

eGUIDE//

Health and Social Care (Single and Double Award) Unit AS 1: Promoting Quality Care

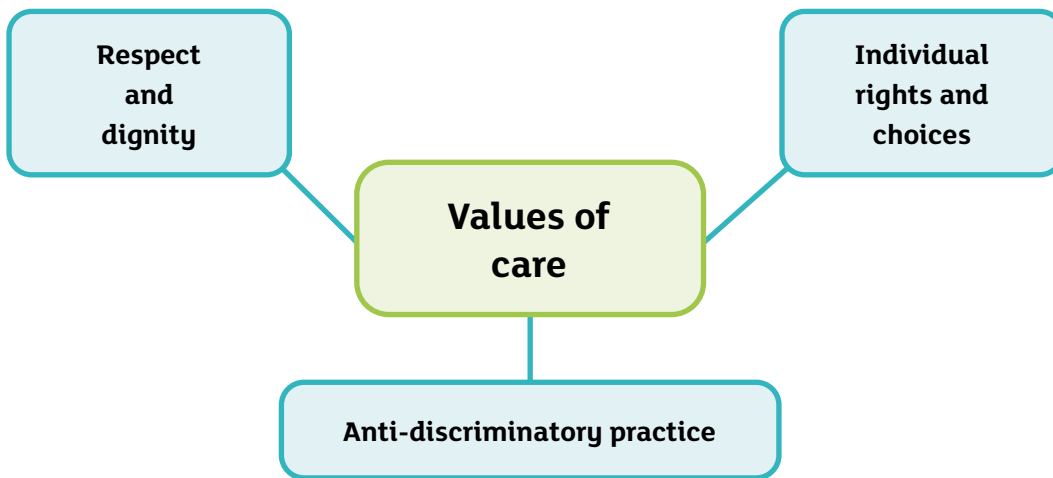
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Values of care

In all care settings; play groups, schools (up to primary 3), day centres, care homes, supported living environments, health centres and hospitals it is essential that staff follow the values of caring when meeting children's or services users' needs. These groups of people are often vulnerable and depend on staff to enable them to achieve their potential.

What are values of care and how do they impact positively on service users?
The three values of care are below:



Individual rights and choices

Every person is a unique human being, having their own special abilities and gifts. Both children and adults have needs and requirements that must be met whilst being cared for, whether in a playgroup setting or a care home. Teachers or care workers need to develop a keen awareness of the importance of seeing each person in their own right and not stereotyping or labelling people. When people are vulnerable or in need it is essential that those responsible for providing their care see them as individuals and help them to access not only their rights but also what they chose for themselves in order to have their needs met. For early years and health and social care professionals it is vital that the individuality is considered so providing person-centred care.

A right is an entitlement which is often based on principles of equality and fairness. Think of five rights that you value. What makes them important? If tomorrow you had these rights taken away from you how would you feel?

A choice gives a person power and control over what is happening in their lives. They can choose between activities they are involved in, for example in a day centre. The person feels they are involved in decisions and has a range of options or possibilities.



Scenario 1

Paul, aged 18, has a learning disability and just started his local day centre. Paul finds it difficult at times to communicate and uses Makaton. Think of two rights and two choices that apply to Paul in this setting. One example might be that Paul has a right to be involved in the drawing up of his care plan.

What could staff do to ensure that Paul is given rights and choices?

How might this have a positive impact on Paul?

www.makaton.org/Assets/Store/FreeResources/all-about-me.pdf

Scenario 2

Under the United Nations Convention on the Rights of the Child Articles 28 and 29 all children have a right to an education with the goals of education to 'develop every child's personality, talents and abilities to the full.'

[\(www.unicef.org.uk/\)](http://www.unicef.org.uk/).

Consider how staff in a primary school could enable this right and the goals of education to be achieved. How would both the children and their parents know the goals were being actively pursued within the primary school setting?

Consider the positive impact on the children of having this right and these goals met by staff through the application of the values of care.



The following resource focuses on how practitioners in health and social care settings could apply choice in their day to day work.

www.scie.org.uk/publications/guides/guide15/factors/choice/

Respect and dignity

Respect is about enabling children and adults in early years, social care and health care settings to be valued. This could mean staff actively ensuring respect for privacy and individuality.

Respect involves practitioners having due regard for the feelings and wishes of service users in their care. Staff must show consideration and thoughtfulness for service users' wishes. In turn this enables the children or service users to have confidence and self-belief as they feel they are valued or thought well off. Individuals feel they are appreciated and respected.

Dignity in care involves treating service users with compassion and respect enabling them to have pride and self-confidence. Examples in practice could be staff ensuring toilet doors are closed when an older service user is in the bathroom, or a child being changed or toileted in privacy in an early years setting.



The Social Care Institute for Excellence (SCIE) refers to eight main factors that promote dignity in care.

www.scie.org.uk/publications/guides/guide15/factors/index.asp

Each of these Dignity Factors contributes to a person's sense of self-respect, and they should all be present in care:

- *choice and control* – enabling people to make choices about the way they live and the care they receive.
- *communication* – speaking to people respectfully and listening to what they have to say; ensuring clear dialogue between workers and services.
- *eating and nutritional care* – providing a choice of nutritious, appetising meals, that meet the needs and choices of individuals, and support with eating where needed.
- *pain management* – ensuring that people living with pain have the right help and medication to reduce suffering and improve their quality of life.
- *personal hygiene* – enabling people to maintain their usual standards of personal hygiene.
- *practical assistance* – enabling people to maintain their independence by providing 'that little bit of help'.
- *privacy* – respecting people's personal space, privacy in personal care and confidentiality of personal information.
- *social inclusion* – supporting people to keep in contact with family and friends, and to participate in social activities.

The Social Care Institute for Excellence has produced a 'Care Skillbase' which contains 38 Skills Checks. You may find these useful in identifying how the values of respect and dignity apply in health, social care and early years settings

www.scie.org.uk/workforce/careskillsbase/skillschecks/allskillschecks.asp#skillscheck34

Activity 1

List three ways staff in the following settings can apply the value of respect and dignity in their work with service users

A hospital

A day care setting for people with mental illnesses



Activity 2

John, aged three, has recently started a play group. He is missing his mother and finding it hard to make friends. John does not like going to the bathroom in playgroup and always waits until his mother collects him. However one day John has a personal hygiene accident at the play group.



How could the playgroup apply the value of respect and dignity in dealing with the incident?

What would be the positive impact for John?

‘The Dignity Challenge’ from the Dignity in Care will help you to understand the values of care. www.scie.org.uk/publications/guides/guide15/dignitychallenge/index.asp

Another helpful resource on the Social Care institute of Excellence site is a guide for dignity and mental health care practice

www.scie.org.uk/publications/guides/guide15/specialistcare/mentalhealth/



Anti-discriminatory practice relevant to race, beliefs, gender, disability, cognitive ability, mental health and sexuality

Anti-discriminatory practice is practice that actively promotes equality. It is practice that actively counters discrimination. In health, social care and early years settings staff must work to ensure that their behaviour and that of others doesn't discriminate against service users on the basis of race, beliefs, gender, disability, cognitive ability, mental health and sexuality.

Activity

A good starting point for this unit is to consider discriminatory practices. Watch the following clip from the Nursing and Midwifery site which focuses on safeguarding and may help you to begin thinking of both discriminatory and anti-discriminatory practice.

The Fact File for AS Unit 3 'Discrimination and Anti-Discriminatory Practice in Health, Social Care and Early Years Settings' gives examples of anti-discriminatory practice and considers the impact on service users.

<https://ccea.org.uk/post-16/gce/subjects/gce-health-and-social-care-2016/support>

Activity

a) Examine how practitioners in settings could work in an anti-discriminatory way to enable children and service users to feel valued. Remember anti-discriminatory practice is when practitioners work to avoid or stop discrimination

Basis for discrimination	Setting e.g day centre, hospital, playgroup	Example of anti discriminatory practice
race		
beliefs		
gender		
cognitive ability		
disability		
mental health		
sexuality		



- b) Make notes on the potential impact of anti-discriminatory practice on service users.
- c) Consider the following scenarios which will help you to further develop your understanding of anti-discriminatory practice.

Scenario 1

Edward is 83 years old and relied heavily on his wife to meet his health and social care needs. He has not been coping well since her death six months ago. He recently moved to a care home but has not been integrating with either staff or other residents and spends most of his time alone. His daughter has stated that he has poor vision and is also concerned that his hearing may also be limited. What actions could staff take to promote anti-discriminatory practice to support Edward and how might this positively impact on him?



Scenario 2

Lin was adopted as a baby. Her country of birth is China but she has lived in Northern Ireland since her adoption. She recently started her local playgroup. What actions could staff take to promote anti-discriminatory practice? How might this positively impact on Lin and other children from ethnic minorities?





Some examples of anti-discriminatory practice:

- having leaflets in a range of languages
- having information in audio form or braille
- having information in Makaton
- having accessible buildings
- making sure staff attend regular training
- the provision of hearing loops
- having play materials which represent a range of cultures
- keeping children's/service users' details confidential

Legislation that promotes quality care

- The United Nation's Convention on the Rights of the Child (UNCRC) ratified 1990
- The Special Educational Needs and Disability (NI) Order 1996 updated 2005 and again by the Special Needs and Disability Act (Northern Ireland) 2016
- Safeguarding Vulnerable Groups (NI) Order 2007
- The Human Rights Act 1998
- Disability Discrimination Act 1995 and Disability Discrimination (NI) Order 2006
- The Mental Health (NI) Order 1996

Use the CCEA Fact File on 'Legislation that Promotes Quality Care' to access information on legislation

<https://ccea.org.uk/post-16/gce/subjects/gce-health-and-social-care-2016/support>

Health and Safety

You need to know about Health and Safety requirements and how they apply to a particular setting

Health and safety is vital in all health, social care and early years settings. Everyone has a responsibility to help in keeping the setting, the staff, service users, children, parents and visitors safe. **The Health and Safety at Work (NI) Order 1978** is the overarching legislation with **Control of Substances Hazardous to Health (COSHH)** and **Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)** central in safety within the organisation.

The following short clips will help you understand how legislation is applied to the health, social care and early years settings

Early years settings

Use the following video to examine health and safety in a school setting. The clip is useful to help you think about hazards and managing hazards in the school setting

www.youtube.com/watch?v=RbBFtrbXDGc

Care Home Health & Safety

Health and safety issues in a care home (it is based on the English legislation but there is a significant amount of overlap)

www.youtube.com/watch?v=WxNWuib2-IE



Risk Assessment for Health & Safety in the Care Home

www.youtube.com/watch?v=yH1lqiJm2hs



In accordance with the Health and Safety at Work Order **employers** have a **duty of care** in practice.

Outlined below are a number of these duties. Choose one setting and complete at least two examples to show how the legislation is applied in the setting.

Employers' duty of care	Example in the setting
Make the workplace safe - research examples	
Prevent risks to health e- research examples	
Ensure that machinery is safe to use, e.g. hoists	
Ensure safe working practices are set up and followed	
Make sure that all materials are handled, stored and used safely	
Provide adequate first aid facilities	
Tell staff about any potential hazards from the work they do - chemicals and other substances used by the organisation - and provide information, instructions, training and supervision as needed	
Set up emergency plans	
Make sure that ventilation, temperature, lighting, toilet, washing and rest facilities all meet health, safety and welfare requirements	



Employers' duty of care	Example in the setting
Check that the right work equipment is provided and is properly used and regularly maintained.	
Prevent or control exposure to substances that may damage health	
Take precautions against the risks caused by flammable or explosive hazards, electrical equipment, noise and radiation	
Avoid potentially dangerous work involving manual handling (and if it can't be avoided, take precautions to reduce the risk of injury)	
Provide protective clothing or equipment free of charge (if risks can't be removed or adequately controlled by any other means), i.e. gloves, aprons	
Ensure that the right warning signs are provided and looked after, i.e. for wet floors	
Report certain accidents, injuries, diseases and dangerous occurrences to either the Health and Safety Executive for Northern Ireland or the local authority, depending on the type of organisation/business	



Employers must also make sure the workplace is safe and healthy.

Use the table below to research how the legal responsibilities are carried out in a specific setting.

Employers must also make the workplace safe and healthy	Examples in the setting
Make sure that they are properly ventilated, with clean and fresh air	
Keep temperatures at a comfortable level	
Light premises so that employees can work and move around safely	
Keep the workplace and equipment clean	
Ensure that areas are big enough to allow easy movement	
Provide workstations to suit the employees and the work	
Keep the equipment in good working order	
Make floors, walkways, stairs, roadways safe to use	
Store things so they're unlikely to fall and cause injuries	
Fit openable windows, doors and gates with safety devices if needed	
Provide suitable washing facilities and clean drinking water	
If necessary, provide somewhere for employees to get changed and to store their own clothes	
Set aside areas for rest breaks and to eat meals, including suitable facilities for pregnant women and nursing mothers	

Reference: www.nidirect.gov.uk/employers-health-and-safety-responsibilities



It is important also to understand that under the legislation employees also have responsibilities including:

- to take reasonable care of their own health and safety
- if possible to avoid wearing jewellery or loose clothing if operating machinery
- if the employee has long hair, or wears a headscarf, make sure it's tucked out of the way as it could get caught in machinery
- to take reasonable care not to put other people – fellow employees and members of the public – at risk by what they do or don't do in the course of their work
- to co-operate with employers, making sure they get proper training and understand and follow the company's health and safety policies
- not to interfere with or misuse anything that has been provided for their health, safety or welfare
- to report any injuries, strains or illnesses they suffer as a result of doing their job; the employer may need to change the way the person works
- tell employers if something happens that might affect the persons' ability to work, like becoming pregnant or suffering an injury, because employers has a legal responsibility for employees' health and safety.

Reference: <https://www.nidirect.gov.uk/articles/employees-health-and-safety-responsibilities>

Control of Substances Hazardous to Health (COSHH)

Using chemicals or other hazardous substances at work can put people's health at risk, affecting the health of staff or sometimes service users/children or relevant others. COSHH is the law that requires employers to control substances that are hazardous to health. Employers must work to prevent or minimise any risk to employees from exposure to hazardous substances. COSHH covers a number of important areas within the workplace including chemicals, products containing chemicals, fumes, dusts, vapours, mists and gases, and biological agents (germs); asphyxiating gases and germs that cause diseases such as leptospirosis or legionnaires' disease.

<https://www.hseni.gov.uk/topic/coshh>



Research what hazardous substances are used in a health social care or early years setting and how the setting complies with its responsibilities under the legislation.

On placement or during a visit to a setting find out who in the organisation is responsible for the risk assessments, what forms are completed, what information is required, who sees the forms, where they are kept, who is responsible for keeping them, how long they are kept and when outside agencies are informed such as the Health and Safety Executive NI or the Public Health Agency informed about them.



Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR places a legal duty on employers to report work-related deaths, major injuries or over-three-day injuries, work-related diseases, and dangerous occurrences (near misses).

www.hseni.gov.uk/contact-us/report-an-incident.htm

See the table below for RIDDOR responsibilities

Reportable incidents	
Work related deaths, major injuries or over 3 days injuries	fractures, other than to fingers, thumbs and toes
	amputations
	any injury likely to lead to permanent loss of sight or reduction in sight
	any crush injury to the head or torso causing damage to the brain or internal organs
	serious burns (including scalding) which: <ul style="list-style-type: none"> • covers more than 10% of the body • causes significant damage to the eyes, respiratory system or other vital organs
	any scalping requiring hospital treatment
	any loss of consciousness caused by head injury or asphyxia
	any loss of consciousness caused by head injury or asphyxia <ul style="list-style-type: none"> • leads to hypothermia or heat-induced illness • requires resuscitation or admittance to hospital for more than 24 hours • any accidents that result in injury which requires their employee to be off work for more than 3 days
Non-fatal accidents to non-workers (eg members of the public)	if a member of the public has an accident while on the premises and is 'taken directly from the scene of the accident to the hospital for treatment of the injury' it must be reported *it is noteworthy that organisations do not have to report it when someone is taken to hospital as a precaution 'when no injury is apparent'
Work related diseases	carpal tunnel syndrome; severe cramp of the hand or forearm; occupational dermatitis; hand-arm vibration syndrome; occupational asthma; tendonitis or tenosynovitis of the hand or forearm; any occupational cancer; any disease attributed to an occupational exposure to a biological agent.
Dangerous occurrences	near-miss events such as a wall collapsing

www.hse.gov.uk/riddor/reportable-incidents.htm



Activity

- a) Using the information above identify examples of reportable incidents under RIDDOR that may occur in a health, social care or early years settings.
- b) When you are on placement or visiting a setting find out about recording and reporting procedures under RIDDOR

Policies

You need to be able to evaluate the effectiveness of policies in promoting quality care in health, social care and early years settings.

Policies are written documents that provide guidance for staff on what to do in a range of situations that may occur in the work place. Employers must provide training for all staff on workplace policies.

Examples of policies are:

- ***whistle-blowing***
- ***complaints***
- ***use of social media***
- ***safeguarding***
- ***consent***
- ***records and information management***
- ***management of medicines***

Please refer to the Fact File on Policies in Health, Social Care and Early Years Settings for detailed information on this section

<https://ceea.org.uk/post-16/gce/subjects/gce-health-and-social-care-2016/support>

The impact of poor practice

Sadly there continues to be many incidents of poor practice.

For example the shocking practice of staff at Winterbourne View, is a well-documented example of poor practice.

Information is available at www.theguardian.com/society/2012/oct/26/winterbourne-view-care-staff-jailed

or you may watch the Panorama documentary on You Tube.

Poor practice has the potential to have a negative impact on not only the service users but also the staff responsible, potential service users, families, care workers and the organisation.

Activity

- a) Working in groups research once recent example of poor practice in a health, social care or early years setting and share your information with your class.
- b) Use the table below to consider a range of different ways poor practice can impact on service users, staff responsible, potential or other service users, families, care workers and the organisation. You may link this to your example if you wish.



	Impact or potential impact of poor quality practice
service user(s) themselves	
the staff responsible	
potential /other service users	
families	
care workers	
the organisation	

Examples of poor practice

Follow the link below to access two reports from the Health Service Ombudsman report 'Care and Compassion' which included ten investigations into NHS care of older people

<https://www.ombudsman.org.uk/publications/care-and-compassion>

Activity

Choose one of these investigations and summarise the poor practice. Analyse its potential impact.

There is considerable resource material available on the internet on the news and newspaper sites.

The Nursing and Midwifery and Northern Ireland Social Care Council sites have sections providing information on disciplinary hearings and outcomes regarding poor practice.

www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/



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