held about them, upon **request**.

RECORDING, STORAGE AND MANAGEMENT OF DATA



Written records

These should be stored in a **locked** cabinet or office, which only **authorised** persons can access. If handwritten, this must be legible.

Electronic methods

Password protection should be used on files, with only **authorised** persons knowing the password. The screen should be locked when no longer in use, and an appropriate filing system should be used to keep records organised.

Social media

Staff should **not accept/add** service users on social media or share **confidential** information via social media.



Photographs

Can only be taken with **consent** and must be stored **securely**. These should only be shared with colleagues and in **appropriate** places (e.g. official social media for an organisation).



Mobile phones

Staff should **avoid** using **personal** mobiles at work, e.g. to photograph service users. **Work mobiles** should be used instead, and **identifying** information should not be left over voicemail.

MAINTAINING CONFIDENTIALITY AND RESPECTING RIGHTS OF SERVICE USERS

Service users have a **right** to confidentiality. This means that information should only be shared on a need-to-know basis, and care must be taken to ensure that unauthorised persons do not access this information (e.g. by avoiding speaking about service users in a public place). Documents should have **identifying** details removed where possible (e.g. substitute name for initials), and any information about service users must be shared with the person's **consent**. Where service users request confidentiality (e.g. to withhold information from family members), this should be respected.

LEGAL DISCLOSURE

However, there are some circumstances under which confidentiality can be broken. For instance, if a **safeguarding issue** arises, your duty to protect others from **harm** will outweigh the person's right to confidentiality.

Efforts should be made to **inform** the service user that a disclosure has been made, and the **reasons** for doing so. Disclosure may also be **legally** required without service user consent in circumstances such as **criminal investigations**, or to report patients to the **DVLA** if they are unsafe to drive (and unwilling to report to the DVLA themselves).

DVLA – a government department stands for Driver and Vehicle Licensing Agency.

ADHERING TO LEGAL AND WORKPLACE REQUIREMENTS

Staff are not only accountable to the law, but also to the standards and policies set by their workplace.

Legal requirements	Workplace requirements
<p>The Data Protection Act (described above), which was updated in 2018. This was updated so that UK law works alongside a European Union privacy law called 'General Data Processing Regulation' (GDPR). This law sets out what companies can (and can't) do with individuals' personal data.</p> <p>The Freedom of Information Act (2000) is also relevant to information management in health and social care. Under this law, individuals have the right to request information about services (e.g. the NHS).</p>	<p>All workplace policies and codes of practice around information management must meet these legal obligations. Employees have a responsibility to be aware of these policies, and must report suspected breaches of confidentiality. Policies also set out procedures relating to confidentiality, which are specific to that particular setting. For instance, services without a lockable office would need to make alternative arrangements for conducting handovers in a way that would not be overheard by service users.</p> <p>Handover – passing on crucial information about the service (e.g. from day staff to night staff)</p>

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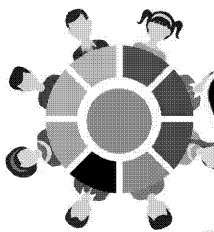


5 MULTIDISCIPLINARY WORKING

LEARNING OUTCOME A

This means that professionals should work together as a team, ensuring that each person's responsibilities are clearly outlined. This is especially important if professionals from many different agencies are working with the person, as it ensures that essential actions are neither **uplicated** nor **missed**. For instance, taking a joined-up approach makes it more likely that any **key signs of abuse** would be spotted. Joined-up working also ensures the approach given to care is **consistent**.

Joined-up working should be undertaken as part of a wider, **holistic** approach to care provision. Taking a holistic approach means to recognise the service user as a **whole person**, and not just their condition or most obvious health needs. Care should look to improve all aspects of people's lives, such as their intellectual, social, and emotional needs.



JOINED-UP WORKING

HOLISTIC APPROACH

Intellectual needs refer to people's desire to learn and/or build their skills

PARTNERSHIP WORKING

It's crucial for services to work together and collaborate. Here are some key elements which underlie effective partnership working.

SERVICE USERS

Involving service users in the way their care is provided is a key part of joined-up working. Delivering care in a **person-centred** way helps to ensure that an individual's **needs, wishes and preferences** are respected. This also helps the service user to feel **empowered** and **respected**, as well as making care plans more **acceptable** (and, therefore, more likely to be followed).



CARERS

Where possible, **carers** should also be involved in the provision of care. This is because they are likely to know the service user well, and may be able to aid with **communication/interpretation** of service user preferences. They are able to **reinforce** and **encourage** efforts made by health and social care professionals when managing the service user's condition outside of a service context.

ADVOCATES

An **advocate** is someone who acts on behalf of service users to ensure their **rights are respected** and their **voice is heard**. This can be critical for service users, especially those who have communication difficulties or those who have lower confidence levels in interacting with professionals. Involvement of advocates by taking a joined-up approach helps to ensure that service users' needs are recognised.



Carer – someone who provides health and well-being support to a friend or relative

MONITORING H

To ensure that health and social care feedback through various routes. This h

LINE MANAGER

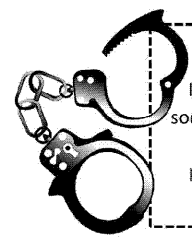
Your **line manager** is the person who is your immediate **supervisor** at work. Your line manager at a residential home will give you direct **guidance** on your performance, so you can follow their instructions and **report** any issues you have to them. Your line manager is the first person at work to address any issues related to your performance (e.g. to give a warning), but should also help you to **grow and develop** your skills.

SERVICE USER FEEDBACK

Service users' **opinions** on the care they receive is a crucial way of monitoring the work of health and social care professionals. Service users are **experts by experience**, and thus are the best people to tell you what's working well about a service, and what could be improved.

Service user feedback can be obtained in many ways. For example:

- **Service user meetings** (individually or in a group)
- **Involving service user representatives** to attend larger organisational meetings
- **Feedback forms and suggestion boxes**
- **Reports or comments to regulatory or inspection bodies** (e.g. **CQC**)
- **Comments and feedback from relatives/carers**



In some cases, social care professionals may be involved in monitoring users of services who are perpetrators of crime.

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THE ROLES OF ORGANISATIONS IN PROVIDING HEALTH

SERVICE PROVIDERS There are several main ways that services are funded and provided

1

PUBLIC SECTOR

Public sector providers are those that are funded by the **government**. For example, the **National Health Service (NHS)** is funded by **taxes**, **National Insurance contributions**, and by patient charges (to a small degree). This means that many services are free to most patients, with a few exceptions (e.g. dentistry services and prescriptions involve a small charge). Look at the table below for more details on public sector services.

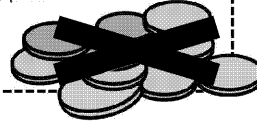
The NHS provides care at three levels:

- **Primary healthcare:** This deals with everyday health needs (e.g. GP surgeries, dentists) and can refer patients to secondary care.
- **Secondary healthcare:** This deals with specific health needs, usually delivered in a hospital (e.g. surgery, mental health services).
- **Tertiary healthcare:** This requires highly specialised staff and facilities (e.g. treatment for very rare diseases, hospice care).

2

VOLUNTARY SECTOR

This is also known as the **charity sector**, as organisations in this sector are funded by donations and/or the government. These organisations often focus on the needs of a **particular group**, such as those suffering from a specific health condition. Voluntary sector organisations can be very large and nationally provided (e.g. Age UK, NSPCC) or much smaller, locally focused, and entirely **volunteer-led**.



NHS Foundation Trusts

A Foundation Trust is an **independent** organisation which manages a local **hospital**. This means it has the **freedom** to decide how to meet the needs of the **local community** (rather than being managed centrally). It also involves people from the local community as **members** and/or **governors**.

Governors – elected members of the community who represent the public interest

HOSPITALS

Hospitals provide services which meet health needs that cannot be handled in primary care. They offer both **inpatient** and **outpatient** services, **emergency care**, and **specialist** services.

Examples of departments include:

- **Gynaecology:** women's reproductive health services
- **Oncology:** management and treatment of cancer
- **Acute medical units:** inpatients admitted due to emergency

NHS

Adult social care

This provides social care services to people over **18 years old** who have **additional needs** – for example, those with mental health problems, learning disabilities, or people that have become vulnerable due to old age. Social care services are often funded by the **local authority**.

District nursing – nursing provision in the community, particularly for the elderly

HOSPICE CARE

Hospices provide **palliative** care to people at the end-of-life stage. They help with **pain management**, and ensure that people are as **comfortable** as possible. Their services are **holistic**, and they offer both **emotional** and **spiritual** support. Support is also given to bereaved relatives.

Services may give support to people to help them live **independently** or **safely** within their own home, offer day centre services (for **recreational activity** / **socialising**), short-term or **respite care**, and may refer people to **supported living** or **residential care**.

Local authority – a branch of government which oversees a defined local area

DAY CARE UNITS

Day services provide short-term, **non-residential** services for specific groups, tailored to their individual needs. For example, day services may be provided to people with dementia to give them opportunities to **socialise** and engage in **recreational activities**. Day services can, therefore, reduce **social isolation**, and can also help to teach daily living skills.

Children's services

These are also the responsibility of the local authority to **protect vulnerable children and young people** who are at risk. They also provide support to families.

Services offered include family support, children's residential care, and after-school support.

GP practices

These are the first point of contact to health services. GPs have a wide-ranging knowledge of **common conditions**, and how to treat/prevent them. If necessary, they will **refer** patients on to more **specialised** services.

GP practices are funded by the NHS, but can be awarded additional funding if they demonstrate the provision of high-quality care and extra services (e.g. flu immunisations).

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ISSUES AFFECTING SERVICE ACCESS

It is not always easy for people to access health and social care services. There is usually a referral process involved, and people may encounter barriers during this process or when trying to access the service.

Primary care – the first access point to health services; deals with common health needs

REFERRAL

Referral means the process involved in being directed to a service. There are several different kinds:

- **Self:** you refer *yourself*, but not all services are accessible this way. Most **primary care services** are available this way.
- **Professional:** a referral by a **health professional** you're already in contact with, or another service.
- **Third-party:** referral by a **third party**, for example, a friend or family member.

ELIGIBILITY

In order to receive support from the **local authority**, they must meet the **National Eligibility Criteria**. For example:

- The person must have a mental or physical **impairment/illness**, plus:
- The inability to do at least **two daily activities**, e.g. managing own toileting; preparation and safe eating of food; being able to dress oneself.

Many people are required to **contribute** towards their care costs, until they reach a **minimum** level of assets. After this, the **council** pays for social care.

National Eligibility Criteria – guidelines which determine eligibility for local authority support

Local authority – a branch of government operating in a defined area

Stigma – shame attached to a particular phenomenon

Prejudice – negative beliefs held towards a group of people

SPECIFIC NEEDS

People with **specific needs** (for example: learning disabilities and/or mental health problems) may struggle to access services due to difficulties in **communicating** and understanding information because of the fear of **stigma** and **prejudice**.

INDIVIDUAL PREFERENCES

While someone may be eligible for a particular service, they may not find this service in line with their **preferences**. For example, they may prefer to see a health professional of the same gender, or come to appointments at a different time.

FINANCIAL

Accessing services may be difficult for people on a **low income**, or if the **costs of attending** (e.g. transport) are unreasonably high.

GEOGRAPHICAL

The relevant services may not be close to the service users' residence, meaning that **travel** to them is prohibitively long and/or difficult.

SOCIAL

People's other **responsibilities** (for example, childcare, or caring for others) may make engagement with services impossible.

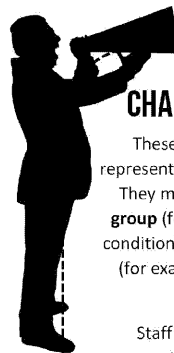
CULTURAL

Service users' cultural needs can affect service access. For instance, appointments may not be attended if they clash with **cultural** or **religious** festivals.

BARRIERS

Not all service users will find it easy to access services. They may face numerous barriers when attempting to visit a service, which can have a detrimental impact on their well-being.

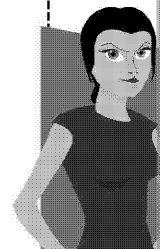
REPR



CHARI

These represent the... They may represent a **group** (for example, a condition) or (for example, a staff member).

Staff from... represent them through... example, they also guide procedures, to that group staff.



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THE ROLES OF ORGANISATIONS THAT REGULATE HEALTH AND SOCIAL CARE SERVICES

All health and social care services are subject to regulation and inspection, with each country in the UK having its own regulatory bodies. Regulation and inspection ensure that services are providing safe and effective care that meets the needs of service users.

NORTHERN IRELAND

	What do they do?
RQIA Regulation and Quality Improvement Authority	Similar to the CQC, the RQIA inspects health and care services (both statutory and independent), to ensure they are meeting minimum care standards . Services monitored include: children's homes; boarding schools; nursing agencies; domiciliary care agencies; hospitals.
PHA Public Health Agency for Northern Ireland	A publicly funded, multidisciplinary body that has the overall goal of improving public health. It aims to reduce health inequalities and tackle causes of ill health. It does this by publishing health advice, undertaking research, and evaluating services.
ETI Education and Training Inspectorate	Inspection and regulation of educational services in Northern Ireland. It examines the quality of teaching and progress towards learning outcomes and development . Services inspected include: pre-school, primary schools and secondary schools; further education; and higher education.

Statutory services are government-funded

Independent services – also known as private sector; for-profit

Health inequality – when certain groups suffer poorer health outcomes than others

HOW REGULATION AND INSPECTION WORK

Health and social care services are regulated by a regulatory body, before they can start. Each service is inspected and sometimes audited. Inspectors will check:

- Paperwork

WALES

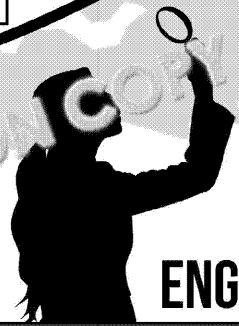
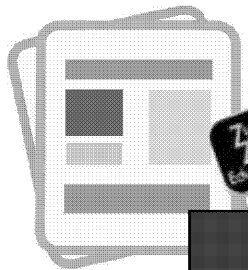
	What do they do?
CSSIW Care and Social Services Inspectorate Wales	CSSIW inspects the provision of social care to ensure it is meeting legal requirements , and publishes its reports online. It aims to safeguard service users and make sure that social care services are safe and effective. It is independent , and also investigates any concerns raised. Services it inspects include: care homes; care homes; fostering/adoption agencies; care agencies; residential care.
HIW Healthcare Inspectorate Wales	HIW inspects the provision of healthcare to check that it is safe and effective . It checks NHS and private services, and asks patients for their experiences . Its reports are published online.

ENGLAND

	CQC Care Quality Commission	Ofsted
What are they?	An independent body that ensures health and social care services provide high-quality, safe and compassionate care. It publishes its findings and service ratings online. Service providers are required to register with it.	An independent body that inspects educational and children's services. As with CQC, it publishes inspection results online. Its work helps to keep children safe , and ensures high-quality teaching is provided which supports positive development .
Which services?	All providers of adult health and social care , including: hospitals; care homes; community care services; GPs; mental health services; dentists; addiction treatment services.	All providers of educational services (children and adult), including: primary and secondary schools; adult education; prison education. Also organisations that care for children , including residential homes and childminders.
Inspection results?	For both CQC and Ofsted, possible ratings include: Outstanding, Good, Requires Improvement, and Inadequate	

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THE ROLES OF ORGANISATIONS THAT REGULATE HEALTH AND SOCIAL CARE

Those working in health and social care services must follow the guidelines which are set out by the relevant organisations set codes of conduct, and often require the relevant professionals to be registered with them.

Be aware that you do not need to know all of these organisations – you should study the ones relevant to EITHER England, Wales, OR Northern Ireland. Be aware that all English organisations also operate in Wales and Northern Ireland.

NORTHERN IRELAND

In addition to the services which govern professions in England, there is an organisation that regulates **social care** professionals in Northern Ireland. The **Northern Ireland Social Care Council (NISCC)** ensures that **high-quality** social care is provided.

It does this by **registering** all social care workers, including:

- Social workers
- Care managers
- Care workers
- Probation officers

THE NISCC also publishes codes of **conduct** and **practice** for social care professionals to follow.

RESPONSIBILITIES OF NISCC

- Support professional development of care workers
- Providing guidance on conduct and practice
- Registration of social care workers

CPD – undertaking additional training to build knowledge and skills

For all the organisations, registration involves checking that staff are fit to practice.

Many organisations have continued registration, which means that staff must still fit to practice.

Also, staff training is monitored by the organisations. This ensures that staff can provide high-quality care.



WALES

In addition to the services which govern professions in England, **Social Care Wales** (formerly Care Council for Wales) regulates workers in **social care** services (for both **children and adults**) in Wales.

The professions regulated include:

- Social workers
- Care workers
- Nurses
- Domiciliary care workers

To be registered, you need to show evidence that you have the appropriate **qualifications**, demonstrate that you can follow the **code of practice**, and demonstrate that you are **competent** at the skills required for your role.

ENGLAND

All these organisations also operate in Wales and Northern Ireland.

	What do they do?
NMC Nursing and Midwifery Council	Regulates the professional practice, training and registration of nurses and midwives (both voluntary). In order to stay registered with the NMC, evidence of continuing professional development (CPD) must be provided. NMC also publishes a formal code of conduct that must be followed.
HCPC Health and Care Professions Council	The HCPC aims to protect the public by promoting good care practice, setting standards for professional conduct, and providing education programmes, and professionals are required to have HCPC registration. The HCPC also investigates complaints into professional conduct or poor care, and has the power to remove registration .
GMC General Medical Council	The GMC is an independent organisation that manages the registration and training of doctors. It also sets standards of professional practice, and investigates complaints into professional conduct or poor care, and has the power to remove registration .

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RESPONSIBILITIES OF ORGANISATIONS TOWARDS

Health and social care service providers have many obligations towards their employees and ensure they are equipped with the right skills and knowledge to

IMPLEMENTING CODES OF PRACTICE

Employers have a responsibility to ensure that employees understand how to **implement** the **code of practice** of an organisation.

For instance: has the organisation provided the right training and supervision so that necessary care tasks are undertaken? Is specialist training needed; for example, for PEG feeding or the use of hoists?

Some health and social care industry may be required to complete the **Care Certificate** by their employer. It covers 15 **minimum standards** of care (e.g. dignity and **diversity**, working in a person-centred way, safeguarding), and has set **consistent expectations** regarding the conduct of health and social care staff.



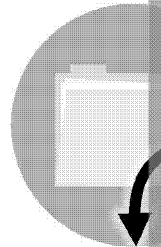
PEG feeding – using a tube which enters the stomach via the abdomen wall, in order to provide food

Diversity – valuing the unique contributions to society of people from different backgrounds

RESPONSIBILITIES OF ORGANISATIONS

SAFEGUARDING

Employers also have a duty to **safeguard** their employees – this means ensuring they can protect their employees



WHISTLEBLOWING

Public interest – a matter relevant to the general public's safety or well-being

Whistleblowing about **poor practice** by service users from a **public interest** (for example, health), then the employer has a duty to investigate the complaint.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Undertaking CPD is a **requirement** in order to stay **registered** with the body that regulates your profession. For example, nurses must demonstrate evidence of CPD to **renew** their registration with the Nursing and Midwifery Council.

CPD can involve receiving **training** on new skills, and gaining **knowledge** of the **up-to-date** approaches to care. Employers have a responsibility to provide the highest quality care in the health and social care service.

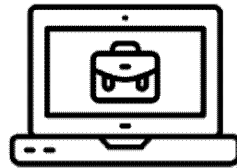
Employers have a **responsibility** to **provide** relevant CPD **opportunities** for their staff, as well as ensuring that staff are **allocated time** to engage in CPD.



NATIONAL OCCUPATIONAL STANDARDS (NOS)

The NOS describe the **skills and knowledge** that someone needs in order to be **competent** in their role. This information is stored on a **public database**, and can be used to create **job descriptions**. Meeting the NOS means that an individual can attain the standards required for the **best professional practice**.

Job descriptions – written documents outlining the key aspects of a job role



FOLLOWING PROFESSIONAL GUIDANCE

Regulatory bodies set standards for professionals. For example, the Nursing and Midwifery Council sets expectations for the code of practice for nurses. However, **employers** must ensure that these expectations are made clear to their staff.

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PEOPLE WITH SPECIFIC NEEDS

Each service user a professional works with will have an individual set of needs that will affect the way they are cared for. These needs should be provided to them. This includes some details about the different service user groups.



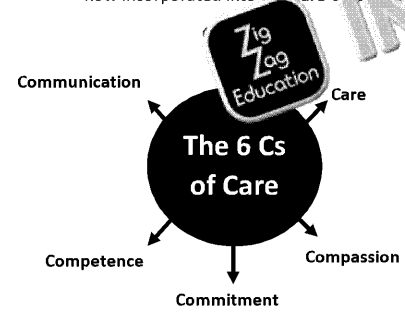
Ill health	Learning disabilities	Physical and sensory
<p>Service users may have specific needs relating to their physical or mental health, and may have multiple health issues that impact upon each other. For example, someone with a chronic physical health condition (e.g. bronchitis) may also suffer from depression due to the impact of the physical condition.</p> <p>Professionals should take a multidisciplinary approach to care, which will help to ensure that all of a person's needs are met. Service users' needs should also be considered holistically – what are the intellectual, emotional and social needs of the person?</p> <p>It's thought that one in four people will experience a mental health problem during their life. However, mental health problems are often hard to diagnose and can be stigmatised, meaning that people often do not get the help they need. Professionals should be aware of some common indicators (e.g. fatigue, headaches, and unhealthy coping strategies).</p>	<p>According to the charity Mencap, learning disabilities are defined as a long-term condition that affects a person's ability, which is present from birth or before the age of 19 and affects someone's entire life.</p> <p>People with learning disabilities are likely to be more vulnerable, and someone may be unable to live independently. As learning disabilities often affect someone's communication skills, getting to know the person's preferred strategies is important.</p> <p>People with learning disabilities may also be more likely to experience other problems, such as mental or physical ill health, or early death.</p> <p>Everyone with a learning disability is affected differently, meaning an individualised approach to support is crucial. Recently, approaches to working with people who have learning disabilities have focused more on social inclusion and community-based care, as well as involvement in training and/or employment.</p> <p>Note that learning disabilities and learning difficulties are often considered to be distinct. Learning difficulties include specific problems with skills such as reading (dyslexia), but do not affect someone's intellect generally.</p>	<p>Physical disabilities affect some people's structure and movement of their body. They can be affected to various degrees – from being entirely unable to move, or may be able to move only small parts of their body in particular ways.</p> <p>Sensory disability usually refers to a person having significantly impaired hearing or vision.</p> <p>If the right kind of support is provided, people with physical and/or sensory disabilities can function well in the community and live safely at home. For example, a wheelchair can be adapted (e.g. sign language). Adaptations may also be made to the home, such as walk-in baths or grab rails.</p> <p>A 'disabling environment' is one where the surrounding circumstances have not been adapted sufficiently to take into account the needs of disabled people. This can be a barrier to participation in the community and accessing services.</p>

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WORKING PRACTICES FOR SPECIFIC NEEDS

The working practices of health and social care staff will be adapted to work effectively with people who have specific needs. However, there is still a core set of standards and principles that guide the delivery of high-quality care.

The **6Cs** were introduced following a three-year NHS strategy called 'Compassion in Practice'. This strategy ended in 2016, but its principles are now incorporated into the Care Act 2014.



POLICIES AND PROCEDURES

Each health and social care organisation has a set of policies and procedures. These are based on the general principles of the Care Act and specific guidelines for how to act in given scenarios.

There are likely to be specific procedures in place that explain how to **meet** the specific needs of certain service user groups. For example, if a residential home provides support to people with **epilepsy**, there should be a procedure that outlines how to respond in the event of a seizure.

Effective **training** and **supervision** can help to ensure these policies and procedures are being followed.

Epilepsy – a neurological condition caused by uncontrolled electrical activity

REGULATIONS

Those working with people with specific needs will have their work **monitored** and **regulated**. Regulatory bodies ensure that the care provided is of an **adequate standard**.

Failure to adhere to regulations can result in a service being **closed down**, or individual staff members may be **fired** or **lose their licence** to practice. Alternatively, the service may be required to make certain **amendments** or **improvements** to working practices.

Braille – a reading system for visually impaired people consisting of raised dots

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ROLES OF PEOPLE WORKING IN HE

There is a wide range of roles available in the health and social care sector. They often work closely together, especially with users who have multiple, interacting needs. Each job plays an essential role in promoting health and well-being for people

DOCTORS

A doctor is a person who has received the necessary training and qualifications to use medical approaches to diagnose and treat people who are ill or injured. Their responsibilities include:

- **Assessment, diagnosis and monitoring** of health problems
- **Discussing** treatment and care options with patients
- **Prescribing** medication

Describe the difference between a nurse and a consultant



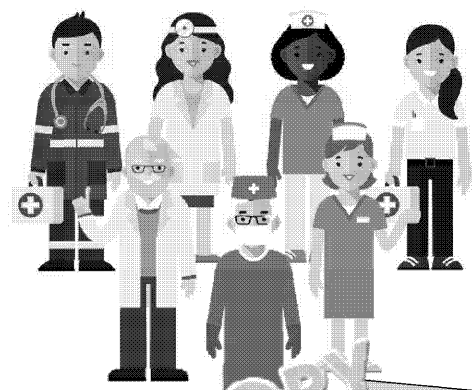
Preventative care aims to prevent the development of a chronic disease.



NURSES

Nurses provide **clinical support** who people that are ill or injured. They also carry out **medical assessments** and carry out **medical procedures**. They also work on **health promotion** or **prevention** programmes, such as **immunisation**. There are many different types of nurses. Fill in the gaps in the table to describe some of the different types of nurses.

Adult	Paediatric	Neonatal	Health visitors	Mental health
Work with people in a range of settings, e.g. the community and hospital wards.		Work with newborn and premature babies.		



MIDWIVES

Midwives support women through **pregnancy**, **childbirth** and **postnatal** care. They ensure **safe delivery** of the baby and **safe delivery** of the placenta. They also provide **based in a range of settings**, and **pose a high risk** of complications for the unborn child or the **emotional** well-being of a woman.

CARE MANAGERS

Care managers oversee the **running** of **residential care** services, such as supported housing or care homes. They provide **supervision** for the staff team (e.g. care assistants), and ensure that the **policies** and **procedures** of the organisation are being followed.



CARE ASSISTANTS

Care assistants provide care that meets the needs of **individuals** and **groups**. The tasks involved in a care assistant's role are **various**, and depend on the needs of the **individuals** they are caring for. List **four** tasks that health care assistants are likely to perform.

- 1.
- 2.
- 3.
- 4.



Personal care – broad term usually referring to personal hygiene, dressing and toileting assistance



SOCIAL WORKERS

Social workers are often employed by the **local authority**, the **NHS**, and **voluntary sector** organisations. Their key role is to **safeguard** vulnerable groups from **harm**. Social workers also help to promote **social inclusion**, help people to live independently, and arrange appropriate support in order for people to do so.

List three groups that social workers are likely to work with.

- 1.
- 2.
- 3.



Local authority – government organisation that covers a particular area

Social inclusion – being able to participate in society, and being valued as a member of society

Social development – learning needed to help other people appropriate

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THE RESPONSIBILITIES OF PEOPLE WORKING IN HEALTH AND SOCIAL CARE

Workers in health and social care have a wide range of duties they are likely to undertake, in order to provide high-quality care.

Examples:

POLICIES AND PROCEDURES

Outline the difference between policies and procedures and give examples of each in the box above.

- **Policies:**
- **Procedures:**

It's crucial that health and social care workers follow the outlined policies and procedures of their organisation, as these are put in place to **protect** service users and ensure care is provided to the highest standard.

Identify three examples of:

- Mobility aids
- Appliances
- Specialised

HEALING AND SUPPORTING RECOVERY

Depending on the person's needs and circumstances), the type of recovery will vary. Describe 'lifestyle change support' and 'talking therapies' in the table below.

Medication	Surgery	Radiotherapy	Organ Transplant	Lifestyle Change Support	Talking Therapies
Drugs prescribed by a qualified professional to treat a condition.	A medical procedure that involves removing/altering body parts.		Replacing a damaged or missing organ.		

Recovery – Define 'recovery' and 'rehabilitation'.

ENABLING REHABILITATION

Supporting someone's rehabilitation involves helping someone to get back to living a **normal life** following illness, injury, or the receipt of a medical procedure. Rehabilitation may involve support with **regaining mobility and/or independence**, and ensuring that daily living tasks can be done. Rehabilitation should take a **holistic** approach, and may also involve the provision of **psychotherapy** and/or **complementary therapies**, depending on need.

SPECIALIST AGENCIES

These can support individuals in specific areas. Examples include AgeUK (older adults) and Mind (people with mental health needs).

SUPPORTING ROUTINES

Many service users have a **holistic** range of **needs**, rather than just one thing they need support with. When working with someone, you need to consider all of these – what are their needs relating to family life and leisure? What about their educational and employment needs?

Addressing all these needs is really important, especially when they often impact upon one another. To know service users and their circumstances well will help you to provide **better-quality care**, and help people to live a more **fulfilling** life.

Holistic approaches to care consider all aspects of the person and their circumstances

Washing – Consider service user preferences – do they prefer a bath or a shower? Are there any cultural needs which should be taken into account? For example, many Muslims and Hindus prefer to use running water. You may also need to use specialised equipment or adaptative aids (e.g. walk-in showers).

Toileting may involve the use of specialist equipment (e.g. bedpans or commodes for bedbound service users) or commodes (a specialised chair for toileting used for people with disabilities or mobility issues).

PERSONAL CARE

Personal care means the provision of support to undertake **intimate hygiene** tasks or to give assistance with **feeding**. This can often be challenging for people with disabilities or an illness; for instance, due to mobility problems or learning disabilities.

Explain how care staff can provide personal care in a way that promotes **respect for the individual**.

Feeding should be enjoyable and socially engaging. Consideration needs to be given to safety (e.g. choking risk – cutlery up), and whether specialist equipment (e.g. adapted cutlery) is needed. Be aware of potential dietary requirements, e.g. allergies or cultural requirements.

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APPLYING CARE VALUES AND PRINCIPLES IN HEALTH AND SOCIAL CARE

PROMOTING ANTI-DISCRIMINATORY PRACTICE

Services need to accommodate the needs of people regardless of their background.

Policies relating to anti-discriminatory practice are based on key pieces of legislation:

Equality Act 2010	Human Rights Act 1998
Makes it illegal to discriminate against people based on protected characteristics. What are the nine protected characteristics under the Equality Act 2010?	A law that states that people must be treated fairly and with dignity. It protects a set of basic freedoms and rights that all people are considered to have, including freedom from degrading treatment, access to education, and respect for family life.

Prejudice – negative beliefs held about a group of people



What is meant by the phrase 'anti-discriminatory practice'?

Identify five rights that the Human Rights Act provides individuals.

Adaptations should be made to health and social care services to ensure they are inclusive. For example:

- For physical **disabilities** / mobility impairment → the provision of stairlifts; wheelchair ramps
- For **sensory** impairment → provision of materials in alternative formats; BSL interpreters
- **Cultural** needs → ensure prayer times are adhered to; provide food which meets dietary requirements; offer activities to celebrate relevant holidays and festivals.



BSL – British Sign Language; a communication system based on gestures



EMPOWERMENT

List two ways that service users could be supported to express their preferences and needs.

- 1.
- 2.

Promoting **individualised** care that puts the person at the centre of care planning.

Handling **conflict** appropriately.

Conflict and **challenging behaviour** can arise in various settings, including GP services, hospital wards, care homes (for the elderly and young people), and in service users' own homes. If you visit people in their own homes, **lone worker** policies must be followed to reduce risk to yourself (e.g. the use of buddy systems, summoning help, remaining aware of exits).

Challenging behaviour – behaviour that puts others or someone themselves at risk

Providing support that is consistent with individual preferences.

Supporting service users to express their preferences and needs.

Promoting and supporting service user **rights, choices, and well-being.**

Advocate – someone who speaks on behalf of another person to promote their rights

There are core principles and values that should be followed in health and social care.

ENSURING SAFETY

The Health and Safety at Work Act 1974 outlines the responsibilities of employers and employees for their own safety. Outline the responsibilities of employers.

EMPLOYERS' RESPONSIBILITIES

RISK ASSESSMENTS

Involve the identification of hazards and putting controls in place to reduce the risk. These should be kept up-to-date, and reviewed regularly. A risk assessment should include the following:

- 1.
- 2.
- 3.
- 4.
- 5.

Fill in the boxes to illustrate the steps in a risk assessment.

Risks are identified by...

Steps in the risk assessment process include...

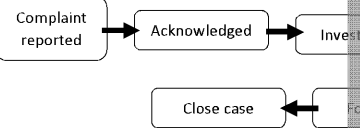
SAFEGUARDING

All organisations will have a policy in place that outlines what should be done if abuse occurs. An organisation's safeguarding procedure may follow the following steps:



COMPLAINTS PROCEDURES

All care organisations are required to have procedures in place so that services can be improved with feedback. A complaint should be investigated, with feedback given to the person making the complaint.



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APPLYING CARE VALUES AND PRINCIPLES IN HEALTH AND

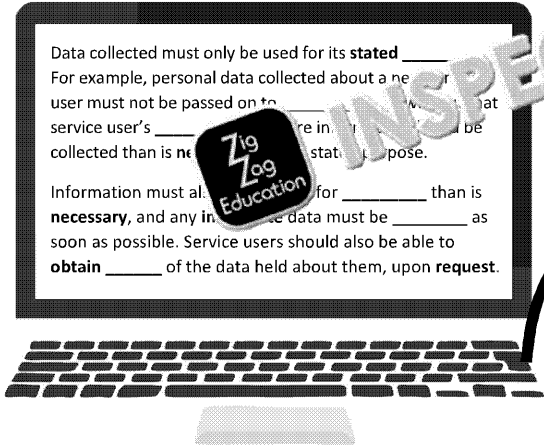
INFORMATION MANAGEMENT AND COMMUNICATION

Explain information management issues relating to social media, mobile phones and photographs.

DATA PROTECTION LEGISLATION

Data protection legislation (e.g. the Data Protection Act) outlines how personal information can and cannot be used.

Fill in the blanks to explain the key principles of the Data Protection Act.



RECORDING, STORAGE AND ACCESS OF DATA



Electronic methods
Password protection should be used on files, with only **authorised** persons knowing the password. The screen should be locked when no longer in use, and an appropriate filing system should be used to keep records organised.

Written records

These should be stored in a **locked** cabinet or office, which only **authorised** persons can access. If handwritten, this must be kept in a safe.

Social media



Photographs

Mobile phones



MAINTAINING CONFIDENTIALITY AND RESPECTING RIGHTS OF SERVICE USER

Service users have a **right** to confidentiality. This means that information should only be shared on a need-to-know basis, and care must be taken to ensure that unauthorised persons do not access this information (e.g. by avoiding speaking about service users in a public place). Documents should have **identifying** details removed where possible (e.g. substitute name for initials), and any information about service users must be shared with their **consent**. Where service users request confidentiality (e.g. to not hold information from family members), this should be respected.

LEGAL DISCLOSURE

Describe one circumstance in which legal disclosure may be required, without service user consent.



DVLA – a government department stands for Driver and Vehicle Licensing Agency

ADHERING TO LEGAL AND WORKPLACE REQUIREMENTS

Staff are not only accountable to the law, but also to the standards and policies set by their workplace.

Legal requirements	Workplace requirements
<p>The Data Protection Act (described above), which was updated in 2018. This was updated so that UK law works alongside a European Union privacy law called 'General Data Processing Regulation' (GDPR). This law sets out what companies can (and can't) do with individuals' personal data.</p> <p>The Freedom of Information Act (2000) is also relevant to information management in health and social care. Under this law, individuals have the right to request information about services (e.g. the NHS).</p>	<p>All workplace policies and codes of practice around information management must meet these legal obligations. Employees have a responsibility to be aware of these policies, and must report suspected breaches of these policies.</p> <p>Workplaces should also set policies relating to confidentiality, which are specific to that particular setting. For instance, services without a lockable office would need to make alternative arrangements for conducting handovers in a way that would not be overheard by service users.</p> <p>Handover – passing on crucial information about the service (e.g. from day staff to night staff)</p>

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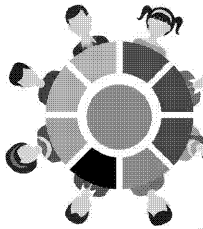
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MULTIDISCIPLINARY WORKING

This means that professionals should work together as a team, ensuring that each person's responsibilities are clearly outlined. This is especially important if professionals from many different agencies are working with the person, as it ensures that essential actions are neither **duplicated** nor **missed**. For instance, taking a joined-up approach makes it more likely that any **key signs** of abuse would be spotted. Joined-up working also ensures the approach given to care is **consistent**.

Explain how taking a holistic approach is a key aspect of partnership working.



JOINED-UP WORKING

HOLISTIC APPROACH

Intellectual needs refer to people's desire to learn and/or build their skills

PARTNERSHIP WORKING

It's crucial for services to work together and collaborate. Here are some key elements which underlie effective partnership working.

SERVICE USERS

CARERS

ADVOCATES

Involving service users in the way their care is provided is a key part of joined-up working. Why is taking a person-centred approach important?



Where possible, **carers** should also be involved in the provision of care. This is because they are likely to know the service user well, and may be able to aid with **communication/interpretation** of service user preferences. They are able to **reinforce** and **encourage** efforts made by service users and social care professionals when managing the service user's condition outside of a service context.

Carer – someone who provides health and well-being support to a friend or relative

Describe the role of a...



MONITORING H

To ensure that health and social care feedback through various routes. This h

LINE MANAGE

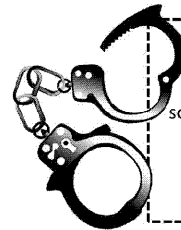
Your **line manager** is the person your immediate **supervisor** at work. Your line manager at a residential home will give you direct **guidance** on your performance, so you can follow their instructions and **report** any issues you have to them. Your line manager is the first person at work to address any issues related to your performance (e.g. to give a warning), but should also support you to **grow and develop** your skills.

SERVICE USER FEEDBACK

Service users' **opinions** on the care they receive is a crucial way of monitoring the work of health and social care professionals. Service users are **experts by experience**, and thus are the best people to tell you what's working well about a service, and what could be improved.

List four ways that service user feedback can be obtained.

- 1.
- 2.
- 3.
- 4.



In some cases, social care professionals may be involved in supporting users of services who are perpetrators of crime.

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THE ROLES OF ORGANISATIONS IN PROVIDING HEALTH

SERVICE PROVIDERS There are several main ways that services are funded and provided.

1

PUBLIC SECTOR

Public sector providers are those that are funded by the **government**. For example, the **National Health Service (NHS)** is funded by **taxes**, **National Insurance contributions**, and by patient charges (to a small degree). This means that many services are free to most patients, with a few exceptions (e.g. dentistry services and prescriptions involve a small charge). Look at the table below for more details on public sector services.

Define primary, secondary and tertiary care, and give an example of each.

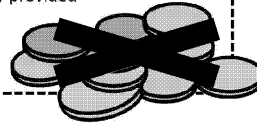
- **Primary healthcare:**
- **Secondary healthcare:**
- **Tertiary healthcare:**



2

VOLUNTARY SECTOR

This is also known as the **charity** or **voluntary** sector, as organisations in this sector are funded by donations and/or the government. These organisations often focus on the needs of a **particular** group, such as those suffering from a specific health condition. Voluntary sector organisations can be very large and nationally provided (e.g. Age UK, NSPCC) or much smaller, locally focused, and entirely **volunteer-led**.



Describe 'hospice' and 'domiciliary care'.

NHS
Foundation
Trusts

What is a 'foundation trust', and how does it work?



Governors – elected members of the community who represent the public interest

District nursing – nursing provision in the community, particularly for the elderly

Local authority – a branch of government which oversees a defined local area

HOSPITALS

Hospitals provide services which meet health needs that cannot be handled in primary care. They offer both **inpatient** and **outpatient** services, **emergency** care, and **specialist** services.

Examples of departments include:

- **Gynaecology:** women's reproductive health services
- **Oncology:** management and treatment of cancer
- **Acute medical units:** inpatients admitted due to emergency

NHS

Adult social
care

This provides social care services to people over **18 years old** who have **additional needs** – for example, those with mental health problems, learning disabilities, or people that have become vulnerable due to old age. Social care services are often funded by the **local authority**.

Explain how adult social care services can support individuals.



Children's
services

These are also the responsibility of the local authority, who must act to protect **vulnerable children** and young people from **neglect** and **abuse**. They also provide support for **children's carers**.

Give four examples of public services for children's services.

- 1.
- 2.
- 3.
- 4.



GP practices

These are the **first access point** to health services. GPs have a wide-ranging knowledge of **common** conditions, and how to treat/prevent them. If necessary, they will **refer** patients on to more **specialised** services.

GP practices are funded by the NHS, but can be awarded additional funding if they demonstrate the provision of high-quality care and extra services (e.g. flu immunisations).

HOSPITALS

DAY CARE UNITS

Day services provide short-term, **non-residential** services for specific groups, tailored to their individual needs. For example, day services may be provided to people with dementia to give them opportunities to **socialise** and engage in **recreational activities**. Day services can, therefore, reduce **social isolation**, and can also help to teach daily living skills.

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ISSUES AFFECTING SERVICE ACCESS

It is not always easy for people to access health and social care services. There is usually a referral process involved, and people may encounter barriers during this process or when trying to access the service.

Primary care – the first access point to health services; deals with common health needs

REFERRAL

Referral means the process involved in being directed to a service. What are the three types of referral?

- 1.
- 2.
- 3.



ELIGIBILITY

In order to receive support from the local authority, they must meet the National Eligibility Criteria.

Outline two of the National Eligibility Criteria.

- 1.
- 2.

Many people are required to contribute towards their care costs, until they reach a minimum level of assets. After this, the council pays for social care.

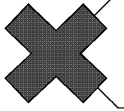
National Eligibility Criteria – guidelines which determine eligibility for local authority support

Local authority – a branch of government operating in a defined area

Stigma – shame attached to a particular phenomenon

Prejudice – negative beliefs held towards a group of people

SPECIFIC NEEDS

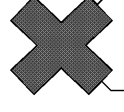


GEOGRAPHICAL

INDIVIDUAL PREFERENCES

While someone may be eligible for a particular service, they may not find this service in line with their preferences. For example, they may prefer to see a health professional of the same gender, or come to appointments at a different time.

SOCIAL

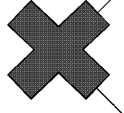


People's other responsibilities (for example, childcare, or caring for others) may make engagement with services impossible.

FINANCIAL



CULTURAL



Service users' cultural needs can affect service access. For instance, appointments may not be attended if they clash with cultural or religious festivals.

BARRIERS

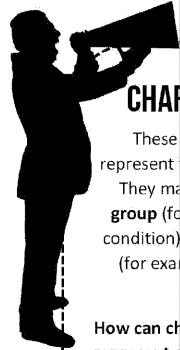
Not all service users will find it easy to access services. They may face numerous obstacles when attempting to visit them, which can have a detrimental impact on their health.

Describe how 'specific needs' and 'geography' can act as barriers to service access.

Social worker – a professional who assesses people who are vulnerable and/or children protected from harm

Occupational therapists help people overcome barriers to daily living

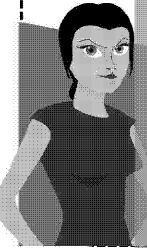
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8 THE ROLES OF ORGANISATIONS THAT REGULATE HEALTH AND

LEARNING OUTCOME B

All health and social care services are subject to regulation and inspection, with each country in the UK bodies. Regulation and inspection ensure that services are providing safe and effective care that

NORTHERN IRELAND

	What do they do?
RQIA Regulation and Quality Improvement Authority	Similar to the CQC, the RQIA inspects health and care services (both statutory and independent), to ensure they are meeting minimum care standards . Services monitored include: children's homes; boarding schools; nursing agencies; domiciliary care agencies; hospitals.
PHA Public Health Agency for Northern Ireland	A publicly funded, multidisciplinary body that has the overall goal of improving public health. It aims to reduce health inequalities and tackle causes of preventable health, by publishing health advice, undertaking research, and evaluating services.
ETI Education and Training Inspectorate	Explain the role of the Education and Training Inspectorate.

Statutory services are government-funded

Independent services – also known as private sector; for-profit

Health inequality – when certain groups suffer poorer health outcomes than others

Fill in the gaps to describe responses to regulation and inspection.

HOW REG
Explain how

WALES

	What do they do?
CSSIW Care and Social Services Inspectorate Wales	Explain the role of the Care and Social Service Inspectorate in Wales.
HIW Healthcare Inspectorate Wales	An independent body that inspects the provision of health care to check that it is safe and effective . It checks NHS and private services, and asks patients for their experiences . Its reports are published online.

Give at least three examples of services inspected by the Care Quality Commission and three examples of services inspected by Ofsted in England.

ENGLAND

	CQC Care Quality Commission	Ofsted
What are they?	An independent body that ensures health and social care services provide high-quality, safe and compassionate care. It publishes its findings and service ratings online. Service providers are required to register with it.	An independent body that inspects educational and children's services. As with CQC, it publishes inspection results online. Its work helps to keep children safe , and ensures high-quality teaching is provided which supports positive development .
Which services?	All providers of adult health and social care , e.g.	All providers of educational services, e.g.
Inspection results?	For both CQC and Ofsted, possible ratings include: Outstanding, Good, Requires Improvement, and Inadequate	

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THE ROLES OF ORGANISATIONS THAT REGULATE HEALTH AND SOCIAL CARE

Those working in health and social care services must follow the guidelines which are set out by the relevant organisations set codes of conduct, and often require the relevant professionals to be registered with them.

Be aware that you do not need to know all of these organisations – you should study the ones relevant to EITHER England, Wales, OR Northern Ireland. Be aware that all English organisations also operate in Wales and Northern Ireland.

NORTHERN IRELAND

In addition to the services which govern professions in England, there is an organisation that regulates **social care** professionals in Northern Ireland. The **Northern Ireland Social Care Council (NISCC)** ensures that **high-quality** social care is provided.

It does this by **registering** all social care workers, including:

- Social workers
- Care managers
- Care workers
- Probation officers

THE NISCC also publishes codes of **conduct** and **practice** for social care professionals to follow.

RESPONSIBILITIES OF NISCC

Identify three responsibilities of the NISCC.

- 1.
- 2.
- 3.

CPD – undertaking additional training to build knowledge and skills

WALES

In addition to the services which govern professions in England, **Social Care Wales** (formerly Care Council for Wales) regulates workers in **social care** services (for both **children** and **adults**) in Wales.

List four examples of professionals regulated by Social Care Wales.

- 1.
- 2.
- 3.
- 4.

To be registered, you need to show evidence that you have the appropriate **qualifications**, demonstrate that you can follow the **code of practice**, and demonstrate that you are **competent** at the skills required for your role.

ENGLAND

Describe the role of the NMC and the GMC.

What do they do?

NMC Nursing and Midwifery Council	
HCPC Health and Care Professions Council	The HCPC aims to protect the public by promoting good care practice professions (16 in total), including paramedics, art therapists and other professions. It also investigates complaints into professional conduct or poor care practice.
GMC General Medical Council	

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All these organisations also operate in Wales and Northern Ireland

RESPONSIBILITIES OF ORGANISATIONS TOWARDS

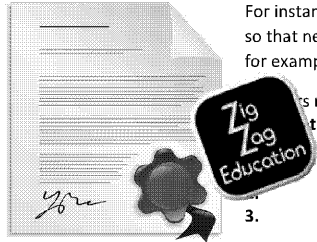
Health and social care service providers have many obligations towards their employees and ensure they are equipped with the right skills and knowledge to

IMPLEMENTING CODES OF PRACTICE

Employers have a responsibility to ensure that employees understand how to **implement** the **practice** of an organisation.

For instance: has the organisation provided the right training and supervision so that necessary care tasks are completed? Is specialist training needed; for example, for PEG feeding or the use of hoists?

Some health and social care industry may be required to complete the **Care Certificate** before starting work for an employer. It covers 15 **minimum standards** of care. Here are some examples of the minimum standards covered by the Care Certificate.



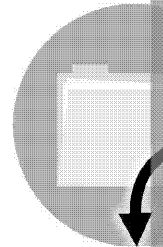
PEG feeding – using a tube which enters the stomach via the abdomen wall, in order to provide food

Diversity – valuing the unique contributions to society of people from different backgrounds

RESPONSIBILITIES OF ORGANISATIONS

SAFEGUARDING

Employers also have a duty to **safeguard** their employees – this means ensuring they can protect their employees from harm.



WHISTLEBLOWING

Whistleblowing is reporting about **poor practice** or **misconduct** by service users or staff. It is in the **public interest** (for example, health and safety), then the employee has a duty to report for their employer and the complainant.

Public interest – a matter relevant to the general public's safety or well-being

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Undertaking CPD is a **requirement** in order to stay **registered** with the body that regulates your profession. For example, nurses must demonstrate evidence of CPD to **renew** their registration with the Nursing and Midwifery Council.

CPD can involve receiving **training** on new skills, and gaining **knowledge** of the **up-to-date** approaches to care. It is the responsibility of employers to provide the high quality care in the health and social care service.



Employers have a **responsibility** to **provide** relevant CPD **opportunities** for their staff, as well as ensuring that staff are **allocated time** to engage in CPD.



NATIONAL OCCUPATIONAL STANDARDS (NOS)

Describe the National Occupational Standards (NOS) for your profession.

Job descriptions – written documents outlining the key aspects of a job role



FOLLOWING PROFESSIONAL GUIDANCE

Regulatory bodies provide **professional guidance** for professionals. Give your staff access to this guidance.

1. Provide access to professional guidance.
2. Ensure staff understand and follow professional guidance.

Employees are required to follow professional guidance and ensure they understand it.

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PEOPLE WITH SPECIFIC NEEDS

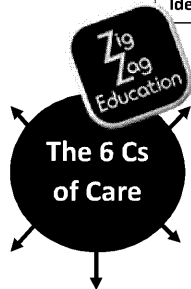
Each service user a professional works with will have an individual set of needs that will affect the way they interact with others. These needs should be provided to them. Think about some details about the needs of different service users.



WORKING PRACTICES FOR SPECIFIC NEEDS

The working practices of health and social care staff will be adapted to work effectively with people who have specific needs. However, there is still a core set of standards and principles that guide the delivery of high-quality care.

The 6Cs were introduced following a three-year NHS strategy called 'Compassion in Practice'. This strategy ended in 2016, but the values are now incorporated into the Care Certificate.



Fill in the blanks about learning disabilities.

Ill health	Learning disabilities	Physical and sensory
<p>Service users may have specific needs relating to their physical or mental health, and may have multiple health issues that impact upon each other. For example, someone with a chronic physical health condition (e.g. bronchitis) may also suffer from depression due to the impact of the physical condition.</p> <p>Professionals need to take a multidisciplinary approach. This will help to ensure that all of a person's needs are met. Service users' needs should also be considered holistically – what are the intellectual, emotional and social needs of the person?</p> <p>It's thought that one in four people will experience a mental health problem during their life. However, mental health problems are often hard to diagnose and can be stigmatised, meaning that people often do not get the help they need. List two common indicators of mental health problems.</p> <ol style="list-style-type: none"> 1. 2. 	<p>According to the charity Mencap, learning disabilities are defined as a _____, which is not enough for someone's _____.</p> <p>_____ everyday activities are likely to be more difficult, and someone may be unable to live independently. As learning disabilities often affect someone's _____ skills, getting to know the person's preferred strategies is important.</p> <p>People with learning disabilities may also be more likely to experience other problems, such as _____.</p> <p>Everyone with a learning disability is affected differently, meaning an _____ approach to support is crucial. Recently, approaches to working with people who have learning disabilities have focused more on social inclusion and community-based care, as well as involvement in training and/or employment.</p> <p>Note that learning disabilities and _____ are often considered to be distinct. Learning difficulties include specific problems with skills such as reading (_____), but do not affect someone's intellect generally.</p>	<p>Physical disabilities affect some people's structure and movement of their body. They can be affected to various degrees – from being entirely unable to move, or moving only small parts of their body in particular ways.</p> <p>Sensory disability usually refers to people who have significantly impaired hearing or vision.</p> <p>If the right kind of support is provided, people with physical and/or sensory disabilities can function well in the community and safely at home. For example, a wheelchair can be adapted (e.g. sign language). Adaptations may also be made in the home, such as walk-in baths or grab rails.</p> <p>A 'disabling environment' is one where the surrounding circumstances have not adapted sufficiently to take into account the needs of disabled people. This can be a barrier to participation in the community and accessing services.</p>

Social inclusion – being able to participate in the wider community

Braille – a reading system for visually impaired people consisting of raised dots

POLICIES AND PROCEDURES

Each health and social care organisation has a set of policies and procedures. These are based on the general principles of the Care Certificate and specific guidelines for different services to act in given scenarios.

Explain how policies and procedures can help care professionals working with people who have specific needs.

Effective **training** and **supervision** can help to ensure these policies and procedures are being followed.

Epilepsy – a neurological condition caused by uncontrolled electrical activity

REGULATIONS

Those working with people with specific needs will have their work monitored and regulated. Regulatory bodies ensure that the care provided is of an adequate standard.

What are the possible consequences of a service failing to adhere to regulations?

When the effect on meeting the needs of service users is not met, it can lead to a breach of the regulations.

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ROLES OF PEOPLE WORKING IN HEALTH CARE

There is a wide range of roles available in the health and social care sector. They often work closely together, especially with users who have multiple, interacting needs. Each job plays an essential role in promoting health and well-being for people.

DOCTORS

A doctor is a person who has received the necessary training and qualifications to use medical approaches to diagnose and treat people who are ill or injured.

Identify three responsibilities of doctors

- 1.
- 2.
- 3.

There are many different types of doctor. Fill in the blanks to describe some of the different types of doctor.

1. **General practitioners** (GPs) are responsible for the care of a wide range of people in a community or hospital setting.

2. **Consultants**: These are senior doctors, usually based in a hospital, with *specialism or expertise in a particular field*.

Consultants often go by a specific title, such as:

- *Psychiatrist* – specialises in mental health
- *Dermatologist* – specialises in skin conditions
- *Endocrinologist* – specialises in hormones and metabolism
- *Gynaecologist* – specialises in women's health and reproductive systems

Preventative care aims to prevent the development of chronic disease.

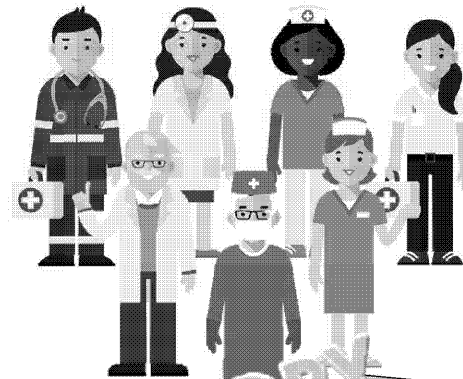


NURSES

Nurses provide **clinical support** to people that are ill or injured. They carry out medical assessments and carry out medical procedures. They also work on health promotion or prevention programmes, such as smoking cessation programmes.

Fill in the blanks to describe some of the different nursing roles.

Adult	Paediatric	Neonatal	Health visitors	Mental health
Work with people in a range of settings, e.g. the community and hospital wards.		Work with newborn and premature babies.	Provide family support during a child's early years, and review child development.	



MIDWIVES

Midwives support women through pregnancy, labour, and postnatal care. They ensure safe delivery and provide emotional support based in community settings, and can also provide care in hospital settings, and can also provide care in hospital settings, and can also provide care in hospital settings.

CARE MANAGERS

Care managers oversee the **running** of residential care services, such as supported housing or care homes. They provide **supervision** for the staff team (e.g. care assistants), and ensure that the **policies** and **procedures** of the organisation are being followed.



CARE ASSISTANTS

Care assistants provide care that meets the needs of individuals and groups. The tasks involved in a care assistant role vary, and depend on the needs of the individual or group. List two tasks that health care assistants are likely to perform.

- 1.
- 2.



Personal care – broad term usually referring to personal hygiene, dressing and toileting assistance

SOCIAL WORKERS

Social workers are often employed by the **local authority**, the **NHS**, and **voluntary sector** organisations. Their key role is to **safeguard** vulnerable groups from **harm**. Social workers also help to promote **social inclusion**, help people to live independently, and arrange appropriate support in order for people to do so.

Define social inclusion.

Social workers may work with groups of **vulnerable adults** (for example, in mental health, learning disability, or some elderly people) or in **children's services**. Social workers who work with children may help to arrange placements for children when their own home becomes too risky, or work with families to ensure that children are safe and their needs are being met.



Local authority – government organisation that covers a particular area

Social inclusion –

Social de – learning needed to other people appropriate

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THE RESPONSIBILITIES OF PEOPLE WORKING IN HEALTH AND SOCIAL CARE

Workers in health and social care have a wide range of duties they are likely to undertake, in order to provide high-quality care.

Examples: *Health and Safety policy, Lone Working policy, Equality and Diversity policy*

POLICIES AND PROCEDURES

Identify which of the descriptions describes policies and which describes procedures.

Policies: Usually contain an outline of the **values** and **principles** of the organisation, and an overview of organisational procedures that staff must follow with regard to particular issues.

Procedures: Detailed **instructions** for the actions that workers must take in a given scenario, e.g. step-by-step guidance on how to raise **safeguarding** issues.

Explain why it is important that health and social care workers follow policies and procedures.

HEALING AND SUPPORTING RECOVERY

Depending on the person's (and their individual needs and circumstances), the type of support **recovery** will vary. See the table for some examples.

Recovery – returning to a previous state of health following illness or injury

Medication	Surgery	Radiotherapy	Organ Transplant	Lifestyle Change Support	Talking Therapies
Drugs prescribed by a qualified professional to treat a condition.	A medical procedure that involves removing/altering body parts.		Replacing a damaged or missing organ.	Support to develop a healthier lifestyle, e.g. stop smoking clinics.	

Describe 'radiotherapy' and 'talking therapies'.

Rehabilitation – returning to previous levels of functioning after illness or injury

ENABLING REHABILITATION

Supporting someone's rehabilitation involves helping someone to get back to living a **normal life** following illness, injury, or the receipt of a medical procedure. Rehabilitation may involve support with regaining **mobility** and/or **independence**, and ensuring that daily living tasks can be done. Rehabilitation should take a **holistic** approach, and may also involve the provision of **psychotherapy** and/or **complementary therapies**, depending on need.

Complementary therapy – alternative approaches to treatment, e.g. aromatherapy

SPECIALIST AGENCIES

These can support individuals in specific areas. Examples include AgeUK (older adults) and Mind (people with mental health needs).

SUPPORTING ROUTINES

Many service users have a **holistic** range of **needs**, rather than just one thing they need support with. When working with someone, you need to consider all of these – what are their needs relating to family life and leisure? What about their educational and employment needs?

Addressing all these needs is really important, especially when they often impact upon one another. It is important to know service users and their circumstances well will help you to provide **better-quality care**, and help people to live a more **fulfilling** life.

Holistic approaches to care consider all aspects of the person and their circumstances

Washing – Consider service user preferences – do they prefer a bath or a shower? Are there any cultural needs which should be taken into account?

Toileting may involve the use of specialist equipment (such as bedpans or commodes) or between service users) and also need to use specialised chairs for toileting used for people with disabilities or mobility issues.

PERSONAL CARE

Personal care means the provision of support to undertake **intimate hygiene** tasks or to give assistance with **feeding**. This can often be challenging for people with disabilities or an illness; for instance, due to mobility problems or learning disabilities.

Maintaining personal hygiene is a key part of promoting **dignity** and **self-esteem**, as well as reducing the **risk of illness**. Due to its intimate nature, personal care should be carried out with the highest levels of **respect** and **professionalism**.

Close attention should be paid to following service users' preferred routines, and efforts should be made to increase service users' **independence** in carrying out personal hygiene tasks.

Feeding should be enjoyable and so **two** **considerate** **care staff** should be present when assisting a user with feeding.

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APPLYING CARE VALUES AND PRINCIPLES IN HEALTH AND SOCIAL CARE

PROMOTING ANTI-DISCRIMINATORY PRACTICE

Services need to accommodate the needs of people regardless of their background.

Policies relating to anti-discriminatory practice are based on key pieces of legislation:

Equality Act 2010	Human Rights Act 1998
Makes it illegal to discriminate against people based on protected characteristics . List five protected characteristics under the Equality Act 2010.	A law that states that people must be treated fairly and with dignity. It protects a set of basic freedoms and rights that all people are considered to have, including freedom from degrading treatment, access to justice, the right to life, and respect for private and family life.

Prejudice – negative beliefs held about a group of people

Identify three rights that the Human Rights Act provides



Promoting anti-discriminatory practice involves ensuring there are **equal opportunities** for all, and that **prejudice** is actively challenged (even when it is unintentional). As a health and social care worker, it's also necessary to examine your own prejudices and make active attempts to educate yourself about other groups and their experiences.

Adaptations should be made to health and social care services to ensure they are inclusive. For example:

- For physical **disabilities** / mobility impairment → the provision of stairlifts; wheelchair ramps
- What adaptations can make services more inclusive for people with sensory impairment?**
- Cultural** needs → ensure prayer times are adhered to; provide food which meets dietary requirements; offer activities to celebrate relevant holidays and festivals.



EMPOWERMENT

Promoting **individualised** care that puts the person at the centre of care planning.

Supporting service users to **express** their _____ and needs, e.g. by using translators/ interpreters, **advocates**, family/friends.

Handling **conflict** appropriately. Conflict and _____

behaviour can arise in various settings, including GP services, hospital wards, care homes (for the elderly and young people), and in service users' own homes. If you visit people in their own homes, **lone worker** policies must be followed to reduce risk to yourself (e.g. the use of buddy systems, summoning help, remaining aware of exits).

Providing support that is consistent with _____ from _____ and _____ preferences.

_____ from _____ and _____

Promoting and supporting service user _____ choices, and well-being.

_____ the promotion of individual rights with rights of others (e.g. staff and other service users). Other common **dilemmas** include balancing confidentiality against safety, and independence against safety.

Advocate – _____

Define an 'advocate', and complete the blanks.



Challenging behaviour – behaviour that puts others or someone themselves at risk

There are core principles and values that should be followed in health and social care.

ENSURING SAFETY

The **Health and Safety at Work Act 1974** outlines the responsibilities of employers to ensure their own safety. Key elements of work

EMPLOYERS' RESPONSIBILITIES

- _____
- _____

RISK ASSESSMENTS

Involve the identification of hazards and putting controls in place to **minimise** the risk. These should be kept up-to-date, and reviewed regularly. A risk assessment should include the following steps:

1. _____
2. Identify **who** is at risk
3. _____
4. _____
5. Review ways to limit risk

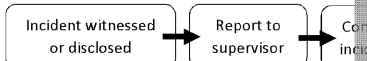
Complete the blanks

Risks identified by _____

Explain the process

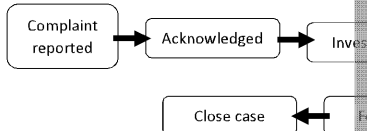
SAFEGUARDING

All organisations will have a policy in place that outlines what should be done if an incident of abuse occurs. An organisation's safeguarding procedure may follow the following steps:



COMPLAINTS PROCEDURES

All care organisations are required to have procedures in place so that services can be improved with feedback. A complaint should be investigated, with feedback given to the complainant.



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APPLYING CARE VALUES AND PRINCIPLES IN HEALTH AND

INFORMATION MANAGEMENT AND COMMUNICATION

DATA PROTECTION LEGISLATION

Data protection legislation (e.g. the Data Protection Act) outlines how personal information can and cannot be used. **Fill in the blanks to explain the key principles of the Data Protection Act.**

Data collected must only be used for its _____.

For example, personal data collected about a new service user must not be passed on to _____, so that service user's _____ information should be collected for the stated purpose.

Information must also be _____ and for _____ than is **necessary**, and any **inaccurate** data must be _____ as soon as possible. Service users should also be able to _____ of the data held about them, upon **request**.

Explain information management issues relating to social media and mobile phones.

RECORDING, STORAGE AND ACCESS OF DATA

Written records
These should be stored in a **locked** cabinet or office, which only **authorised** persons can access. If handwritten, this must be _____.

Electronic methods
Password protection should be used on files, with only **authorised** persons knowing the password. The screen should be locked when no longer in use, and an appropriate filing system should be used to keep records organised.

Social media
Photographs
Can only be taken with **consent** and must be stored **securely**. These should only be shared with **colleagues** and in **appropriate** places (e.g. official social media for an organisation).

Mobile phones
Can only be taken with **consent** and must be stored **securely**. These should only be shared with **colleagues** and in **appropriate** places (e.g. official social media for an organisation).

MAINTAINING CONFIDENTIALITY AND RESPECTING RIGHTS OF SERVICE USER

Service users have a **right** to confidentiality. This means that information should only be shared on a need-to-know basis, and care must be taken to ensure that unauthorised persons do not access this information (e.g. by avoiding speaking about service users in a public place). Documents should have **identifying** details removed where possible (e.g. substitute name for initials), and any information about service users must be shared with the person's **consent**. Where service users request confidentiality (e.g. to withhold information from family members), this should be respected.

LEGAL DISCLOSURE

However, there are some circumstances under which confidentiality can be broken. **Identify one circumstance in which legal disclosure may be required, without service user consent.**

DVLA – a government department stands for Driver and Vehicle Licensing Agency.

Efforts should be made to **inform** the service user that a disclosure has been made, and the **reasons** for doing so.

ADHERING TO LEGAL AND WORKPLACE REQUIREMENTS

Staff are not only accountable to the law, but also to the standards and policies set by their workplace.

Legal requirements	Workplace requirements
<p>The Data Protection Act (described above), which was updated in 2018. This was updated so that UK law works alongside a European Union privacy law called 'General Data Processing Regulation' (GDPR). This law sets out what companies can (and can't) do with individuals' personal data.</p> <p>The Freedom of Information Act (2000) is also relevant to information management in health and social care. Under this law, individuals have the right to request information about services (e.g. the NHS).</p>	<p>All workplace policies and codes of practice around information management must meet these legal obligations. Employees have a responsibility to be aware of these policies, and must report suspected breaches of confidentiality.</p> <p>However, there are also set circumstances relating to confidentiality, which are specific to that particular setting. For instance, services without a lockable office would need to make alternative arrangements for conducting handovers in a way that would not be overheard by service users.</p> <p>Handover – passing on crucial information about the service (e.g. from day staff to night staff)</p>

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MULTIDISCIPLINARY WORKING

What is meant by the term 'joined-up working' and what is its importance?



Joined-up working should be undertaken as part of a wider, **holistic** approach to care provision. Taking a holistic approach means to recognise the service user as a **whole person**, and not just their condition or most obvious health needs.

Care should look to improve all aspects of people's lives, such as their intellectual, social, emotional and financial needs.

Intellectual needs refer to people's desire to learn and/or build their skills

HOLISTIC APPROACH

PARTNERSHIP WORKING

It's crucial for services to work together and collaborate. Here are some key elements which underlie effective partnership working.

SERVICE USERS

Involving service users in the way their care is provided is a key part of joined-up working. Delivering care in a **person-centred** way helps to ensure that an individual's **needs, wishes and preferences** are respected. This also helps the service user to feel **empowered** and **respected**, as well as making care plans more **acceptable** (and, therefore, more likely to be followed).



ADVOCATES

Describe the role of an advocate by filling in the blanks.

An advocate is someone who acts on behalf of service users, to ensure their **rights** are respected and their **voice** is heard. This can be critical for service users, especially those who have _____ or those who have lower _____ in interacting with professionals. Involvement of advocates by taking a joined-up approach helps to ensure that service users' needs are recognised.



Carer – someone who provides health and well-being support to a friend or relative

CARERS

Where possible, **carers** should also be involved in the provision of care. This is because they are likely to know the service user well, and may be able to aid with **communication/interpretation** of service user preferences. They are able to **reinforce** and **encourage** efforts made by health and social care professionals when managing the service user's condition outside of a service context.

MONITORING H

To ensure that health and social care feedback through various routes. This h

LINE MANAGER

Your **line manager** is the person who is your immediate **supervisor** at work. Your line manager at a residential home will give you direct **guidance** on your performance, so you can follow their instructions and **report** any issues you have to them. Your line manager is the first person at work to address any issues related to your performance (e.g. to give a warning), but should also help you to **grow and develop** your skills.

SERVICE USER FEEDBACK

Service users' **opinions** on the care they receive is a crucial way of monitoring the work of health and social care professionals. Service users are **experts by experience**, and thus are the best people to tell you what's working well about a service, and what could be improved.

List three ways that service user feedback can be obtained.

- 1.
- 2.
- 3.



In some cases, if a service user does not lead to the involvement of...

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THE ROLES OF ORGANISATIONS IN PROVIDING HEALTH

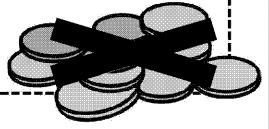
SERVICE PROVIDERS There are several main ways that services are funded and provided.

1 PUBLIC SECTOR
Public sector providers are those that are funded by the **government**. For example, the **National Health Service (NHS)** is funded by **taxes**, **National Insurance contributions**, and by patient charges (to a small degree). This means that many services are free to most patients, with a few exceptions (e.g. dentistry services and prescriptions involve a small charge). Look at the table below for more details on public sector services.

Define primary, secondary and tertiary care, and give an example of each.

- **Primary healthcare:**
- **Secondary healthcare:**
- **Tertiary healthcare:**

2 VOLUNTARY SECTOR
Describe what is meant by a voluntary sector.



NHS Foundation Trusts	A Foundation Trust is an independent organisation which manages a local hospital . This means it has the freedom to decide how to meet the needs of the local community (rather than being managed centrally). It also involves people from the local community as members and/or governors .
NHS	Some Foundation Trusts are specialised to provide mental health services. Some are specialist Community Health Trusts, which provide services including: district nursing ; health visitors; speech and language therapy; and community learning disability services.
Adult social care	This provides social care services to people over 18 years old who have additional needs – for example, those with mental health problems, learning disabilities, or people that have become vulnerable due to old age. Social care services are often funded by the local authority .
	Services may give support to people to help them live independently or safely within their own home, offer day centre services (for recreational activity / socialising), short-term or respite care , and may refer people to supported living or residential care .
Children's services	These are also the responsibility of the local authority to protect vulnerable children and young people . They also provide support to families.
	Give three examples of public sector services.
GP practices	These are the first point to health services. GPs have a wide-ranging knowledge of common conditions, and how to treat/prevent them. If necessary, they will refer patients on to more specialised services.
	GP practices are funded by the NHS, but can be awarded additional funding if they demonstrate the provision of high-quality care and extra services (e.g. flu immunisations).

Governors – elected members of the community who represent the public interest

District nursing – nursing provision in the community, particularly for the elderly

Define 'local authority'.
Local authority

HOSPITALS

Hospitals provide services which meet health needs that cannot be handled in primary care. They offer both **inpatient** and **outpatient** services, **emergency care**, and **specialist services**.

Give three examples of departments in hospitals.

- 1.
- 2.
- 3.

HOSPICE CARE

Hospices provide **palliative** care to people at the end-of-life stage. They help with **pain management**, and ensure that people are as **comfortable** as possible. Their services are **holistic**, and they offer both **emotional** and **spiritual** support. Support is also given to bereaved relatives.

DAY CARE UNITS

Day services provide short-term, **non-residential** services for specific groups, tailored to their individual needs. For example, day services may be provided to people with dementia to give them opportunities to **socialise** and engage in **recreational activities**. Day services can, therefore, reduce **social isolation**, and can also help to teach daily living skills.

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ISSUES AFFECTING SERVICE ACCESS

It is not always easy for people to access health and social care services. There is usually a referral process involved, and people may encounter barriers during this process or when trying to access the service.

Primary care – the first access point to health services; deals with common health needs

REFERRAL

Referral means the process involved in being directed to a service. There are several different kinds:

Identify the three types of referral.

- **Primary care**: you refer *yourself*, but not all services are accessible this way. Most **primary care services** are available this way.
- **Secondary care**: a referral by a **health professional** if you're already in contact with a health professional.
- **Tertiary care**: referral by a **specialist**, for example, a friend or family member.

ELIGIBILITY

In order to receive support from the **local authority**, they must meet the **National Eligibility Criteria**. Outline two of the National Eligibility Criteria.

Many people are required to **contribute** towards their care costs, until they reach a **minimum** level of assets. After this, the **council** pays for social care.

National Eligibility Criteria – guidelines which determine eligibility for local authority support

Local authority – a branch of government operating in a defined area

Stigma – shame attached to a particular phenomenon

Prejudice – negative beliefs held towards a group of people

SPECIFIC NEEDS

People with **specific needs** (for example: learning disabilities and/or mental health problems) may struggle to access services due to difficulties in **communicating** and **understanding** because of the fear of **stigma** and **prejudice**.

INDIVIDUAL PREFERENCES

While someone may be able to access a particular service, they may not find this service **acceptable** or in line with their **preferences**. For example, they may prefer to see a health professional of the same gender, or come to appointments at a different time.

FINANCIAL

People may not be able to access services if they cannot afford them. For example, they may not be able to pay for transport to appointments or for a private care home.

GEOGRAPHICAL

People may not be able to access services if they live in a **remote area** or if the service is **not available** in their area.

SOCIAL

People's other **responsibilities** (for example, childcare, or caring for others) may make engagement with services impossible.

CULTURAL

Service users' **cultural needs** can affect service access. For instance, appointments may not be attended if they clash with **cultural** or **religious** festivals.

BARRIERS

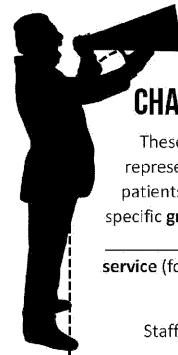
Not all service users will find it easy to access services. They may face numerous obstacles when attempting to visit them, which can have a detrimental impact on their health and well-being.

Describe how financial, geographical, social, cultural and individual preferences act as barriers to service access.

Social worker – a professional who assesses people who are vulnerable and/or children protected from harm

Occupational therapists help people overcome barriers to daily living

REPR



CHARI

These represent patients. They are specific groups of people who use a service (for example, people with a learning disability).

Staff from the service can help them through the process (for example, they can also guide them through the procedure relevant to their needs and have paid staff to help them).



Every health service has a policy in place to ensure that all service users are aware of their rights and what they can expect from the service.

Health and social care services are available to all service users who need it. Services are provided formally and informally.

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THE ROLES OF ORGANISATIONS THAT REGULATE HEALTH AND SOCIAL CARE SERVICES

All health and social care services are subject to regulation and inspection, with each country in the UK having its own regulatory bodies. Regulation and inspection ensure that services are providing safe and effective care that meets the needs of the people who use them.

Identify the three bodies that regulate health and social care services in Northern Ireland.



NORTHERN IRELAND

	What do they do?
	Similar to the CQC, the HSCRB (Health Service Regulation Board) inspects health and care services (both statutory and independent), to ensure they are meeting minimum care standards . Services monitored include: children's homes; boarding schools; nursing agencies; domiciliary care agencies; hospitals.
	A publicly funded, multidisciplinary body that has the overall goal of improving public health . It aims to reduce health inequalities and tackle causes of health inequality , by publishing health inequalities reports, undertaking research, and evaluating interventions.
	Inspection and regulation of educational services in Northern Ireland. It examines the quality of teaching and progress towards learning outcomes and development . Services inspected include: pre-school, primary schools and secondary schools; further education; and higher education.

Statutory services are government-funded

Independent services – also known as private sector; for-profit

Health inequality

Define 'health inequality'.

Fill in the blanks to describe responses to regulation and inspection.

Be aware of the role of the regulatory bodies in each country.

HOW REGULATION AND INSPECTION WORK

Health and social care services are inspected by a regulatory body, before they start. Each service is inspected at least once a year. Sometimes a service is inspected more than once a year.

List five sources of information that regulatory bodies use to inspect services.

1. Complaints from service users and their families

WALES

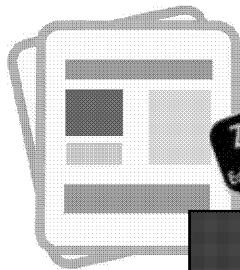
	What do they do?
CSSIW Care and Social Services Inspectorate Wales	Explain the role of the Care and Social Services Inspectorate Wales. Services it inspects include: care homes; children's homes; fostering/adoption agencies; day care centres; residential schools.
HIW Healthcare Inspectorate Wales	An independent body that inspects the provision of healthcare in Wales. It ensures that services are safe and effective . It inspects both NHS and private services, and asks patients for their experiences . Its reports are published online.

ENGLAND

	CQC Care Quality Commission	Ofsted
What are they?	An independent body that ensures health and social care services provide high-quality, safe and compassionate care. It publishes its findings and service ratings online. Service providers are required to register with it.	An independent body that inspects educational and children's services. As with CQC, it publishes inspection results online. Its work helps to keep children safe , and ensures high-quality teaching is provided which supports positive development .
Which services?		
Inspection results?	For both CQC and Ofsted, possible ratings include: Outstanding, Good, Requires Improvement, and Inadequate	

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THE ROLES OF ORGANISATIONS THAT REGULATE HEALTH AND SOCIAL CARE

Those working in health and social care services must follow the guidelines which are set out by the relevant organisations set codes of conduct, and often require the relevant professionals to be registered with them.

Be aware that you do not need to know all of these organisations – you should study the ones relevant to EITHER England, Wales, OR Northern Ireland. Be aware that all English organisations also operate in Wales and Northern Ireland.

Fill in the blanks to explain how regulation is carried out.

For all the organisations, the procedures in place have been received and approved. Many organisations are still in the process of obtaining their accreditation. Also, staff training is monitored by the relevant organisations. This ensures that the standards are maintained.

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NORTHERN IRELAND

In addition to the services which govern professions in England, there is an organisation that regulates **social care** professionals in Northern Ireland. The **Northern Ireland Social Care Council (NISCC)** ensures that **high-quality** social care is provided.

It does this by **registering** all social care workers, including:

- Social workers
- Care managers
- Care workers
- Probation officers

THE NISCC also publishes **codes of conduct** and **practice** for social care professionals to follow.

RESPONSIBILITIES OF NISCC

Identify two responsibilities of the NISCC.

- 1.
- 2.

Define 'CPD'.

CPD

WALES

In addition to the services which govern professions in England, **Social Care Wales** (formerly Care Council for Wales) regulates workers in **social care** services (for both **children and adults**) in Wales.

List four examples of professionals regulated by Social Care Wales.

- 1.
- 2.
- 3.
- 4.

To be registered, you need to show evidence that you have the appropriate **qualifications**, demonstrate that you can follow the **code of practice**, and demonstrate that you are **competent** at the skills required for your role.

All these organisations also operate in Wales and Northern Ireland.

Provide the full names of the three key organisations that regulate health and social care professions in England, Wales and Northern Ireland.

ENGLAND

	What do they do?
	Regulates the professional practice, training and registration of nurses (both mandatory and voluntary). In order to stay registered with the NMC, evidence of continuing professional development (CPD) is required. The NMC also publishes a formal code of conduct that must be followed by all registered professionals.
	The HCPC aims to protect the public by promoting good care practice. It regulates 16 professions (including paramedics, art therapists and podiatrists). Professionals are required to have HCPC registration. The HCPC also investigates complaints into professional conduct or poor care practice.
	The GMC is an independent organisation that manages the registration and training of doctors. It also sets standards of professional practice, and investigates and takes action against doctors (with the power to remove registration).

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RESPONSIBILITIES OF ORGANISATIONS TOWARDS

Health and social care service providers have many obligations towards their employees and ensure they are equipped with the right skills and knowledge to

IMPLEMENTING CODES OF PRACTICE

Employers have a responsibility to ensure that employees understand how to **implement** the **code of practice** of an organisation.

For instance: has the organisation provided the right training and supervision so that necessary care tasks can be completed? Specialist training needed; for example, for PEG feeding or for hoists?

Some care workers in the industry may be required to complete the **Care Certificate** before their employer. It covers 15 **minimum standards** of care. Examples of the minimum standards covered by the Care Certificate.



PEG feeding – using a tube which enters the stomach via the abdomen wall, in order to provide food

Diversity – valuing the unique contributions to society of people from different backgrounds

RESPONSIBILITIES OF ORGANISATIONS

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Undertaking CPD is a **requirement** in order to stay **registered** with the body that regulates your profession. For example, nurses must demonstrate evidence of CPD to **renew** their registration with the Nursing and Midwifery Council.

CPD can involve receiving **training** on new skills, and gaining **knowledge** of the **up-to-date** approaches to care. Employees provide the high quality care for the health and social care service.

Employers have a **responsibility** to **provide** relevant CPD **opportunities** for their staff, as well as ensuring that staff are **allocated time** to engage in CPD.



NATIONAL OCCUPATIONAL STANDARDS (NOS)

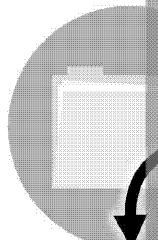
The NOS describe the skill **_____** that someone needs to perform the **_____** in **_____**. The **_____** profession is held on a large **_____** and can be used to create **job _____**. Meeting the NOS means that workers can attain the standards required for the **best professional _____**.

Job descriptions – written documents outlining the key aspects of a job role



SAFEGUARDING

Employers also have a duty to **protect** their employees – this means ensuring that they can protect their employees from harm.



WHISTLEBLOWING

Whistleblowing about **poor practice** by service users for the **reputation** of the organisation (for example, health), then the employee can be held responsible for their employment. The complainant should be protected.

Define 'public interest'.
Public interest

Describe the National Occupational Standards by filling in the blanks.

Fill in the professional

FOLLOWING PRO

Regulatory bodies set standards for professionals. For example, the Nursing and Midwifery Council sets expectations for the code of practice for nurses. However, **employers** must ensure that these expectations are made clear to their staff.

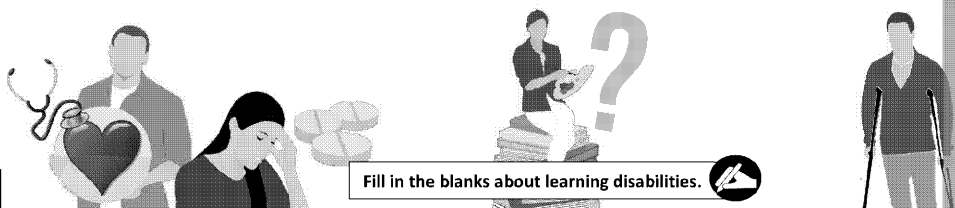
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PEOPLE WITH SPECIFIC NEEDS

Each service user a professional works with will have an individual set of needs that will affect the way they interact. These needs should be provided to them. The needs of some details about the different service user groups.



Fill in the blanks about learning disabilities.

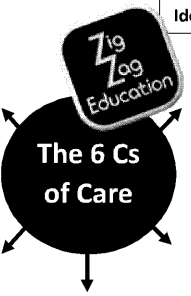
Ill health	Learning disabilities	Physical and sensory
<p>Service users may have specific needs relating to their physical or mental health, and may have multiple health issues that impact upon each other. For example, someone with a chronic physical health condition (e.g. bronchitis) may also suffer from depression due to the effect of the physical condition. Professionals should take multidisciplinary approaches which will help to ensure that all of a person's needs are met. Service users' needs should also be considered holistically – what are the intellectual, emotional and social needs of the person?</p> <p>It's thought that one in four people will experience a mental health problem during their life. However, mental health problems are often hard to diagnose and can be stigmatised, meaning that people often do not get the help they need. Professionals should be aware of some common indicators (e.g. fatigue, headaches, and unhealthy coping strategies).</p>	<p>According to the charity Mencap, learning disabilities are defined as a long-term condition that affects someone's ability to learn from experience throughout their life. People with learning disabilities are likely to be more vulnerable, and someone may be unable to live independently. As learning disabilities often affect someone's communication skills, getting to know the person's preferred strategies is important.</p> <p>People with learning disabilities may also be more likely to experience other problems, such as depression.</p> <p>Everyone with a learning disability is affected differently, meaning an individualised approach to support is crucial. Recently, approaches to working with people who have learning disabilities have focused more on social inclusion and community-based care, as well as involvement in training and/or employment.</p> <p>Note that learning disabilities and mental health problems are often considered to be distinct. Learning difficulties include specific problems with skills such as reading (difficulties), but do not affect someone's intellect generally.</p>	<p>Physical disabilities affect some people's ability and movement of their body. They can be affected to various degrees – from being partially unable to move, or completely unable to move, or unable to move only small parts of their body in particular ways.</p> <p>Sensory disability usually refers to people who have significantly impaired hearing or vision.</p> <p>If the right kind of support is provided, people with physical and/or sensory disabilities can function well in the community and live safely at home. For example, a person's home can be adapted (e.g. sign language, grab rails). Adaptations may also be made to the workplace, such as walk-in baths or grab rails.</p> <p>A 'disabling environment' is one where the surrounding circumstances have not been adapted sufficiently to take into account the needs of disabled people. This can be a barrier to participation in the community and accessing services.</p>
<p>Bronchitis – a chronic lung condition due to inflammation</p>	<p>Stigma – a prejudice or dislike towards someone with a particular condition</p>	<p>Social inclusion – being able to participate in the wider community</p>
<p>Define 'stigma'.</p>		

Braille – a reading system for visually impaired people consisting of raised dots.

WORKING PRACTICES FOR SPECIFIC NEEDS

The working practices of health and social care staff will be adapted to work effectively with people who have specific needs. However, there is still a core set of standards and principles that guide the delivery of high-quality care.

The 6Cs were introduced following a three-year NHS strategy called 'Compassion in Practice'. This strategy ended in 2016, but the values are now incorporated into the Care Certificate.



POLICIES AND PROCEDURES

Each health and social care organisation has a set of policies and procedures. These are developed in line with the general principles of the Care Certificate and specific guidelines for different areas of care. They provide a framework to act in given scenarios.

There are likely to be specific procedures in place that explain how to meet the specific needs of certain service user groups. For example, if a residential home provides support to people with **epilepsy**, there should be a procedure that outlines how to respond in the event of a seizure.

Effective **training** and **supervision** can help to ensure these policies and procedures are being followed.

Epilepsy – a neurological condition caused by uncontrolled electrical activity

REGULATIONS

Those working with people with specific needs will have their work **monitored** and **regulated**. Regulatory bodies ensure that the care provided is of an **adequate standard**.

What are the possible consequences of a service failing to adhere to regulations?

When the effect on meeting the needs of service users is not met, it can lead to a **regulatory breach**. This can result in an **unfortunate** catastrophic event. For example, in 2013, a care home was fined for failing to meet the requirements of the Care Certificate. The incident was caused by the care home not having had failed to influence the Care Certificate requirements.

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