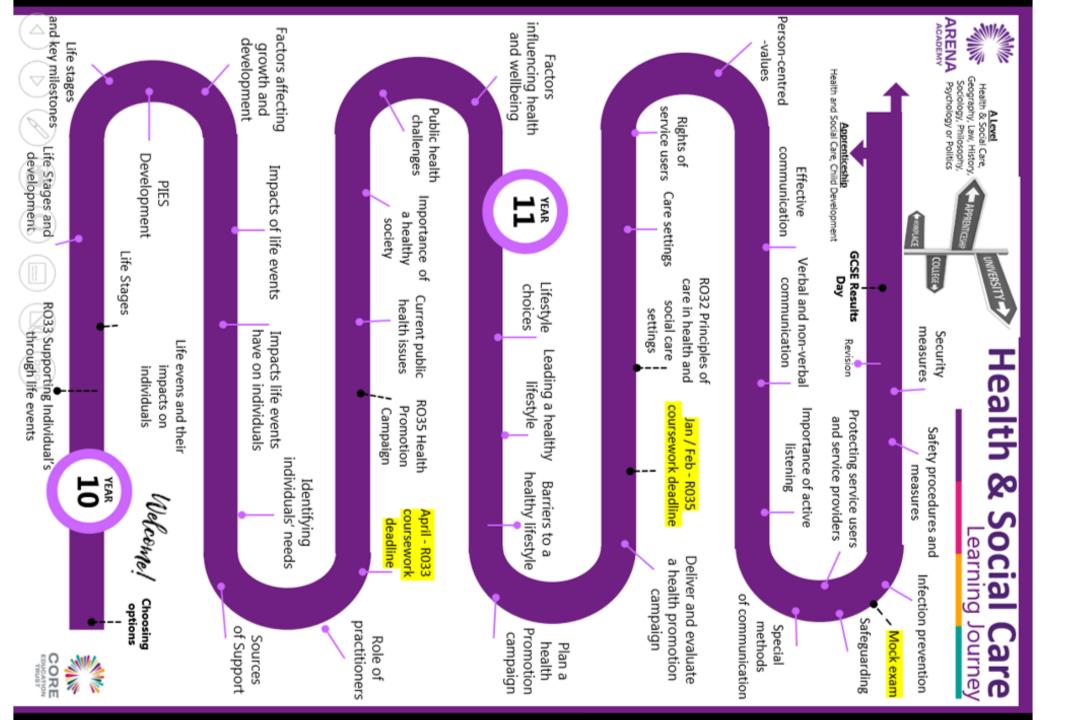


Health & Social Care







OCR Cambridge National Health and Social Care

Knowledge Organiser

Unit R032 Principles of care in health and social care settings

- 1. The rights of service users in health and social care settings
- 2.Person-centred values
- 3. Effective communication in health and social care settings
- 4. Protecting service users and service providers in health and social care settings

1.2 The rights of service users(continued)

Protection from abuse and harm

Some settings provide care for those who are more at risk of abuse and harm, such as:

- Service users with dementia
- Service users with a learning disability
- Children

These service users might not know what abuse is or understand their rights. They may not realise they are being abused or receiving poor treatment and may not remember what has happened or know how to tell anyone clearly. So, it is essential that staff are aware and follow safeguarding procedures.

- Staff having CRB (Criminal Records Bureau) checks
- Staff to be trained in first aid, manual handling, safeguarding
- CCTV on entrance and exit
- Another person being there when an examination takes place, e.g. GP and nurse

Equal and fair treatment- being given the same opportunities and choices as everyone else.

- People should be treated/be able to use services for the needs they have
- e.g. children should all have the same chances in school despite their ability
- elderly people should get the same medical treatment as younger people

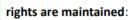
A child who has a special educational need or disability should be enabled to take part in the same lessons as the rest of the class. This may mean that they need:

- Extra support such as simpler worksheets or tasks
- One to one support from the teacher or teaching assistant

Staff at a residential home have arranged a trip to the coast. The coach that is taking them must have a wheelchair ramp, otherwise those residents that are wheelchair users will be unable to go.

1.3 The benefits to service users' health and well-being when their rights are maintained

Benefits to service users if g



- To make people feel valued
- To raise self-esteem
- · To empower individuals
- To instil confidence
- To instil trust
- To make individuals feel safe
- To give equality of access to services
- To meet individual needs



High self-esteem

A person with high self-esteem feels valued and respected. If someone is treated fairly and receives appropriate care that meets their needs, and which enables them to live a better life, they will benefit emotionally and feel more positive. Having high self-esteem improves mental health and leads to feeling:

- Valued
- Respected

confident

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Empowerment

Having choices and being consulted about care preferences gives service users control over their lives and promotes their independence. This increases their self-esteem and makes them feel valued.

Empowerment:

- · Encourages independence and being self reliant
- · Makes service users feel in control of their lives
- Gives service users choice, control and independence
- Ensures equality of access to care services

4.2 Infection prevention.

Personal hygiene

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- · Hair tied back/covered
- Open wounds covered
- No jewellery
- No nail polish
- Appropriate protective clothing/wear an apron/ disposable gloves
- Appropriate hand washing routines
- Regular brushing of teeth
- Regular shower and hair washing
- Appropriate use and disposal of tissues/antiseptic wipes
- Wear blue plasters
- How it protects:

Prevents transfer of bacteria

Destroys bacteria

Carries less bacteria

Ensures high level of cleanliness

Reduces opportunity for spreading bacteria/germs

Stops others coming into contact with bacteria/germs

Barrier method reduces/prevents transfer of bacteria

Removes places for bacteria to be trapped

Nail polish/hair can fall into food and contaminate it

When should workers wash their hands

- · Before putting on and after removing disposable gloves
- · Before and after treating wounds or caring for a sick or injured person
- Before or after providing personal care such as feeding them or helping get them dressed.
- Before and after changing a nappy or incontinence pad
- · Before and after preparing or handling food
- After handling clinical waste
- · After cleaning up rubbish and putting it in the bin
- After cleaning up toys and equipment
- After touching your face or hair
- After using the toilet

General cleanliness

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- Clear spillages, for example vomit, urine, blood straightaway then clean and disinfect the area.
- Sterilise surgical equipment after use
- Dispose of hazardous waste following correct procedures , for example dispose of hospital sharps (needles, cannulas) in a hard yellow sharps how
- Clean and disinfect bathrooms and toilets frequently (at least once a day)
- All used antiseptic wipes and tissues should be disposed of immediately after use into a covered bin.
- Provide specialist disposal methods, such as red laundry bags for soiled bed linen and yellow bags for used dressings, disposable gloves and other clinical waste.

Personal protective equipment

Wearing PPE is a barrier method of preventing the spread of infection. The clothing or equipment can prevent the transfer of germs from one person to another.

Examples of PPE include:

Disposable aprons, disposable gloves, and rubber gloves – a fresh pair of disposable or rubber gloves/apron should be used for each new task, to prevent cross-contamination

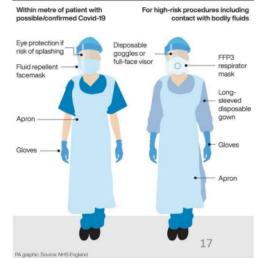
Face masks provide a barrier that retains droplets released when talking, sneezing or coughing.

Hairnets or hygiene hats- for example , these are important when serving food to prevent hair contaminating the food, and when changing dressings

Overalls, overshoes- these provide a barrier covering the service provider's clothes and so reduce the likelihood of transferring germs

Surgical garments/scrubs- when carrying out operations and other surgical procedures and dental work, they can protect the service provider and the patient from infection.

Personal protective equipment (PPE) for health workers



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4.1 Safeguarding

Safeguarding refers to the actions taken to protect a service user's health and well-being to ensure they are not at risk of harm or abuse. All care environments must have safeguarding procedures in place:

- They must have a specific person with responsibility for safeguarding
- All staff and service users should be aware of the procedures to follow to report safeguarding issues.
- Staff should know how to deal with disclosure of abuse

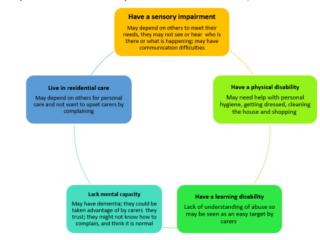
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Service users who need safeguarding

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Some service users are more vulnerable to abuse or harm than others. Vulnerable groups include:

- · Homeless people
- Children
- People with physical disabilities
- People with learning disabilities
- People with mental health conditions
- Older adults in residential care settings
- · People who have a sensory impairment (sight loss, hearing loss
- People in residential care dependent on carers children, older adults



Abuse and harm are more likely to happen in situations where people are dependent on others . For example:

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- If the service user depends on others to provide personal care and money management, this makes them vulnerable
- Some service users are very challenging and may be aggressive.
 This can lead to carers being verbally or physically abusive in response, especially if they have not been trained properly.
- The service user is vulnerable when there is an invasion of privacy, such as doors or curtains deliberately not being closed when they are receiving help to get dressed or undressed.
- Lack of staff could cause carers to rush as there is so much to do.

 They could handle a service user roughly when giving personal care, causing bruising. Although not intentional, it is still abuse.
- Lack of staff training can lead to abuse Staff may not know how to bathe someone safely or how to use hoists to move a service user from a bed to a chair. They could unintentionally cause injury.

Key terms

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Disclosure – This is when a service user tells you directly, or indirectly through their behaviour, that they have been , or are being, abused.

Vulnerable – someone who is less able to protect themselves from harm or exploitation due to, for example, mental health problems, a learning disability or physical impairment such as mobility problems, loss of hearing or sight.

Impacts for service users of a lack of safeguarding



Physical	Intellectual	53.
Broken bones Bruising Illness Injury Lack of sleep Pain Health deterioration Self harm Depression anxiety	Confusion Denial Lack of skills/development Lack on interest Lack of motivation Lack of understanding Loss on concentration Not asking questions	
Emotional	Social	
 Feeling betrayed Feeling disempowered Feeling excluded Feeling afraid Feeling upset Loss of self-confidence Loss of self-esteem Self-harm 	Becoming anti-social Aggression Being isolated Behaviour problems Lack of trust in others Refusal to use the service Withdrawal from people	

4.3 Safety procedures and measures

Safety procedure –a set of actions or instructions that are carried out in a particular order. They will tell service providers what they have to do and how to do it. Examples of safety procedures are how to del with emergency situations such as a fire.

Safety measures – are specific actions, such as putting out a "wet floor" sign or placing a fire extinguisher by each exit. Other examples:

Fire safety notices

Signs indicating fire doors and assembly points

A fire blanket in kitchen areas

General safety measures

A "no entry" sign to prevent unauthorised access

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Procedures to prevent accidents and promote good practice

- Emergency fire procedures
- Emergency evacuation procedures
- Equipment considerations e.g. appropriate training
- Specialist training for the use of manual handling equipment
- Regular risk assessments
- Regular fire drills
- First aid procedures
- Food safety procedures

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· Supervision - children at all times/ adults as necessary

Adequate staff to children/ patient/ resident ratio

How safety procedures protect service users and service providers

Safety procedures provide guidance for staff so they know what to do to keep service users and themselves safe at all times. Knowledge of safety procedures enable staff to take quick, efficient action in emergencies.

Staff will know how to treat service users with first aid and how to reduce the risks of cross-contamination to aid the spread of infection. Training staff how to use equipment prevents accidents, which helps to provide a safe environment.

Safety procedures for reducing risk/danger and promoting good practice

First aid policy

It is a legal requirement that all care settings and service providers must have enough trained first aiders available for the number of staff and service users in case of health emergencies.

Numbers of service users with specific health needs or conditions have to be noted, as this may impact on the number of first aiders that should be available.

Staff trained in using adrenaline auto-injectors, e.g. Epipens, should be available, based on an assessment of the number of service users in a care setting who are at risk of anaphylactic shock.

First aid

First aiders must be trained and attend regular refresher training every three years to ensure they have up-to-date knowledge. The Health and Safety Regulations 1981 require that employers provide:

- Suitable and appropriate equipment
- Facilities such as a first aid room

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Safety procedures for reducing risk/danger and promoting good practice

Risk assessments

Need to be carried out for any activities or visits and trips that care settings organise. They are needed to check that equipment is safe and that the care setting building itself is safe . Risk assessments identify dangers such as

- Potential accidents
- Trip hazards
- · Risks activities that require more than the usual amount of staff supervision

The 5 risk assessment steps

- 1.Look for hazards
- 2.Decide who might be harmed and how
- 3. Consider the level of risk decide on the precautions needed to reduce the risk
- 4. Make a written record of the findings
- 5. Review the risk assessment from time to time and improve precautions if necessary

Why carry out a risk assessment?

- · It is a legal requirement under the Health and Safety at Work Act
- · Staff, service users and visitors have a right to be protected, and kept safe from harm
- · An assessment will check what could cause harm to people using the care setting
- A risk assessment should help prevent accidents, illness and danger
- Staff, service users and visitors will feel confident using the service, knowing that risk assessments
 are carried out.

Safety procedures for reducing risk/danger and promoting good practice

Staff training programmes

Equipment use

Service providers in health and social care settings will use a wide range of equipment, from mobility aids and manual handling equipment to household appliances.

Staff should be trained to use specialist equipment such as:

- Hoists
- Transfer boards 67
- Slings
- Slide sheets
- Leg-lifters
- · Fire evacuation chairs

Moving and handling techniques

Service providers have to assist service users to move e.g.:

- Assisting an older person with a physical disability to get out of a bed/chair/shower/bath
- Transfer from bed to chair
- Moving or handling objects, such as shopping bags
- Use of hoists when bathing or getting out of bed

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4.4 How security measures protect service users and staff

An important part of maintaining the safety of a care setting is keeping it secure from strangers and intruders entering the building. Security measures also prevent service users leaving the care setting on their own, for example children from a breakfast club or service users with dementia leaving a residential home.

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Security measure	How it helps keep service users and service providers safe .
Identifying staff	Wearing ID lanyards and staff uniform quickly identify who is a member of staff
Monitoring keys	This will limit the number of people with access to keys and there will be a list of authorised key holders. This means the location of each set of keys is known.
Receiving and monitoring visitors	 Manned reception desk – access can be monitored. A receptionist can monitor CCTV to ensure there are no intruders around and report any incidents to the manager A signing in and out book for visitors ensures that reception knows who is there and who has left the building Some settings have staff signing in and out, or swiping their ID card Issuing visitor badges identifies visitors quickly and clearly
Reporting concerns to line managers	It is important to report concerns to the manager so that they are aware of security breaches. Senior staff can take appropriate action to address security issues
External doors, restricting access	 An electronic swipe card entry system or a security pad with a pin code will be able to enter. A buzzer entry system allows reception staff to control who enters
Window locks and restraints	 Keep vulnerable service users safe – for example, window locks and restraints prevent service users falling out of or leaving through open windows Prevent intruders from entering