



Case Studies with Activities

For BTEC Level 3 National in Health and Social Care

Unit 2: Working in Health and Social Care

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Teacher's Introduction

This workbook has been prepared to assist students and staff with the learning and teaching of the National in Health and Social Care. It comprises a collection of presentations by case studies, set in the fictional town of Thornton Green. These provide the basis for a range of both classroom and homework use, to complement the tutor's input. It is not intended to do not refer to a textbook, but instead offer suggestions for students to do their own work. It does not replace the tutor; it is a supplementary source to facilitate teaching and learning in the departmental virtual library.

It contains a variety of student-centred activities, discussion tasks and practical exercises in health and social care situations. They are designed to encourage students to develop their knowledge and skills through assignments.

I have used similar activities in my many years of both vocational and GCSE / A-level teaching and have proved extremely successful in enhancing student motivation and improving learning outcomes.

All the worksheets are photocopiable, and they provide a valuable resource for the classroom to place through practical tasks performed by the students themselves. Where relevant, advice is given for the activities.

Many of the activities and case studies are based on visits to and interviews with practitioners in the field, so that the information is as up-to-date and as relevant as possible. Organisations are located in different areas, and service provision may depend on practitioners' interpretation of the situation. We strongly recommend that contact is made with local authorities and service providers to check the situation is and how it differs from what is presented here and, if possible, to arrange for speakers in.

The information provided is correct at the time of writing, but legislation and circumstances can change. Users should check the current situation for any changes.

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The Thornton Green Scenario

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



A recent health survey shows that residents generally enjoy a good standard of health, but there are pockets of deprivation where health is poor, and it is a large proportion of the area's children live. One such area is an area of council social housing, with few amenities, three miles from the town centre. Access to services is generally good, but recent economic cuts have created transport issues for some elderly and poorer residents.

The local health service providers have identified the following concerns: teenage pregnancy, lung cancer, hypertension, obesity, mental health problems, disease and stroke. With an increasing number of elderly people, there is a growing need for services for them, including residential care.

The credit crisis has led to service cutbacks and business closures, which has increased the level of unemployment. Many long-established shops have been replaced by charity shops and fast-food restaurants. A number of groups have been identified as needing additional support, including homeless people, members of ethnic minorities and new residents from eastern Europe.

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Presentation 1: The health centre practice manager

My name is Alice, and I am the Practice Manager of Parkway Health Centre. We have a holistic approach to health, and we therefore provide a range of services and screening, including health visitors, counsellors and lifestyle coaches, and we work closely with the local mental health team, and we direct our resources towards the health needs of the local population. For example, recent surveys show that the town has higher than average rates of stroke and under-age pregnancy, especially in the Greenview area, where we therefore concentrate a lot of our efforts in those areas.

Clients have access to a range of information and advice. 'Choose and book' is a system for booking appointments, ordering repeat prescriptions or viewing one's medical records. The Patient Access system, which holds over 15 million patient records, provides a range of services, including booking appointments online. In addition, the website www.patient.co.uk provides information on health, the support available and the rights and choices patients have. 'Book', clients can also opt to be referred to another area for hospital treatment. We have a list of local health professionals that area who can provide post-operative care.

Communication is very important in our work, whether we are dealing with patients or staff within the health centre, or with other agencies. We must ensure that we get the message across that they need, that our communications are clear and accurate, and that the people we are addressing act on them where necessary.

Under the Freedom of Information Act 2000, patients have access to their medical records. The Patient Access enables them to register and view these records online. All health centres must publish the classes of information they intend to make routinely available. Confidentiality in communication is very important; all information given during a consultation is confidential and may not be passed to a third party without the client's consent. On rare occasions when a doctor's public duty outweighs their duty of confidentiality, the General Medical Council gives clear legal guidelines on how these situations should be handled. Our policies have been designed to ensure patient confidentiality, requiring continual review and updating of information.

In addition to confidentiality, we provide extensive in-house training on equality and diversity, communication, as in all other aspects of our work. For example, our direct and indirect staff are regularly made aware of the need to ensure that any other potential barriers to communication are overcome. We also produce a patient and staff handbook, which outlines our policies and the procedure for complaints. We have a patient forum which allows patients to raise any concerns that our patients may have raised.

Our professional staff are, of course, accountable to their professional bodies and to those bodies' codes of conduct and codes of practice. GPs are required to undergo a revalidation process every five years, which includes a system of annual appraisals. We also have very strict policies in place to ensure that our staff are up to date with their continuing education.

We may also be visited by the National Clinical Assessment Service (NCAS). Patients or professionals can raise concerns about a doctor's practice (such as misdiagnosis), and the health trust may then ask the NCAS to carry out an assessment. The panel of assessors will consist of two doctors with appropriate experience, plus one lay member to represent the interests of patients. They may sit in on consultations, check the doctor's prescribing, etc. The aim is not necessarily to find fault, but to support the doctor in improving their practice.

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Presentation 2: The assistant practitioner

My name is Sarah, and I am an Assistant Practitioner at Thornton Green Hospital. I work on a day shift, three days per week. At present I am on a mixed general ward. I have had knee or hip operations, but I have also worked on other wards.

I entered the nursing profession via a foundation degree course. I now hope to progress by doing a degree in nursing and completing the appropriate placement. As I work long hours and a lot of study, I am keen to advance my career, as I love my job. I am currently on a band system:

- Band 2: Entry-level Healthcare Assistant
- Band 3: Healthcare Assistant (NVQ3/Diploma in Healthcare)
- Band 4: Assistant Practitioner
- Band 5: Staff Nurse
- Band 6: Sister

My working day is quite structured. It starts at 7.30am, when we take over from the night shift and go off shift. From 8.00am to 10.30am, we have to get the patients out of bed, give them their breakfast and medication as well as helping them with washing and dressing if necessary. At 10.30am we do morning observations, including pulse rate and blood pressure. At 12.00pm we give medication to any patients who need it before lunch at 12.30pm.

In the afternoon, between 1.00pm and 3.30pm we are available to help general practitioners before doing the afternoon observations on all patients. At 5.30pm we help with evening medication and give medication to those who need it. My shift ends at 7.30pm, when we hand over to the night shift.

That is the formal structure to the day, but I am kept busy with a number of tasks. The ward is particularly busy during visiting hours, and we have to be there to help with patients. We also have to clean wounds and change dressings from time to time. In addition, we need to be observed half-hourly for the first two hours after they return from surgery, hourly for the next two hours, two-hourly for the following four hours, four-hourly for the next four hours and then six-hourly.

In the afternoons I have to find time to do my paperwork. This includes documenting patient care, patients, as well as completing fluid charts which record their hydration status. We also record what food they have been offered and what they have eaten. Patients have specific dietary requirements, either for cultural reasons or from individual preferences. We ensure that they are eating a balanced diet and not leaving food without telling us. We also complete other documentation that may be needed in particular cases, such as consent forms and epidural charts.

In addition to the medical aspects, our training emphasises the need for a caring approach to patients, whatever their needs and preferences, and I really enjoy this aspect of the job as I like working with people. We also have training in a wide range of safety procedures, such as ensuring that potentially harmful substances are safely locked away, and are only released to authorised professionals, who have to sign for them. And when cleaning wounds or changing dressings, it is important to wear protective clothing and to wash and disinfect our hands thoroughly after working with patients. Obviously, after a while, these measures become second nature, but we are still encouraged to think of them all the time as we go about our duties so that we don't become complacent.

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Presentation 3: The physiotherapist

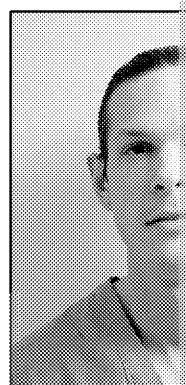
My name is Mark, and I am a physiotherapist working in the outpatient physiotherapy department at Thornton Green Hospital. I gained a BA Physiotherapy degree, with the top 10% of my cohort, from the University of Bath. There are other routes that you can take; for example, by taking a two-year accelerated degree in physiotherapy having previously completed an earlier degree in another subject. I was required to do 1,000 clinical hours on placement during my degree and to register with the Health and Care Professions Council. I also became a member of the Chartered Society of Physiotherapy for insurance cover and legal support.

I have to ensure that I keep my safeguarding and mandatory training up to date. All physiotherapists are also required to be checked by the Disclosure and Barring Service (DBS) to assess the performance of our staff. When a patient is referred to the hospital, the hospital trust hands out questionnaires to monitor their satisfaction; the NHS uses this feedback to improve practice and to deliver the service. Every year I have a continuing professional development (CPD) peer reviews are also part of this process.

Every three months we have an outpatient training day to ensure that we keep up to date with the latest practice. These usually have a theme; for example, on Achilles tendon rehabilitation. Every other week we are also required to take part in in-service training, which involves a presentation on the latest developments and treatments to the rest of the team.

The Outpatient Physiotherapy Manager manages our team at the hospital. There are four physiotherapists, seven senior physiotherapists and two junior staff. We also have community physiotherapists who go to clients' homes if they are unable to travel to the hospital. The community therapy manager.

I work four days a week from 8am to 6pm (37½ hours per week). Patients can refer themselves for treatment via either the Internet or telephone. Some are also referred by their GP. We find that self-referral works well on the whole and saves time; it has significantly reduced waiting times. We are able to refer the client on to the orthopaedic department for further investigations such as scans and X-rays, if these are indicated. Acupuncture is also available in the department for some conditions and some of the physiotherapists have been trained in this therapy.



Some clients cannot find time to attend an appointment or have difficulty travelling. We offer home visits for those who do not have access to the hospital, or give up if the phone lines are busy. A patient can also book an appointment online.

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Presentation 4: The children's centre manager

My name is Tim, and I am the Manager of the Greenview Children's Centre. We focus on the intellectual and social needs and development of children under five years old. Our service is voluntary. There is no compulsion to attend; clients can choose to attend or not. A care plan is in place, and they can choose any children's centre in the local area that best respond to the particular needs of the children and families we serve.

We offer a variety of support services, including play days, a crèche, a nursery, parent support groups, activities during school holidays and special parenting groups. In addition, health and care professionals are available to provide help and advice, including health visitors, social workers and GPs. Having all these people on the same site facilitates communication and enables us to provide a more effective service.

No records are kept of the initial interview and registration, and any case files are kept with full family cooperation and access. We empower parents to participate in the work on a one-to-one basis with them, checking the progress and providing us with feedback.

The health and care professionals all have their own regulatory bodies to ensure compliance. At the centre we also have our own guidelines and processes, and we are regulated by Ofsted. For example, we have clear guidelines regarding disclosure of information, and data protection records. As we are a multi-agency setting, there has to be clear agreements between agencies.

We always need to be aware of the risks involved in any of our activities. For example, in the parent and toddler groups or the nursery, any risks will have been identified when they were first planned, but if we are undertaking any 'one-off' activities, then we need a risk assessment, to ensure that all potential hazards are identified and controlled.

The safety of the children in our care is of paramount importance, and our range of safeguarding issues, including:

- Identifying signs of possible sexual, physical or mental abuse. Two staff members have been designated and trained as safeguarding officers, and any suspected cases are reported to them. They then liaise with the appropriate authorities, including the police.
- Dealing with accidents and ailments. We have a number of trained first-aiders, and all staff are made aware of the need to report any accidents; we have a special accident book for that purpose.
- The need for cleanliness at all times to minimise the spread of infection. This not only means regular hand washing, but also ensuring that toilets and bathrooms are kept clean and wearing protective clothing where necessary (for example, when changing nappies).

Staff also have induction training in confidentiality and attend mandatory equal opportunities and anti-discrimination training, and this is a constant area of development. In addition, managers have enhanced and on-going training. Training needs are often highlighted in our regular staff meetings. Poor practice is constantly challenged on an individual basis and through line management, and it is also a regular item at our meetings.

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Case Study 1: Maggie

Maggie is a care assistant at the Margaret Winstead Trust for young people with disabilities and learning difficulties. She cares for a variety of clients whom come to the Trust's centre for just one or two days a week. Maggie's clients might include:

- **Rachel** (18), who has Asperger's syndrome. She works in a shop, but she finds communication and social interaction difficult.
- **Kirsty** (17), who has cerebral palsy. She is confined to a wheelchair with difficulty controlling her hand movements, but she is passionate about art.
- **Jack** (22), who is highly intelligent but has multiple sclerosis. He has regular sessions with the physiotherapist, but Maggie also works with him in the hydrotherapy pool.
- **Dipak** (24), who is able-bodied and fairly dextrous, but he has severe learning difficulties. She supervises him in the craft workshop.
- **Jasmine** (14), who is unable to speak. She attends Maycombe Special School, but likes to come to the Trust's smallholding at weekends to work with the animals.
- **Stephen** (20), who showed promise in art at school, before a brain injury left him profoundly deaf and with impaired mobility and moderate learning difficulties.

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Case Study 2: The Patel family

Dilip Patel, aged 30, and his wife Arithi, aged 28, have three children: Meera, aged 5, and Sunil, and a six-month-old baby, Sunita. They have just moved to Thornton Green, which is some distance from their original home, as Dilip has come here for work. However, so far he has only been able to find part-time work. Dilip was growing up in a family where his father always emphasised that it is a man's responsibility to provide for his family, and his inability to do so satisfactorily has led to low self-esteem in his children, but because of his upbringing he believes it is Arithi's responsibility to provide for the family. Arithi, on the other hand, is finding it very hard to deal with this pressure and has lost her self-confidence. She suffers from insomnia and stress, and is unable to do her housework. As a result she and Dilip are beginning to argue.

They have no family in this area, and have not yet established a support network. In their original home town they had the support of their extended family. However, there is no Hindu temple in Thornton Green, so that they cannot go for religious activities. They live in a small, privately rented flat, and obviously as Dilip is only working part-time, their income is limited. Arithi has been suffering from her insomnia and stress and he has referred her to the health visitor.

The health visitor has made an initial visit to chat informally about the family's problems. She has identified areas where she may be able to help them. She will advise Arithi on feeding the children a balanced diet on their limited budget and ensure that Arithi is able to keep her appointments with her doctor and brings the children to her clinic to have their regular health checks. Because she has sessions at the Greenview Children's Centre, she is also able to talk to the manager there about getting Meera and Sunil into a nursery, so that Arithi can devote more time to Sunita. Through this contact, Arithi is able to access other opportunities, although because of his cultural background, Dilip is hesitant.

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Case Study 3: Sally

Sally is a young mother. One day, during a spell of icy weather to collect her children from school when she slipped and fell. She hurt her feet and reached the school, but when she got home the pain was worse.

Her husband phoned NHS Direct for advice, and was advised that she should see her doctor. It did not get any better, so she made an appointment to see her GP, who referred her to the physiotherapist at Thornton Green Hospital. The physiotherapist arranged for a second appointment and arranged for her to see a consultant.

After seeing the consultant, the consultant decided that further physiotherapy was needed, and arranged another appointment to begin the treatment. She also suggested an exercise regime to complement the physiotherapy. The physiotherapist contacted the local authority's Health and Fitness Officer, and together they spoke to Sally about her lifestyle and exercise preferences. As a result, they were able to put together an individual programme, combining physiotherapy and exercise, to help her recovery.

Sally still has a problem, however, as the hospital and health centre are both some distance from her home, and she does not have her own car. She is, therefore, dependent on public transport or her husband or friends for getting to her appointments.

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Case Study 4: Toby

Toby is a children's social worker working on the Greenview Estate. He has a very heavy workload because of the social and economic area. Not only does he have to deal with children living in great poverty, but he has also recently taken on a number of cases involving children who have been victims of physical or sexual abuse, which have led to a lot of meetings with parents, police, health professionals, and have been very stressful for Toby. These cases are proving to be very difficult to resolve.



Because of his heavy workload and the stress of his job, he is finding it difficult to relax, and his family life is suffering. He is experiencing a lot of mental and physical fatigue, and this will affect his professional conduct. He has decided to see his GP, who has signed him off work for a few days. Toby, however, is reluctant to take this time off work for his workload to be reduced, as he feels it will reflect badly on his professional reputation.

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Case Study 5: Ethel

Ethel is 94 years old. She still lives on her own in an adapted house in Green; she has a chairlift fitted to her stairs, and her bathroom converted into a wet room. She is mentally very alert and fiercely independent, but her physical condition is deteriorating.

Some years ago she had a colostomy bag fitted, and her spine is beginning to crumple. Both her knees have been replaced, and she is in constant pain with arthritis. She also has severe mobility problems, her hearing has deteriorated, and she recently discovered that she has macular degeneration. This has meant that she has had to give up driving, which has left her more or less housebound.

She has two children living nearby, who help her with shopping, household chores, etc. But they have their own families, including grandchildren, who also demand their attention, and they are beginning to feel the strain of trying to juggle their various responsibilities.



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Activities

Activities based on the Thornton Green scenario

For most of these activities, you will need the case studies and presentation

The specific materials required for each activity are clearly displayed in the

This pack contains a variety of student-centred activities, discussions, role plays, exercises based on health and social care settings. They are designed to encourage their knowledge and prepare them for the assignments. In addition to the activities specifically to cover the learning objectives of this unit, there is one general activity on the vocabulary used by health professionals, which could be used as an extension activity.



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INTRODUCTION

Activity I1 (The vocabulary of health and so



Topics covered

☒ All

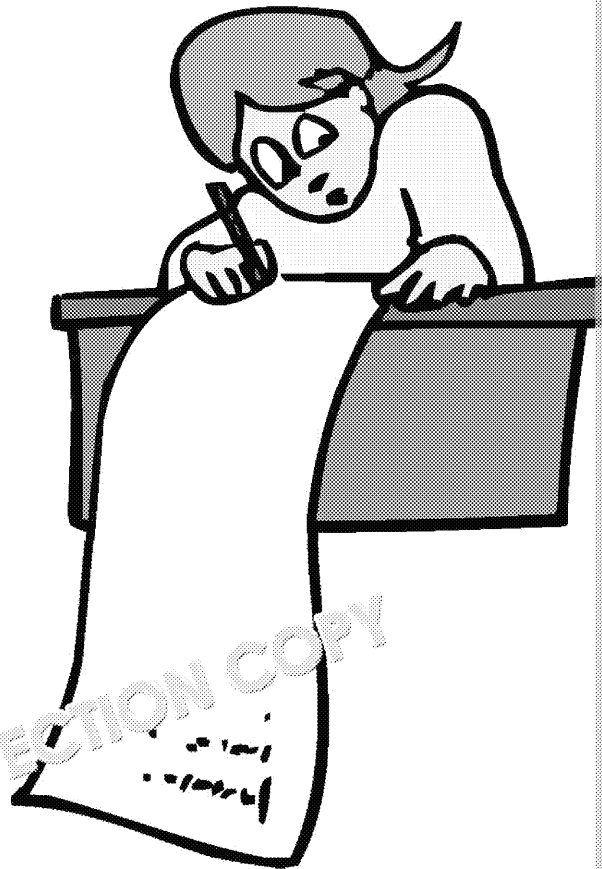


You will need

- ☒ All four presentations
- ☒ All five case studies
- ☒ Access to the internet

Activity I1 (Individual Work)

Read the presentations by the Health Centre Practice Manager, the Assistant Physiotherapist, the Children's Centre Manager, and the case studies about Sally, Toby and Bethel. On the following pages is a list of some of the terms used by health professionals. Explain the meaning of each.



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Answer Sheet for Activity I1

Equality

Diversity



Pulse rate

PCA

Disclosure and Barring Service



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Answer Sheet for Activity I1 (co

Care plan

Equal opportunities



Anti-discrimination

Rehabilitation

Domiciliary care



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Answer Sheet for Activity I1 (co

Confidentiality

Safeguarding



Whistle-blowing

Partnership working

Advocacy



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SECTION A: THE ROLES AND RESPONSIBILITIES OF PEOPLE IN THE HEALTH AND SOCIAL CARE SECTOR

Activity A1 (Roles and responsibilities)



Topics covered

- ☒ A1 – The roles of people who work in health and social care settings
- ☒ A2 – The responsibilities of people who work in health and social care settings



You will need

- ☒ All four presentations
- ☒ Case Study 1
- ☒ Information sheet about your team's responsibilities and so on

Activity A1 (Individual and Group Work)

- a. Read the presentations by the Health Centre Practice Manager, the Assistant Physiotherapist and the Children's Centre Manager, in which they explain and discuss which of the following responsibilities apply to each of these people and what they are responsible for managing.
- Following the correct policies and procedures
 - Healing and supporting the recovery of clients
 - Assisting rehabilitation
 - Providing equipment to help clients be more independent
 - Helping in the day-to-day routines of clients



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Activity A1 (cont.)

- b. Consider what other professionals might be involved in health and social care. Assign a professional to each member of the group. Individually, research the role of your allocated professional, and present your findings to the rest of the group.

Professional:

Role and responsibilities:



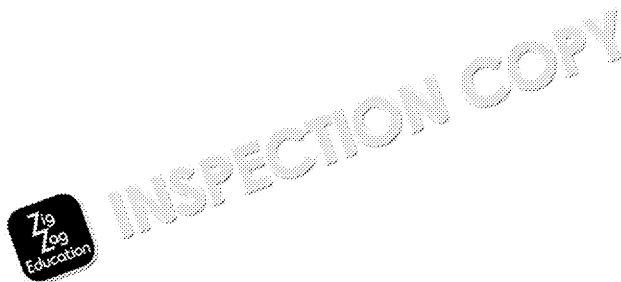
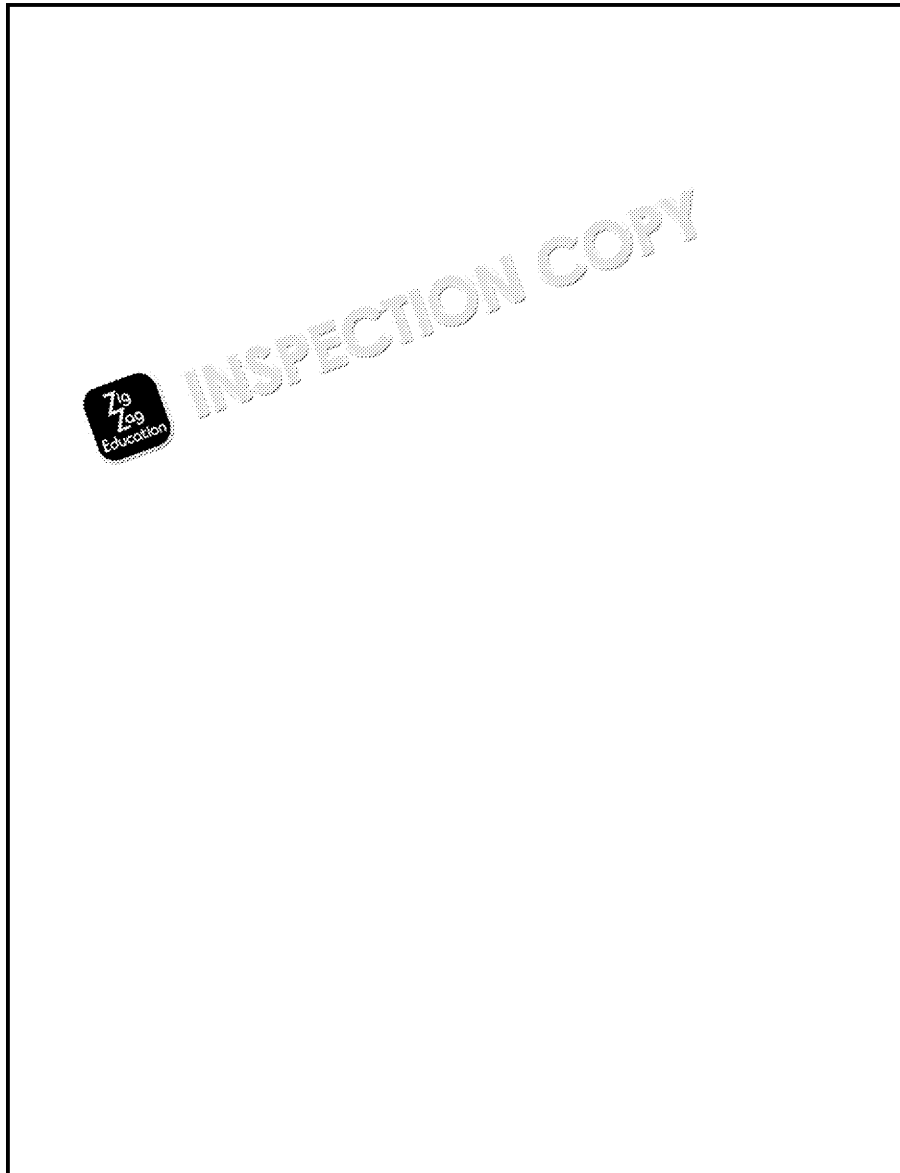
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Activity A1 (cont.)

- c. Read Case Study 5 about Ethel. As a group, consider all the health and who may be involved in helping her to improve and maintain her quality of life.



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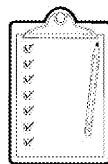


Activity A2 (Care values and principles)



Topics covered

- ☒ A3 – Specific responsibilities of people who work in health and social care settings



You will need

- ☒ All four case studies
- ☒ Case Study 1

Activity A2 (Pair and Group Work)

In pairs, consider your reactions to the following questions. On the answer sheet, write down your arguments for each question and the arguments against, and your conclusion for the whole group.

- Maggie's clients (Case Study 1) are likely to face discrimination or bullying. Is it better to ignore this, since challenging it could make matters worse?
- The different needs of Maggie's clients (Case Study 1) require the service to be adapted to those needs. In a time of restricted budgets, can the expense be justified?
- The Physiotherapist and the Health and Fitness Officer talk to Sally (Case Study 3) about her lifestyle and preferences in order to put together an individual programme. Individualising care in this way can be expensive, but can it be justified? Could it possibly prevent more expensive problems later?
- The authorities believe that Ethel (Case Study 5) should be encouraged to live independently as long as possible. However, this is putting a lot of stress on her. Would it be better if she were taken into residential care?
- The Patel family (Case Study 2) have particular religious and cultural beliefs. Should the health visitor be expected to take these into account in her dealings with them?
- Are organisations that help service users express their needs and preferences really helping service, or are they simply making life unnecessarily difficult for service users?
- How can service providers ensure that they balance the needs of individual clients with the needs of others, and that those who complain loudest do not get what they want?



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Answer Sheet for Activity A2

Question 1

Arguments in favour

Arguments against

Question 2

Arguments in favour

Arguments against

Question 3

Arguments in favour

Arguments against

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Answer Sheet for Activity A2 (co

Question 4

Arguments in favour

Arguments against

Question 5

Arguments in favour

Arguments against

Question 6

Arguments in favour

Arguments against

Question 7

Arguments in favour

Arguments against

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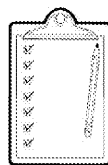


Activity A3 (Risk assessment)



Topics covered

- ☒ A3 – Specific responsibilities of people who work in health and social care settings



You will need

- ☒ Presentation 3
- ☒ The risk assessment template

Activity A3 (Small Group Work)

Read Presentation 3 by the Children's Centre Manager. He mentions the need to plan any 'one-off' activities they undertake. In small groups, complete the risk assessment for an outing from the Greenfield Children's Centre to a local wood. The group consists of 3 children, one of whom, Megan, is occasionally incontinent and another child is in a wheelchair.



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Risk Assessment Form for Activities

Date of proposed activity	Location	Name
Organiser	Transport arrangements	
Potential risk	Who might be affected	How

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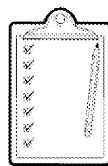


Activity A4 (Ensuring client and staff



Topics covered

- ✓ A3 – Specific responsibilities of people who work in health and social care settings



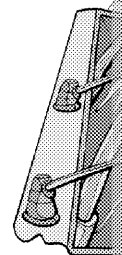
You will need

- ✓ Presentation
- ✓ Informative textboard
- ✓ Risk management

Activity A4 (Individual and Group Work)

Individually, consider one of the following risk factors in health and social care settings. Write your conclusions and discuss them with the rest of the group.

- Spread of infection
- Violence against a member of staff
- Physical or sexual abuse of a vulnerable client
- Accidental ingestion of harmful substances
- Theft of drugs
- Food contamination



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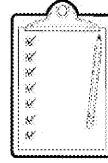


Activity A5 (Communication and confidentiality)



Topics covered

- ☒ A3 – Specific responsibilities of people who work in health and social care settings



You will need

- ☒ Presentation

Activity A5 (Small Group Work)

- Read the presentations by the Health Centre Practice Manager and the Health Centre Practice Nurse. In small groups, discuss how the recording and communication of information in each setting, and how confidentiality might be maintained.

Health Centre Practice Manager

Recording and communication

Confidentiality

Health Centre Practice Nurse

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Activity A5 (cont.)

Children's Centre

Recording and communication



Confidentiality



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Activity A5 (cont.)

- b. Read the case study provided. Still in your small groups, discuss where practice occurred in the case of Mrs Carpenter. Where you have identified ways of improving communication.

Example	Good or poor practice?	Suggest

- c. The Health Centre Practice Manager refers to the Caldicott Principles.

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Case Study for Activity 5b

Mrs Carpenter was rushed to hospital following an error in the administration of her medication at the care home where she was a resident. She suffers from Alzheimer's disease and a heart condition that requires medication at four-hourly intervals. One dose was due just before she went to bed on Thursday night. Following an oversight, she was given two doses within 15 minutes of each other.



One of her carers, Anita, helped her prepare for bed and administered her medication before she went off duty, handing over to another member of staff. Anita was unaware that Mrs Carpenter had already had her medication administered. A second dose as she settled her into bed. Although Anita claimed to have administered the medication at the time of handover that she had administered the medication, she was called away to help a colleague deal with an emergency and did not have time to fill in the home's medicine book. Janine had no recollection of the incident.

When Mrs Carpenter collapsed, Janine immediately called an ambulance. She consulted Anita, suspecting that the collapse might have been due to an overdose of medication. Having established that Anita had indeed administered a second dose, she was able to give the ambulance crew written details of the medication including the medication and the dosage. This undoubtedly helped to save Mrs Carpenter's life, as the crew were able to pass these details on to the medical team at the hospital.

Mrs Carpenter was discharged from hospital five days later and returned home. After checking by telephone that her GP was at the home, she informed him by email of the incident and the treatment Mrs Carpenter received. The GP visited her the following day to see her and to ensure she was in place to avoid a further incident in the future. He forwarded the details to the nurse, but unfortunately it was a week before she called to ask about her condition, as she did not pick up the email immediately.

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Activity A6 (Accountability to profession)



Topics covered

- ☒ A3 – Specific responsibilities of people in health and social care settings



You will need

- ☒ All four case studies
- ☒ Case studies
- ☒ Information and your professional responsibilities

Activity A6 (Individual and Group Work)

Read the presentations by the Health Centre Practice Manager, the Assistant Practitioner, the Physiotherapist and the Children's Centre Manager, and questions 1 and 4 about the case studies and Toby.

- a. The presentations and case studies mention a number of health and care settings referred to. Indicate which professional and/or regulatory body is responsible for each.

GP	
Psychiatrist	
Assistant practitioner	
Physiotherapist	
Health visitor	
Speech therapist	
Care assistant	
Social worker	

- b. Read the guidance on delivering a presentation. Allocate one of the case studies to a pair of members of the group). Then individually code or discuss the guidance for your allocated practitioner, and give a short presentation to the group. In particular, consider anything it says about safeguarding, relevant legislation and professional responsibilities.
- c. As a whole group, discuss the similarities and differences between the case studies and the possible reasons why they may differ.

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Guidance on Delivering a Presentation for

- 🔊 Write notes on what you are going to say, but do **not** write out the whole presentation.
- 🔊 Consider your style – will you use humour, quotations, opinions as well as facts?
- 🔊 Make sure you know how you are going to finish, perhaps by summarising the key points. Don't let the presentation simply fizzle out.
- 🔊 If you are using visual aids or PowerPoint, give yourself time at the start to set up everything, and that it works.
- 🔊 When deciding where you are going to stand, make sure that you can see the audience.
- 🔊 What are you going to do with your hands – hold a pen, fold them, use a pointer?
- 🔊 Wear appropriate and comfortable clothing.
- 🔊 Practise your presentation several times in advance.
- 🔊 Before speaking, breathe deeply to calm yourself down.
- 🔊 Speak clearly and slowly, using **normal** language – do not try to use 'big words' or sounds pompous.
- 🔊 Look at your audience and smile.
- 🔊 Keep your notes handy in case you 'dry up'.
- 🔊 If you are using PowerPoint, give the audience time to absorb each slide before moving to the next.
- 🔊 Do not read any text on your slides word for word – the audience can't see it on it, do not repeat it.

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Activity A7 (Partnership work)



Topics covered

- ☒ A4 – Multidisciplinary working in the health and social care sector




You will need

- ☒ Presentation 1
- ☒ Case Study 1

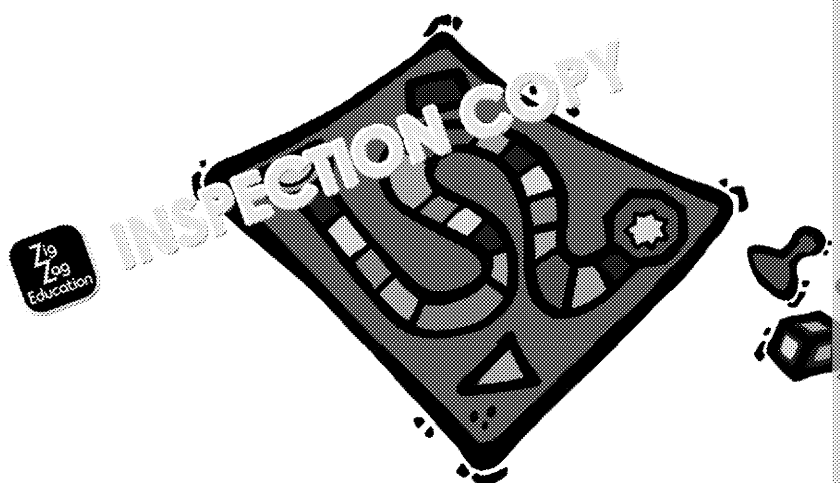
Activity A7 (Individual and Small Group Work)

- a. Read Presentation 1 by the Health Centre Practice Manager. She talks about a 'holistic approach' to the care of the Health Centre's patients. Individually, explain what a holistic approach means.

A holistic approach to care means...



- b. Read Presentation 4 by the Children's Centre Manager. In small groups, play the board game provided. You will need counters and a die. One player starts on the 'Start' square. Each player rolls the die and moves their counter the number of squares shown. When a player reaches an 'instruction' square, they should move their counter as instructed. The first player to reach the 'Finish' square wins. It is not necessary to throw exactly the right number to reach the 'Finish' square.




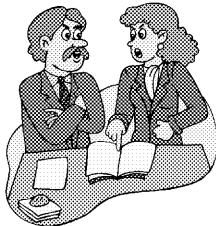
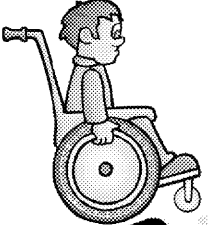
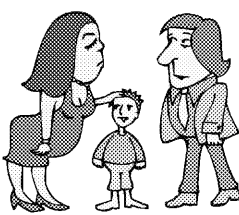


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Partnership Game Board for Activity

30 FINISH	29 The social worker tells the GP about a client's social life without her permission. Move back to square 18.	28 	27 
21 The parenting group leader tries to cover up something that has gone wrong. Move back to square 18.	22	23 There is an easy transition from the parent and toddler group to the nursery. Move on to square 27.	24 
20	19 No one takes responsibility for doing risk assessments for certain activities. Move back to square 16.	18	17 On a regular basis the GP picks up a child. Move on to square 24.
11 The partnership worker and the social worker argue about areas of responsibility. Move back to square 4.	12 	13 A client enrolls for parenting classes on the recommendation of the partnership worker. Move on to square 18.	14 The manager does not pick up concerns of physical abuse from a disabled child. Move on to square 7.
10 	9	8	7 The crèche fails to pick up concerns of physical abuse from a child. Move on to square 4.
1 START	2 The manager arranges a complete support package for a client. Move on to square 16.	3 	4

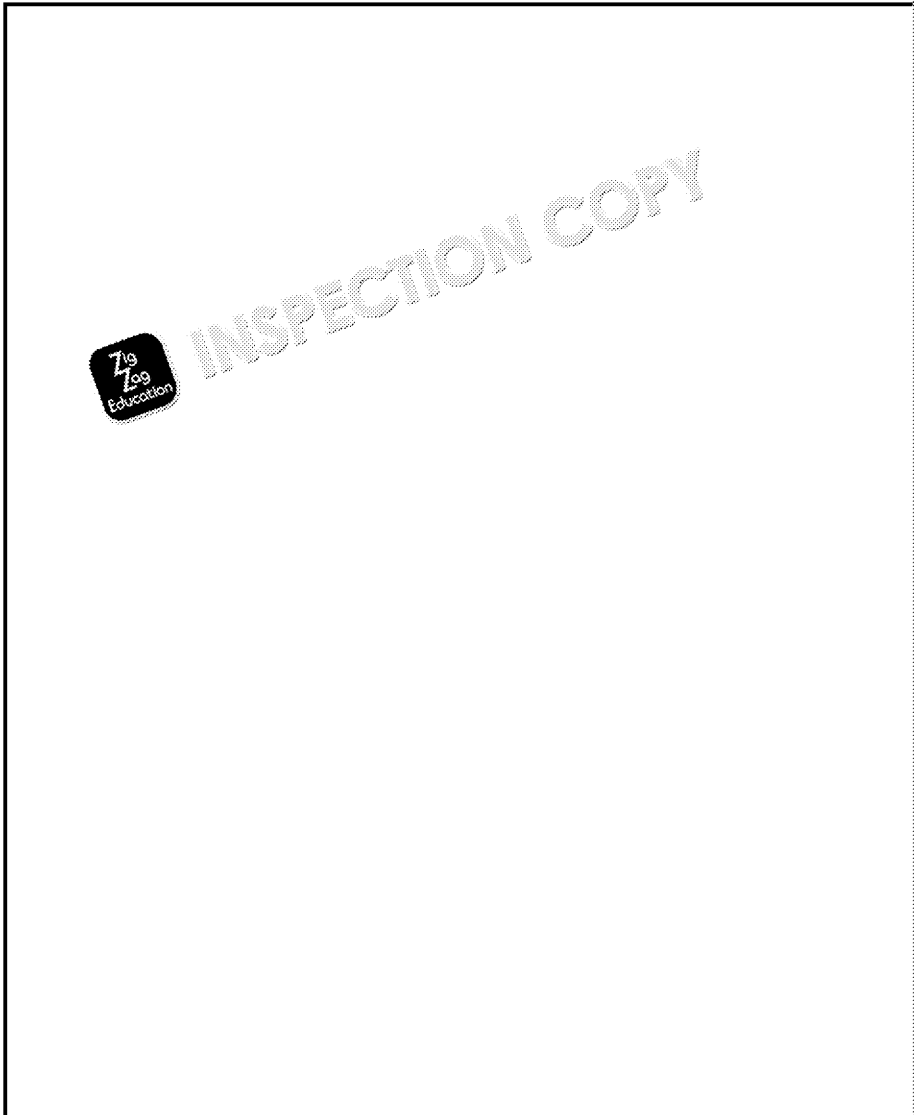
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Activity A7 (cont.)

- c. Read Case Study 5 about Ethel. Different health and social care professionals involved in her care. In your small groups, discuss the potential barriers in partnership.



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Activity A8 (Line management)



Topics covered

- ☒ A5 – Monitoring the work of people in health and social care settings
- ☒ B5 – Responsibilities of organisations towards people who work in health and social care settings



You will need

- ☒ Case Study 4

Activity A8 (Pair Work)

Read Case Study 4 about **Case Study 4** pairs, consider the following questions

- a. Who is responsible for monitoring the work, and the workload, of some of the staff?

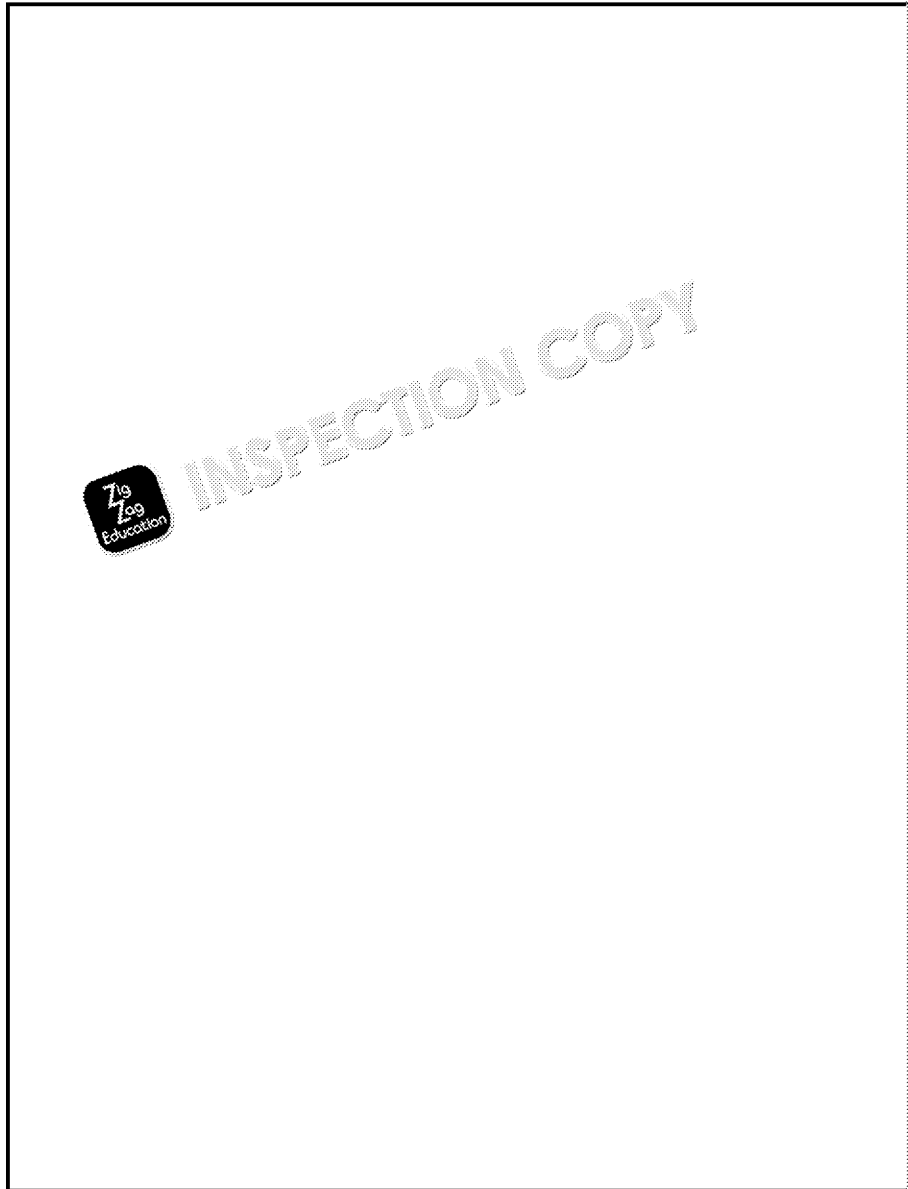


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- b. How would they monitor his work, how would they know that he is suffering from physical fatigue, and what strategies might they use to alleviate the situation?



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Activity A9 (Whistle-blowing)



Topics covered

- ☒ A5 – Monitoring the work of people in health and social care settings
- ☒ B5 – Responsibilities of organisations towards people who work in health and social care settings



You will need

- ☒ Case Study
- ☒ Information and you blowing

Activity A9 (Individual Work)

- a. The law protects people who report misconduct relating to certain specified areas.
- b. Imagine you work in a health and social care setting. You are concerned about one of your colleagues, which falls into one of the 'whistle-blowing' categories and may, indeed, be criminal. You have raised these concerns with your organisation's whistle-blowing policy, but they have told you that you are each other and that it is *you* who are being unprofessional in raising the matter further?



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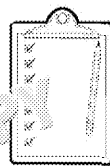
SECTION 8: THE ROLES OF ORGANISATIONS IN THE HEALTH AND SOCIAL CARE SECTOR

Activity B1 (The roles of different organisations)



Topics covered

- ✓ B1 – The roles of organisations in providing health and social care services
- ✓ B2 – Issues that affect access to services



You will need

- ✓ Case studies
- ✓ Information about your team's different providers

Activity B1 (Small Group Work)

Read case studies 1, 4 and 5 about Maggie, Toby and Ethel. In small groups, discuss the following questions.

- a. What health and social care services would be available to help Toby and Ethel?

Toby
Ethel



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- b. How would these services, and those offered by the Margaret Wilstead Trust

Toby

Ethel



Margaret Wilstead Trust



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Activity B2 (Provision by different sectors)



Topics covered

- ☒ B1 – The roles of organisations in providing health and social care services



You will need

- ☒ Information about your three sectors and social care
- ☒ Information about health and social care

Activity B2 (Individual research and group work)

Health and social care can be provided by three different kinds of organisations: public, voluntary and private.

- a. Individually, research the three sectors, how they operate and how they provide health and social care.

Public sector

Voluntary sector

Private sector



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Activity B2 (cont.)

- b. As a group, obtain information on the health and social care services in your area and identify whether they are part of the public, voluntary or private sector.

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Activity B3 (Settings where different service



Topics covered

- ☒ B1 – The roles of organisations in providing health and social care services



You will need

- ☒ All four presentations
- ☒ All five case studies

Activity B3 (Individual Work)

Read the presentations by the Health Centre Practice Manager, the Assistant Physiotherapist and the Children's Centre Manager and the case studies about Sally, Toby and Ethel. Identify the settings in which health and social care services should be available in each. Where relevant, cross-reference the presentations with the case studies. Use the answer sheet provided for your answers.



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Answer Sheet for Activity B3

Setting	Presentation / case study number	

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Activity B4 (Barriers to access)



Topics covered

- ☒ B2 – Issues that affect access to services



You will need

- ☒ All four presentations
- ☒ All five case studies

Activity B4 (Pair and Group Work)

Read the presentations by the Health Centre Practice Manager, the Assistant Practitioner, the Physiotherapist and the Children's Centre Manager and the case studies about Mr Jaggi, the Patel family, Sally, Toby and Ethel. In pairs, discuss how many potential barriers to access to health and social care services you can identify. Then see how well you have done on the table below, and compare your list to those of other members of the group.

More than 12	Excellent
10–11	Very good
8–9	Good
6–7	Not bad
Fewer than 6	Perhaps you should read the presentations again

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Activity B5 (Representing service users)



Topics covered

- ☒ B3 – Ways organisations represent interests of service users



You will need

- ☒ Presentation
- ☒ Case Study
- ☒ Information and your organisation's interest

Activity B5 (Individual and Pair Work)

Read the presentation by the Practice Manager and Case Study.

- The Practice Manager mentions a number of ways in which patients' concerns are responded to. Individually, research other ways in which service users are represented.

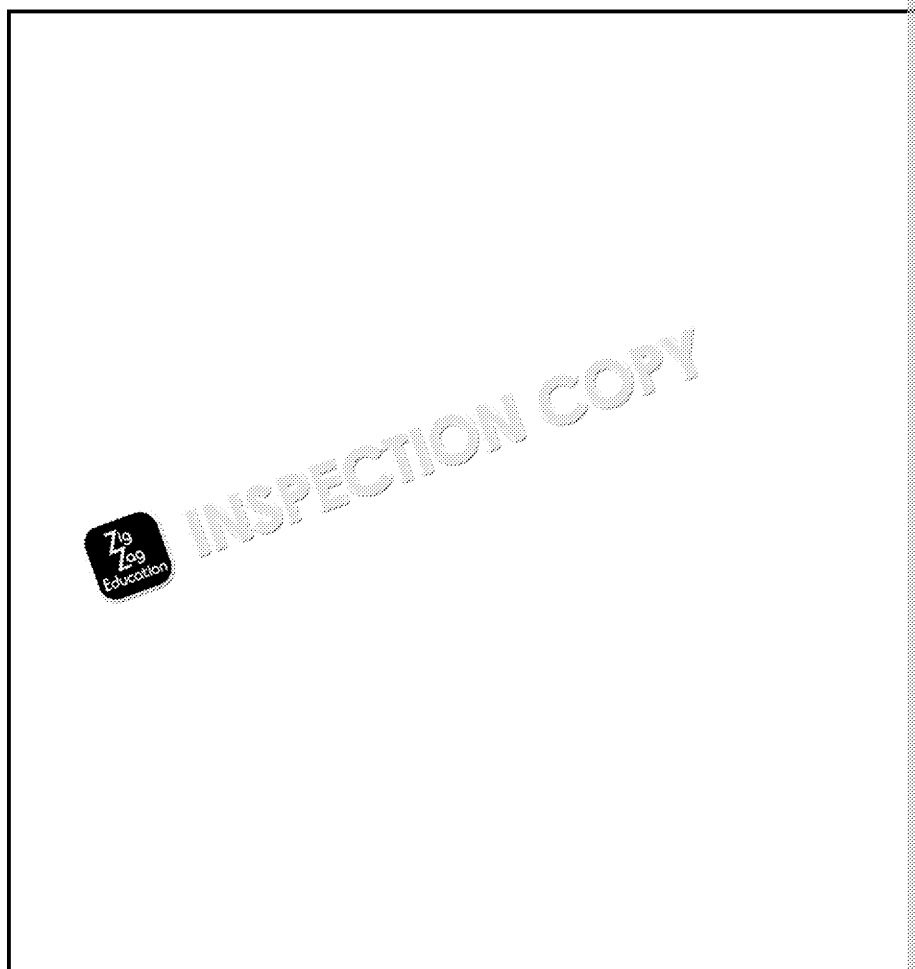


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- b. In pairs, discuss who Ethel's children might turn to if they had concerns



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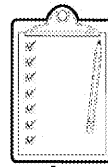


Activity B6 (Regulation of care services)



Topics covered

- ☒ B4 – The roles of organisations that regulate and inspect health and social care services
- ☒ C2 – Working practices



You will need

- ☒ The newspaper article
- ☒ A recent newspaper

Activity B6 (Group Work)

- a. Read the newspaper article provided. Then, as a whole group, discuss the article and the survey mentioned, in particular:
- how they might affect people working in the settings referred to
 - how the working practices highlighted in the survey might affect



Note for students in Wales and Northern Ireland: Although the article refers to England's Care Quality Commission, the Care and Social Services Regulation and Quality Improvement Authority in Northern Ireland has similar responsibilities, and you should, therefore, discuss the article as it applies to your own areas.

- b. Now find recent examples of poor working practices in the health and social care settings and how these were identified and addressed.



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Newspaper Article for Activity

ARE WE NEGLECTING OUR SENIOR CITIZENS

A recent survey of residential homes shows wide variations in the quality of care. The very best offer a stimulating environment in which their residents are treated as individuals. There are others where they are given no control over their lives.

Some homes offer a programme of activities, ranging from outings and musicals to dancing. Others, however, leave residents sitting in front of the television for hours at a time. In many homes, residents who are unable to look after themselves are left in soiled clothing. They do not complain or because staff are too busy to attend to them. When they do complain, it seems to be because of deliberate abuse, which is usually the result of a culture of neglect.

There are similar problems in other aspects of care. In some homes, staff ensure that residents are fed when they are given the attention they need; in others they are fed when they are not hungry. In the best homes, residents who cannot dress themselves are encouraged to discuss their needs. While in the worst, they are dressed in whatever is easiest.

In addition to the problems in residential care highlighted in the survey, there are concerns about the quality of domiciliary care, and the effect on hospitals. A report has been issued by the Care Quality Commission (CQC) warning that cutbacks in social care services mean that hospitals are being used as a last resort.

The cuts have resulted in more and more older people being admitted to hospital. Many of these people have illness or injury suffered because they did not receive adequate care in their own homes. An Executive of the CQC says:

What's happening, we think, is that where people aren't getting access to care in their own homes, preventing people's needs developing through adult social care, they are put into hospital.

'Bed blocking' has exacerbated these problems. People are having to be kept in hospital for long periods of time, necessary while they wait for a care package to be put in place to enable them to go home. A recent report shows that the number of hospital 'bed days' lost through 'bed blocking' has risen from 100,000 in 2012 to 184,199 in July 2016, a rise of 70 per cent. According to the National Audit Office, this costs the NHS £820 million a year.

Cuts to local authority budgets have seen funding for social care services fall by 10 per cent between 2010 and 2014, and Age UK estimates that one million people are not having their needs met.

The report also highlights problems with some GP surgeries, with about 800,000 people waiting for a GP appointment. It has judged that some are 'inadequate' on safety grounds. It also reports that care in other settings is causing concern, highlighting poor management of premises and a lack of appropriately trained staff.

However, despite these problems, the CQC found 72 per cent of social care services to be good or better.

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Activity B7 (Regulation of education and



Topics covered

- ☒ B4 – The roles of organisations that regulate and inspect health and social care services



You will need

- ☒ Information about the regulator for early years education in your area of the UK

Activity B7 (Individual Work)

Look at the website of the organisation responsible for regulating education in your area of the UK – Ofsted (www.ofsted.gov.uk) in England, Estyn (www.estyn.gov.uk) in Wales, and the Education and Training Inspectorate (www.etni.gov.uk) in Northern Ireland. Complete the sheet provided, listing the functions for which the regulator is responsible, and the ways in which they fulfil their responsibilities.



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Answer Sheet for Activity B7

Settings for which they are responsible



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How they carry out their responsibilities



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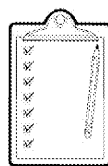


Activity B8 (Promoting and improving health)



Topics covered

- ☒ B4 – The roles of organisations that regulate and inspect health and social care services



You will need

- ☒ Information about the roles of health and social care services

Activity B8 (Small Group Work)

Imagine that you work for the public health organisation in your area of the country (e.g. Public Health Wales or the Public Health Agency in Northern Ireland). You are asked to put together a campaign to raise awareness of the risks of smoking. In small groups, you would go about it, using the answer sheet provided to record the main points you might consider using the following methods:

- Television advertising
- Poster advertising
- Social media
- Working with local authorities and government departments



Note: You needn't put together the complete campaign, just the main points you would highlight.



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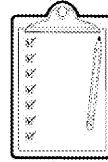
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Activity B9 (NICE)



Topics covered

- ✓ B4 – The roles of organisations that regulate and inspect health and social care services



You will need

- ✓ Information from the textbook on the National Institute for Health and Care Excellence (NICE)

Activity B9 (Group Work)

The aim of the National Institute for Health and Care Excellence (NICE) is to provide guidance to the NHS, local authorities and health professionals on health issues and treatment for a range of conditions. This sometimes includes doing a procedure or treatment, i.e. deciding whether the potential benefits to the patient outweigh the costs, i.e. the drugs, areas or procedures involved.

As a whole group, discuss whether cost should ever be a factor in deciding whether a treatment should be available on the NHS, and, if so, under what circumstances.



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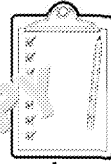
SECTION C: WORKING WITH PEOPLE WITH SPECIFIC NEEDS HEALTH AND SOCIAL CARE SECTOR

Activity C1 (Care of the elderly)



Topics covered

- ☒ C1 – People with specific needs
- ☒ C2 – Working practices



You will need

- ☒ The job requirements
- ☒ Information and you needed resident



Activity C1 (Pair Work)

Working in pairs, role-play an interview for a job as a care worker at Lilyba. One person should read the job requirements provided and play the part of the interviewer. The other should research the general skills needed in a care worker and play the part of the applicant. The interviewer should also provide some questions to prompt you, although there is no need for a script. The applicant should also provide some questions to prompt you, although there is no need for a script. The interviewer should also provide some questions to prompt you, although there is no need for a script.



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Job Description for Activity C

Carers at Lilybank Residential Home all have NVQ qualifications. The sources training in first aid, fire safety, medication, disposal of hazardous waste and care of vulnerable adults. Some of the residents have physical disabilities, so carers help them, especially with regard to moving and handling. The home pays attention to health and safety aspects when necessary.

Among the home's priorities is to try to restore the self-confidence of residents who have been resistant to coming to the home, seeing it as a loss of independence. Carers support their rights to dignity and independence. Clients may have different backgrounds, and these need to be respected. Carers have regular training and value care values.

Every carer signs a form to say that they have read and understood the home's procedures. There is also a system of regular supervision, annual appraisal to ensure that care standards are being met. One innovation is the introduction of a 'Monthly Checklist', which is displayed on the wall. These range from the need to meet residents' needs and wishes to maintaining confidentiality, and from the importance of good clothing and hand washing to procedures for reporting concerns and whistleblowing.

Apart from the formal qualifications, carers need to be relaxed, astute and have good interpersonal skills, relating well to residents, family and other direct care staff, visitors, doctors and visiting professionals.

Possible Questions for Activity C

1. Good morning. Thank you for your application. I see that you have an NVQ in Social Care. Do you have any experience in working with the elderly?
2. What other qualifications do you have? I'm thinking of things such as first aid, fire safety, medication, disposal of hazardous waste and care of vulnerable adults.
3. Are there any other qualifications you think would help you, that we could consider?
4. What would you consider to be the most important qualities for someone working in a residential care home?
5. What do you think are the most important attributes?
6. Why do you think protection against infection is important in a setting like a residential care home? What precautions could you take to make sure that the risk of infection is kept to a minimum?
7. Interpersonal skills are very important in a caring environment. Can you show respect for a client, their needs and their wishes?

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Activity C2 (Working with people with physical and learning disabilities)



Topics covered

- ☒ C1 – People with specific needs
- ☒ C2 – Working practices

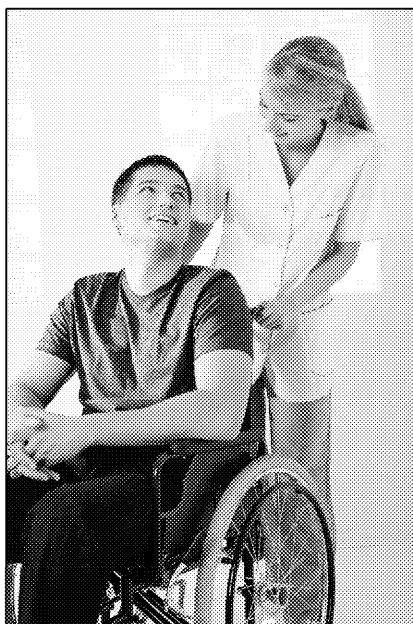


You will need

- ☒ Case Study 1
- ☒ Information sheet and your own notes on people with learning disabilities
- ☒ The answer sheet

Activity C2 (Working with people with physical and learning disabilities)

Read Case Study 1 about Maggie. Each of Maggie's clients has specific needs. You might work with each so as to help them meet these needs. Write your conclusions on the sheet provided.



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Answer Sheet for Activity C2

Rachel



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Kirsty

Jack



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Answer Sheet for Activity C2 (co

Dipak



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Jasmine

Stephen



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Activity C3 (Mental health services)



Topics covered

- ☒ C1 – People with specific needs
- ☒ C2 – Working practices



You will need

- ☒ Presentation 1
- ☒ Information about local mental health services

Activity C3 (Small Group Work)

- a. Read Presentation 1 by the Health Centre Practice Manager. She says that the local mental health team also work in the health centre. In small groups, think about what such a local mental health team should offer. Then find out what is available in your local area from your mental health trust, community mental health team. Are there any services you believe should be provided that are not available? Why do you think that is?

- b. Child and Adolescent Mental Health Services (CAMHS) are specialists in dealing with mental health problems. Still in your small groups, consider what CAMHS teams should offer. What do you think that is?

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Answers

Introductory Activity

Activity I1

Equality	Ensuring that everyone is treated the same and has equal opportunities, regardless of their gender, family background, religion, race, or possible disability.
Diversity	Respecting and valuing people's differences, and how they can bring to the workplace.
Pulse rate	A measurement of the number of times per minute the heart beats, according to the person's physical needs.
PCA	PCA stands for patient-controlled analgesia. It is a system that allows patients to control the amount of pain relief medication they receive in certain circumstances, simply by pressing a button.
Disclosure and Barring Service	A service that carries out checks on potential employers to make safe hiring decisions, and prevent unsuitable people from working with children and vulnerable adults.
Care plan	A plan devised by health practitioners for a person, outlining their individual needs and circumstances.
Equal opportunities	Usually used in employment, it means giving everyone the same jobs and advancement, regardless of race, religion, or disability.
Anti-discrimination	Laws and practice that prevent individuals being treated differently in their treatment, employment or access to facilities because of their race, religion, or disability.
Rehabilitation	Helping someone who has suffered illness or injury to regain their mental and physical capabilities.
Domiciliary care	Fulfilling a person's care needs while allowing them to remain in their own home.
Confidentiality	Maintaining the privacy of a client's personal information, and giving those with a right to share the information.
Safeguarding	Protecting people from harm, abuse or neglect.
Whistle-blowing	Raising a concern about a possible offence or wrongdoing.
Partnership working	Different organisations working together to provide services.
Advocacy	A service provided by a person or organisation who helps people access social care services, to enable clients to make their own choices about the service they have received.

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Section A Activities

Activity A1a

Following the correct policies and procedures

- Everyone – all professionals have a responsibility to follow prescribed

Healing and supporting the recovery of clients

- Health Centre Practice Manager – GPs and practice nurses have a responsibility supporting recovery
- Assistant Practitioner
- Physiotherapist

Assisting rehabilitation

- Health Centre Practice Manager – the health centre will have procedures for patients after surgery, for example
- Physiotherapist – physiotherapy can be a key element in post-operative

Providing equipment to help clients be more independent

- Health Centre Practice Manager – the health centre will be able to help with equipment

Helping in the day-to-day routines of clients

- Children's Centre Manager – the centre advises families on a wide range of skills to nutrition, and provides educational and recreational facilities

Activity A1c

Your answers will probably include:

- Health visitor
- Occupational therapist
- GP
- Ophthalmologist
- Social worker

Activity A3

You might identify the following risks:

- Transport hazards, affecting the whole group, four adults to travel with only three, all adults to wear seat belts
- Becoming cold, affecting the whole group, extra clothing to be carried
- Becoming dirty, affecting the whole group, all children to wear protective clothing
- Straying, affecting the whole group, each adult to be allocated a small group to watch
- Injury, affecting the whole group, one of the adults to be a qualified first aider, first aid kit to be carried, emergency services to be contacted if necessary
- Incontinence, affecting Megan, a change of clothes to be carried, one adult to be designated to help her, first aid kit to be carried, a place sheltered from the rest of the group
- Wheelchair becoming bogged down in mud, affecting Ashok, only when necessary, one adult to be designated to help him

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Activity A4

Your conclusions might include the following:

Spread of infection

- Careful hand washing before and after handling a client, after going to the toilet
- Reporting any illnesses, whether among staff or clients
- Covering sores and cuts
- Regular and thorough cleaning of premises, especially toilets and places where food and drink takes place
- Possible isolation of infected clients, depending on the setting
- Wearing protective clothing where appropriate

Violence against a member of staff

- A knowledge of the client's background, especially what might trigger violence
- Training in actions and attitudes to defuse a potentially explosive situation
- Training to avoid escalation and de-escalating a potentially violent client
- Ensuring that a potentially violent client is not left alone with a single member of staff

Physical or sexual abuse of a vulnerable client

- Ensuring that all staff have had an enhanced Disclosure and Barring Service check
- Ensuring that vulnerable clients are not left alone with anyone not known to them as a carer / staff member
- Training in recognising signs of abuse and reporting them to the relevant authorities

Accidental ingestion of harmful substances

- Storing all harmful substances where they cannot be accessed by clients
- Ensuring that they are released only to authorised personnel who are competent to use them
- If necessary having a system whereby anyone using such substances has to sign a register and put it back in

Theft of drugs

- Installing rigorous security arrangements for the storage of drugs and medicines
- Ensuring that they are only accessible to qualified and authorised medical practitioners
- Having a rigorous system for registering drugs and ensuring that they are used for the intended purposes
- Carrying out regular checks to ensure that the register tallies with the stock

Food contamination

- Storing food correctly (e.g. in a refrigerator or freezer if necessary)
- Avoiding cross-contamination; for example, by using different-coloured chopping boards and knives for different types of food
- Covering any food that is left out
- Using protective clothing when preparing food, including covering the hair
- Washing hands thoroughly before handling food and between preparing different types of food

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Activity A5a

Your discussions might include the following:

Health Centre*Recording and communication*

- Accurate recording of patient information so that it can easily be retrieved
- Systems to ensure that patients are easily able to access their own records
- Systems for communicating patient information quickly between professional staff, between the health centre and other organisations, such as social workers
- Systems for easy communication between patients and the health centre, e.g. prescriptions, consultations, etc., including telephone, email, text message
- A patient handbook outlining what patients can expect from the health centre

Confidentiality

- Training of all staff (including receptionists and other support staff) in confidentiality, and in particular the requirements of the Data Protection Act 1998
- Systems to ensure that records are kept securely
- Systems for ensuring that patient information is communicated only to those with a right to know
- Not passing on information without the patient's consent, unless disclosed under the General Medical Council's guidelines

Children's Centre*Recording and communication*

- No records kept apart from the initial interview and registration
- Systems for communication of information between professionals with the client's consent
- Systems to ensure that clients can access any information about themselves
- Systems for easy communication between clients and the children's centre, e.g. appointments, etc.

Confidentiality

- Client's consent always required for the sharing of information
- Training of all staff in the importance of confidentiality, and in particular the Data Protection Act 1998
- Reminding staff and clients that personal information, or information about an individual (and in particular a child) being identified, should not be shared without the consent of the client or their parent or carer – including photographs

Activity A5b**Poor practice**

- Janine was unaware that Mrs Carpenter had already had her medication. *Suggested improvement:* Janine should have made sure she filled in the medication chart.
- The GP's secretary emailed the district nurse, but the district nurse did not check her email for several days. *Suggested improvement:* The district nurse should check her emails daily for 'urgent' immediately.

Good practice

- Janine consulted Anita when Mrs Carpenter collapsed.
- Janine gave the ambulance crew written details of the incident and the patient's medical history.
- The hospital first checked that Mrs Carpenter's GP was at the health centre by email of what had happened.

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Activity A5c

The Caldicott Principles are named after Dame Fiona Caldicott, who conducted a review of information sharing in the NHS in 1997. They were revised in 2016, after a follow-up review.

- Justify the purpose(s).
- Do not use personal confidential data unless absolutely necessary.
- Use the minimum necessary personal confidential data.
- Access to personal confidential data should be on a strict need-to-know basis.
- Everyone with access to personal confidential data should be aware of the principles.
- Comply with the law.
- The duty to share information can be as important as the duty to protect confidentiality.

Activity A6a

- GP: Royal College of General Practitioners (professional body), General Medical Council
- Psychiatrist: Royal College of Psychiatrists
- Speech therapist: Health and Care Professions Council
- Assistant practitioner: Nursing and Midwifery Council
- Physiotherapist: Health and Care Professions Council
- Health visitor: Nursing and Midwifery Council
- Care assistant: there is no professional body as such, nor a statutory code of conduct. The Care Quality Commission (CQC) and Health have an optional code, to which most care assistant employers subscribe.
- Social worker: Health and Care Professions Council

Activity A7a

A holistic approach means looking at the person as a whole, not just at physical health, but also including mental, emotional and social aspects.

Activity A7c

Your answers might include:

- Poor communication between different professionals
- Different funding streams (e.g. NHS, local authority, voluntary sector)
- Failure to involve Ethel and her family in preparing her care plan
- Disagreement over the best ways of providing for Ethel's care
- Jealousy or distrust between different professionals or organisations

Activity A8a

The person who should be monitoring Toby's work would be his line manager. This could be a Social Worker or equivalent (different local authorities use different titles such as Intervention Worker, Intervention Officer, etc.). Check your local authority website for the exact title. Children's Services might become involved if the situation escalates.

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Activity A8b

Your discussion might include the following:

Monitoring

- Regular review meetings to discuss Toby's work as well as his well-being
- Regular updates on his caseload, so that his line manager knows how much work he has and their complexity – especially new cases

Recognising mental and physical fatigue

- By his appearance at these meetings
- By seeing him regularly working late
- Possibly by the quality of his work
- By Toby telling his line manager (although given his concern about his professional competence, he might well not say anything)
- Possibly from colleagues

Strategies

- Refer Toby for counselling
- Refer him to Occupational Health
- Review the team's caseload and spread it more evenly
- Help Toby with some of the more complex cases
- Reassure him about his professional competence, and make it clear that his workload, it will not count against him

Activity A9a

The categories are:

- Criminal activity, e.g. fraud
- Conduct that constitutes a danger to health and safety
- Conduct that risks or actually causes damage to the environment
- A miscarriage of justice
- Covering up a wrongdoing

Activity A9b

Most whistle-blowing policies set out a procedure along the following lines which vary according to the setting and the conduct concerned.

- Take the matter to senior management (including the fact that your line manager is raising the issue, as that could be construed as trying to cover up your own part in the problem)
- If you are not happy with their response (or if your line manager is part of the team), report it to the head of the organisation.
- If you are still not happy and it is a matter of professional conduct, report it to the relevant regulatory body, if there is one, or to the relevant professional body in consultation with your trade union.
- Since you suspect that the conduct may be criminal, if your organisation can refer the matter to the police for criminal investigation.

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Section B Activities

Activity B1

Your answers might include:

Toby

- GP services, accessed direct, by self-referral
- Mental health services, accessed via GP referral
- Counselling, accessed via his GP or direct, by self-referral

Ethel

- GP services, accessed direct, by self-referral, or – in the case of the health visitor – via health visitor referral
- Social services, accessed via GP, hospital or health visitor referral
- Occupational therapy, accessed via GP, hospital or social services referral
- Domiciliary care, accessed via social services referral
- Dental care, accessed direct by self-referral
- Befriending, accessed direct by self-referral, or via GP or social services referral
- Chiropractic, accessed direct by self-referral or via GP referral

Margaret Wilstead Trust services

- Usually accessed via social services referral, but can sometimes be accessed direct

Activity B2a

- **Public sector:** Provided by a public body – the government, a local authority or a health agency such as NHS England. Funded from taxation.
- **Voluntary sector:** Provided by a non-governmental organisation that is not for profit. Funded by donations and by payments from public bodies in return for services.
- **Private sector:** Provided by a private, profit-making company. Funded either by the clients themselves or by a public body.

Activity B3

Your answers will probably include:

- **Hospitals (presentations 2 and 3, case studies 3 and 5):** Inpatient care, surgery, clinic, physiotherapy, audiology, ophthalmology, accident and emergency
- **GP surgeries (Presentation 1, case studies 2, 3, 4 and 5):** Primary health care, health advice, children's developmental checks, vaccination, screening, mental health services, physiotherapy
- **Residential homes (possibly Case Study 5):** Social care, sometimes nursing, health services
- **Children's centres (Presentation 4, Case Study 5):** A wide range of children's services on local demand, but usually including health advice, parenting advice, early years child care, developmental checks
- **Day-care centres (possibly referred to):** Social care, mental health services, disability services
- **The home (case studies 2 and 5):** Social care, domiciliary care, mental health services
- **Hospices (not directly referred to):** Palliative care
- **The workplace (possibly Case Study 4):** Several possible services, depending on the workplace, including screening, blood donation and health advice
- **Educational institutions (not directly referred to):** Screening, vaccination, developmental checks

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Activity B4

I have identified 13 potential barriers – if you have found more than that, then

1. **No access to the Internet.** Both the Health Centre Practice Manager and the Physiotherapist mention online appointment booking. This could put those who do not have access to a disadvantage.
2. **Busy phone lines.** The Physiotherapist mentions this as a potential barrier.
3. **Difficulty getting time off work.** Also mentioned by the physiotherapist.
4. **Language difficulties.** The Practice Manager mentions that they provide interpretation services, but there could be problems for people whose first language is not English.
5. **Diet.** The Assistant Practitioner talks about the need to ensure that patients can eat in hospital, which could be difficult if people have particular requirements.
6. **Concerns about the consequences of seeking help.** Toby is worried that his workload will reflect badly on him.
7. **Fear of loss of independence.** Ethel is worried that if she seeks help for her services, she will lose her independence.
8. **Individual preference.** Because the services of the children's centre are only available when there is a care plan in place, some potential clients who need them may not be able to access them.
9. **Cultural factors.** Because of his upbringing, Dilip is hesitant about accessing the children's centre.
10. **Special needs.** Maggie's clients are able to access the services of the Maudsley Hospital, but some of their needs are very specific, and, in a different area, this could be a barrier.
11. **Financial considerations.** The Patels are struggling financially, which makes accessing services difficult.
12. **Distance.** Sally has difficulty reaching the hospital and health centre because of her home.
13. **Inability to drive.** Ethel is totally reliant on others to get her to appointments and cannot drive longer drive.

Activity B5a

The Health Centre Practice Manager mentions some of the important ways that patient voices are safeguarded and represented, including the National Clinical Assessment Centre's own patient forum. Other sources of support and representation include:

- The website www.patient.co.uk, referred to by the Practice Manager, which provides information on a wide range of support and assistance services for different situations.
- Charities such as Age UK and Diabetes UK, which not only provide support but also offer an advocacy service.
- Advocacy groups such as the Patient Association, Patient Concern and the Learning Disability Association.
- Local voluntary groups and support networks.
- The National Health Ombudsman.
- The National Health Ombudsman.
- The local authority's complaints system in the case of social care complaints.
- The Local Government Ombudsman if the local authority does not answer the complaint.

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Activity B5b

The family might first turn to the local authority's Social Services Department, the local authority's complaints system and, as a last resort, the Local Government Ombudsman. Other organisations that might help include:

- The NHS complaints system if their concerns are about the health aspect
- Age UK
- A local voluntary-sector care and support network, which would be able to help through the system

Activity B6

Your discussion will probably be wide-ranging, but it should include the following:

- The need for close regulation of residential care homes to avoid the variations identified in the survey
- The need for a review of funding and management arrangements, in both the public and domiciliary care sectors
- The lack of control that residents in some homes have over their lives, and the impact of this on their well-being
- The feeling of residents in some homes that they are worthless because of their care needs
- Frustration among staff in some homes that they do not have time to look after the residents properly
- Stress among staff at some residential homes and at some GP surgeries where the care has been judged to have failed
- Frustration among patients that they cannot go home after a hospital stay because of the need for domiciliary care
- Stress among those working in hospitals, particularly in A&E departments
- A realisation among staff in some GP surgeries that their working practices are not always in the best interests of the patients

Activity B7

Ofsted

Settings for which they are responsible

- All state schools, including nursery, primary, secondary and special schools
- Some independent schools
- Pupil referral units
- Further education colleges
- Skills providers and work-based learning
- Child care providers
- Adoption and fostering agencies
- Initial teacher training providers
- Children's social services

How they carry out their responsibilities

- They carry out regular inspections of the settings.
- They publish reports on their findings.
- They report regularly to policymakers on general trends.

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Estyn

Settings for which they are responsible

- All state schools, including nursery, primary, secondary and special schools
- Independent schools
- Pupil referral units
- Further education colleges
- Work-based learning
- Teacher training providers
- Local authority education services

How they carry out their responsibilities

- They carry out regular inspections of the settings.
- They publish reports on their findings.
- They report regularly to the Welsh Assembly Government.
- They work to spread good practice.

Education Training Inspectorate

Settings for which they are responsible

- All state schools, including nursery, primary, secondary and special schools
- Further education colleges
- Work-based learning
- Youth organisations
- Education other than at school (EOTAS)

How they carry out their responsibilities

- They carry out regular inspections of the settings.
- They publish reports on their findings.
- They report regularly to the Northern Ireland Government.
- They engage with schools and organisations outside the formal inspection process to raise standards.

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Section C Activities

Activity C2

Your answers might include the following:

Rachel

- Ensure that she has a set routine, as people with Asperger's syndrome changes in routine.
- Restrict her choices as far as possible, as she is likely to find making decisions difficult.
- In teaching her new tasks, use visual images as much as possible, as she is likely to be visually impaired, and work alongside her until she gets the task right.

Kirsty

How Maggie helps her will depend on the type of cerebral palsy Kirsty has. One of the following:

- Have a wheelchair available in case she needs it.
- Take her arm when walking, as she may find it difficult to walk.
- Be patient when conversing with her as talking may be difficult.
- Help her with her music (or provide specially adapted instruments if she has coordination difficulties).

Jack

This will depend on the type of MS Jack has. Her help could include any of the following:

- Provide a wheelchair if he needs it.
- Work with him in the pool, and provide massage and other therapies to help him.
- Be aware that he is likely to tire easily.

Dipak

- Look for non-verbal communication signals, such as facial expressions.
- Be sensitive to his feelings, as he is unlikely to be able to express them.
- Be patient and reword questions and comments if he does not appear to understand.

Jasmine

- Speak to her normally.
- Encourage her to communicate as much as possible, even if that involves writing.
- Be patient as she tries to communicate.

Stephen

- If Maggie has learnt sign language, she could use that to communicate. Gestures and writing (since Stephen's learning difficulties are only moderate to read simple words).
- Be patient, and make sure he understands what she is trying to communicate. Use a different method.
- Look for non-verbal signals.

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Activity C3a

The services offered may vary from area to area, depending on local priorities. Most teams will offer the following:

- Counselling
- Resources
- Psychotherapy
- Family support
- Drug and alcohol clinics
- Supported housing
- Psychiatric hospitals
- Day centres

Activity C3b

CAMHS teams with usually include:

- Psychiatrists
- Psychologists
- Social workers
- Nurses
- Support workers
- Occupational therapists
- Psychotherapists
- Substance misuse workers

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