



Health & Social Care

Unit 2: Professional Practice

Equality Act 2010

- The purpose of this Act is to make Britain a fairer place, where people have the opportunity to succeed whatever their race, gender, disability, age, sexual orientation, religion or beliefs.

It includes rules on:

- how staff and service users should be treated in regards to **Direct & Indirect Discrimination** or **Harassment** due to:
 - Age
 - Disability
 - Sex/Gender/sexual orientation Discrimination
 - Race Relations
 - Maternity and pregnancy
 - Equal Pay
- Reasonable adjustments that must be made in workplace
 - Can you think of an adjustments that can be made for....

General Data Protection Regulation (GDPR)

- Guides how to deal with information held about service users (7 key principles)
 - A right to be informed how their information is being used
 - A right to be allowed to see their own data held
 - All incorrect data must be corrected
 - Right to refuse/stop their data to be used
 - Right to request information transferred between organisations
 - Control on the auto collection of data and use

Human Rights Act

Sets out individuals rights

- Right to life (NHS, right to give medication)
- Right to be respected and privacy and family life (treated with dignity and help people be independent)
- Right to liberty and security (not deprived of freedom)
- Right to freedom of religion (practice faith and have over opinion)

Health & Social Care Act

- Sets out how health and adult social care providers must **share information** about a persons care with other health and care professionals so that **safe and effective care can be provided (NO DECISION ABOUT ME WITHOUT ME)**
- **Services should work together to provide consistent continues care to the highest standard**
- Reduces the **risk of harm and abuse** by making provision for **removing people convicted** of certain offences from the registers kept by the regularity bodies for health and social care professionals.

Regulations

- Rules set out by law
- Must be followed or breaking the law

**Management of
Health and safety
at Work
Regulations
(MHSWR)**

- **Places duty on employers to carry out and implement RISK ASSESSMENTS of health, safety and security of their employees and other s who live and work in these settings.**
- **Requires employers to provide information, training, equipment aad supervision so that work activities can be carried out safely.**

| Legislation | Key aspects strengths |
|--|--|
| Manual Handling Operations Regulations 1992 | <ul style="list-style-type: none"> • Requires employers avoid hazardous manual handling, where possible to assess those that cannot be avoided. • Requires employees to eliminate or reduce risks associated with manual handling tasks. • Requires employers to provide information, training and supervision about safe moving and handling. |
| Reporting of Injuries, Diseases and Dangerous Regulations (RIDDOR) 2013 | <ul style="list-style-type: none"> • Requires employers to report and keep records for 3 years of work related accidents that cause death and serious injuries (reportable injuries) diseases and dangerous occurrences (ie incidents with the potential to cause harm_ • Requires work places to have procedures in place for reporting injuries, diseases and accidents. • Requires employers to provide information and training on reporting injuries, diseases and incidents. |

RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

- These Regulations **require employers, the self-employed and those in control of premises to report specified workplace incidents.**
- HSE will pass on reported information about patient or service user incidents to other regulators where appropriate.

What should be reported?

- the **death** of any person, whether or not they are at work
- **accidents** which result in an employee or a self-employed person **dying**, suffering a specified injury, **being absent from work** or unable to do their normal duties for more than **seven days**
- accidents which result in a person **not at work suffering an injury and being taken directly to a hospital for treatment**, or if the **accident happens at a hospital**, if they suffer a specified injury
- an employee or self-employed person has one of the specified **occupational diseases** or is exposed to **carcinogens, mutagens and biological agents** specified dangerous occurrences, which may not result in a reportable injury, but have the **potential to do significant harm**

Who reports to RIDDOR?

- The '**responsible person**' has the duty to notify and report. This may be the employer of an injured person, a self-employed person or someone in control of premises where work is carried out.

The 6C's Principles to inform everyday practice

✓ Care

Care is our core business and that of our organisations; and the care we deliver helps the individual person and improves the health of the whole community.

Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.

✓ Compassion

Compassion is how care is given through relationships based on empathy, respect and dignity.

It can also be described as intelligent kindness and is central to how people perceive their care.

✓ Competence

Competence means all those in caring roles must have the ability to understand an individual's health and social needs.

It is also about having the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

✓ Communication

Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say. It is essential for 'No decision without me'.

Communication is the key to a good workplace with benefits for those in our care and staff alike.

✓ Courage

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns.

It means we have the personal strength and vision to innovate and to embrace new ways of working.

✓ Commitment

A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients.

We need to take action to make this vision and strategy a reality for all and meet the health and social care challenges ahead.

Trustworthy

- Being honest
 - Being truthful
 - Being reliable
-
- Important a service user trusts that they are in good care and not in any harm.

Objectivity

- Not being biased
- Basing judgements just on facts not personal opinion
- Important as service users need feel they are being treated fairly and not judged and valued for who they are not what people think

Patience

Being able to wait

Accept problems and delays without being frustrated

Care workers who are patient are less likely to get angry if a person asks the same questions over and over again. They will understand that some people need time to make up their minds before they are able to make a decisions and do things, e.g. what to wear, what to eat, what treatment to have or to walk.



Respect

Taking into account others feelings and wishes

Valuing others opinions

Treating people with dignity

They can show they respect service users by actively listening and getting to know their names rather than just calling all service users 'love' or 'dear'.



Empathy

Understand others feelings and what they think

To be able to empathise with service users means to see things in the same way as them and to be able to put themselves in their shoes. Service users will recognise this by the way care workers talk to them, the tone and words they use.

If a child user is upset because their pet has died should not be told 'well you knew it was going to happen soon'. Instead the care workers should listen and respond in a way that shows they can identify with how they are feeling, for example 'try to remember the happy times' or talk about a similar personal experience.

This will help to build a good relationship with the service user.



Commitment

Promising to do something

Agreeing to do something

Taking responsibility and dedicating yourself fully to your job and trying to always improve and do better.

Effective Communication Skills

Being able to pass on information clearly

Being able to interact with others well

Listening and speaking slowly

Explaining things

Having good body language

This can help someone feel supported and respected and also help to reduce stress, anxiety and worry



Having Initiative

Getting something done without being asked

Noticing when things need doing

Being able to do things on your own

Care workers should always be willing to help. They should not complain or pull a face when asked to do something or assist a service user. This is make service users appreciated and are more likely to trust and value a care worker with this quality.



Professionalism

Being able to do your job in a skilful safe way

Being well mannered

Behaving in an acceptable way

Care workers who are polite and always smile and come across as friendly. They also show that they are pleased to see service users and so are much more likely to have positive experience with service users.



Problem Solving

Being able to look at a range of options and solving an issue or problem

Being able to make a good choice in how to approach something difficult

Teamwork

- Being able to work with a group of people
- Doing what is asked of you
- Sharing information and helping
- Being reliable

Task Five: Answer this exam question

Being compassionate, professional, respectful and trustworthy are key attributes and behaviours that a GP must have.

Describe how a GP could apply **each** of these key attributes when dealing with Christopher.

[4 marks]

Being compassionate

Being professional

Being respectful

Being trustworthy

Note: One
mark for each
one

Care values



Describe what is happening in this picture – is this good or bad care?

Value 1: Duty of Care

- Care workers have a legal
 - obligation to protect
 - individuals who they care
 - and support from any
 - danger, harm or abuse
-
- i.e. teachers have a legal
 - obligation to ensure the
 - safety or well-being of the
 - children in school.



Value 2: Safeguarding

- The actions taken by
- workers to protect
- individuals.

When safeguarding goes wrong - unacceptable care in the workplace

- i.e. putting a child in care if home environment is**

Is it always the fault of staff? They are busy, do they mean to treat people unkindly?
dangerous

What if a resident is abusive, angry or violent?

Where is the line between acceptable and unacceptable?

<http://www.bbc.co.uk/news/uk-england-bristol-20092894>

Value 3: Person Centred Approach

- Focusing care on the individual needs and wishes of people as we are all unique with different preferences, abilities and needs

- Therefore we need to make sure we are doing what we can to suit their preferences and needs and support them to make their own choices

Value 4: Partnership working

- Working with other
 - professionals, services or
 - agencies in order to provide
 - the best care.
-
- I.e. A School working with social services, hospital and police

Value 5: Dignity in practice

- Dignity in social care ensures individuals who receive care and support are able to make choices about the care they receive.
- This includes decisions about everyday care needs, such as:
 - personal hygiene
 - meal and drink choices
 - communication
 - social interaction
 - pain management
 - moving and assistance.

Dignity – Care value 2

How could you ensure dignity is maintained doing these tasks?

Complete the dignity check table.....

| Situation | Actions to protect dignity |
|--|----------------------------|
| Personal care task such as bathing | |
| Supporting someone to complete a task | |
| A service user who has had an accident | |
| A service user needs to use the toilet | |
| An old lady who cannot hear very well and may be embarrassed | |

Value 6: Respect

- One of the times at which people are most in
- danger of losing their dignity and self- respect is
- when they need health or social care services.
- These services are provided when people are at
- their most vulnerable and so respect for dignity is
- particularly important.
- Taking into account peoples differences

Ways to show Respect

- Let people choose their own clothing. ...
- Involve them in decisions relating to their care. ...
- Address the person properly. ...
- 4. Make food look and taste nice. ...
- Respect personal space and possessions. ...
- Handle hygiene activities sensitively.



Value 7: Rights of individuals

Choice: Being giving the chance to make your own informed decisions

For example the right to choosing your own GP

.To be able to choose means that service users need to be given information about:

- which GP's are available
- how far they are from where the resident is now living
- which GP's are already visiting the residents

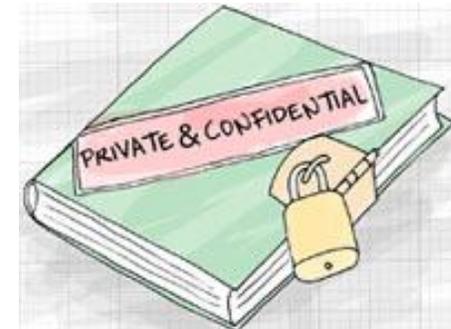


Why do you think a service user will want to keep the GP that they had whilst living in their own home to your mind map...

Value 8: Maintaining confidentiality

- Making sure written documents are stored in a locked filing cabinet, on a computer with a password
- Staff should not gossip
- Information shared on a 'need to know basis'
- Never share information with others without their permission unless:
 - They are at risk of harming others or themselves
 - They are at risk of danger or committing an offence

SIMILAR examples to the right of 'confidentiality but REMEMBER they are named differently



Value 9:Independance

Not having to feel like you need to rely on others.

Helping give people freedom and feel empowered to make their own decisions

Letting people have as much control as possible over their own lives

Person Centred Care

<https://www.youtube.com/watch?v=6Dk3CV-Wt38>

- Focusing care on the individual needs and wishes of people as we are all unique with different preferences, abilities and needs
- Therefore we need to make sure we are doing what we can to suit their preferences and needs
- Respecting what is important to individuals i.e. respecting their values.
- Trying to give all the care values the best we can
- Supporting and enabling individuals to live their lives how they want to and how they prefer to.

WHY is this important

Why person-centred care is important:

- To ensure individuals are being listened to and treated with respect.
- To enable professionals to focus on individuals' strengths and abilities.
- To ensure individuals lead fulfilling lives.
- Enables positive working relationships to develop.
- To improve the quality of care and support.

- Individuality involves respecting the person for who they are, getting to know the individual and their uniqueness.
- Choice involves providing individuals with the opportunity to make their own decisions.
- Privacy involves providing an individual with their own space and respecting this i.e. not only physically but also emotionally and spiritually.
- Dignity involves enabling individuals to maintain their self-respect.
- Respect involves listening to and taking into account who an individual is, including their beliefs, values and preferences.
- Rights involve providing individuals with the opportunity to make decisions about wanting or not wanting to do something.
- Independence involves enabling individuals to lead their lives like they want to.
- Partnership involves working alongside individuals and developing good working relationships to support and enable individuals to lead their lives how they prefer.

Holistic Needs

It is important we don't just focus on one need on an individual

For example a nurse should not just focus on what medical needs and physical symptoms a patient has... they have look at ALL their needs as a whole person

Task Six Match up the needs

- Social Needs: relationships with others, interactions, socialising
- Emotional Needs: Impact on body, pain, poor health
- Cognitive Needs: learning, mental stimulation, intellect
- Physical Needs: feelings, trust, security, confidence, comfort



Evaluating Multi-Disciplinary Teams

A **multi-disciplinary** team is made up of professionals from the same service who have different roles who work together to deliver the best care that addresses as many of the patient's needs as possible.

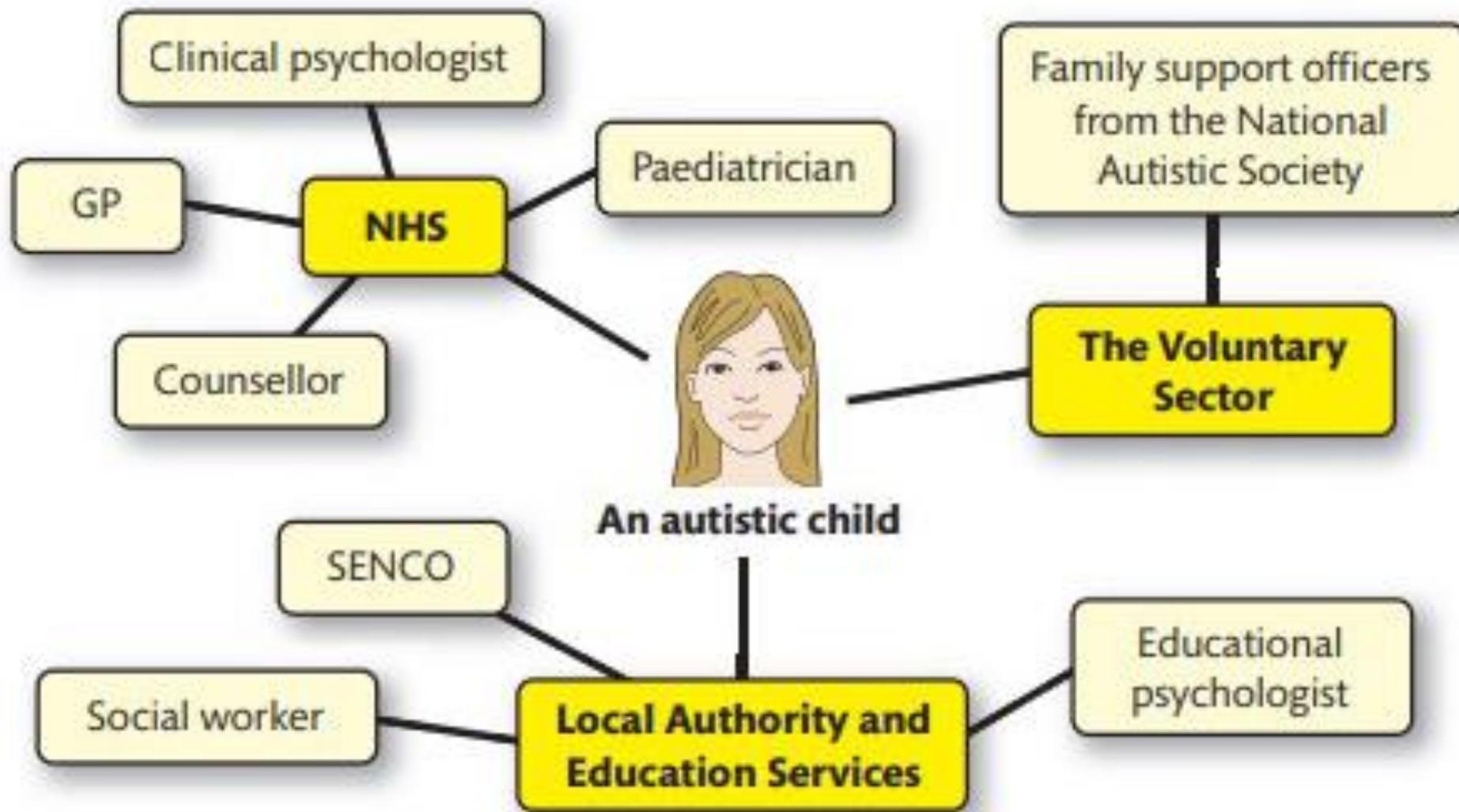
Multi-disciplinary teams are formed based on the individual's specific needs.

A pregnant women could be looked after by Her GP, Nurse, Midwife, Health visitor, social worker, hospital nurses etc.

Someone diagnosed with cancer, the team might be made up of an oncologist, a radiologist, a haematologist, a dietician, a clinical nurse specialist and other specialist nurses. Each team member has a different role and responsibilities

A multi-agency team is made up of professionals from different health and social care services such as police, local authority, charities, college etc”

For example, a local authority social services department may work with a mental health organisation such as Mind (a mental health charity) to help a service user with mental health problems live in the



Personal v Professional Relationships

| Working relationships | Personal relationships |
|--|--|
| <ul style="list-style-type: none">• Working relationships are those between professionals such as a GP, social worker, pharmacist, nurse, CQC inspectors and clients/service users and their family and friends.• A working relationship also exists between members of staff. | <ul style="list-style-type: none">• Personal relationships exist between friends, acquaintances, neighbours, partners, family members and relations. |
| <ul style="list-style-type: none">• Working relationships are planned and occur as part of the job role: working with others in order to provide care for individuals. | <ul style="list-style-type: none">• Personal relationships develop naturally, for example those with family members.• Friendships gradually develop with people whom you choose to be your friends. |
| <ul style="list-style-type: none">• Clear boundaries are in place and guidelines will be provided such as codes of conduct and a job description. (See also Unit 2, Learning outcome 1, section 1.2, page 61.)• Procedures will be in place that outline agreed ways of working, for example for safeguarding, duty of care and appearance.• There will be policies relating to health and safety, bullying and equal opportunities. | <ul style="list-style-type: none">• Personal relationships are not guided by official rules, regulations or policies. |
| <ul style="list-style-type: none">• Confidentiality is very important.• There will be restrictions on sharing certain types of sensitive information, such as a patient's health records, so that it is kept private and available only to those who need to be aware of it in order to provide appropriate care and support. This is known as sharing information on a 'need to know' basis. | <ul style="list-style-type: none">• Personal information is shared between family members and friends: this is one of the ways close bonds are developed. |

Lorem Ipsum

