



# Unit Two - Knowledge Organiser A

Working In Health and Social Care - Examination



## Learning Aim A – Roles of People Who Work in Health and Social Care Settings

**General Practitioners (GPs)** provide ongoing care for people in the community. This includes;

- Caring for people who are unwell, including carrying out simple surgical procedures
- Providing preventative care and health education for service users

They are generally based in local health centres, working with other doctors and a range of other health and care professionals to ensure patients are provided with further assessment, treatment and support when needed.

- Diagnosing illness
- Prescribing treatment to promote healing and recovery
- Referring patients to specialists
- Liaising with multidisciplinary teams
- Creating and maintaining relationships and trust with patients
- Observing, listening, responding
- Maintaining confidentiality
- Acting in accordance with legislation

**Hospital doctors** provide specialist medical care. In the UK and the Republic of Ireland, consultant is the title of a senior, hospital-based doctor who specialises in a particular field of medicine and manages complex cases.

To provide this care, the **consultant** normally leads a team, or firm, of more **junior doctors**. This includes newly qualified doctors and more experienced doctors (**known as registrars**).

Consultants are normally known by the name of their specialist field;

- Cardiologist specialise in treating heart disease
- Psychiatrists specialise in treating mental health problems
- Oncologists specialise in treating cancer
- Paediatricians specialise in treating children
- Geriatricians specialise in treating older people

## Learning Aim A – Roles of People Who Work in Health and Social Care Settings

**Adult Nurses** work with adults of all ages, who may have a wide range of physical health conditions.

**Children Nurses or Paediatric nurses** work with children with a very wide range of conditions as well as working closely with their parents/carers

**Mental Health Nurses** specialise in mental health work in a range of settings such as psychiatric units, day care settings, residential homes and prisons.

**Learning Disability Nurses** work mainly with individuals with learning disabilities living in the community rather than in hospitals. They aim to work with people with learning disabilities and their carers to maintain the persons physical and mental health to live as fulfilling and independent life as possible.

**District Nurses** care for people of all ages, supporting them in their own homes or in residential homes. They work closely with family members and other careers to support the patients needs and the needs of their informal carers (e.g. parents/children). District nurses most commonly care for older people, people with disabilities and people recently discharged from hospital.

**Practice Nurses work in GP practices.** They take blood samples, provide immunisations and vaccinations for people travelling abroad. They also provide health screening if trained to do so.

**Neonatal Nurses** work with new-born babies, including babies who are born prematurely. They work in specialist hospital settings and in the community. The neonatal nurse works very closely with the baby's parents and actively encourages them to take a practical role in their child's care.

**Health Visitors** provide a support for families in the early years of their children's life, normally birth-5 years. They offer support on health issues, weaning and feeding. They see children and their carers at home, clinics, GPs and community settings.

**School Nurses** are usually employed by the NHS but may be employed directly by the school. They provide a variety of services including development checks, administering immunisation programmes and providing health education programmes.

# Learning Aim A – Roles of People Who Work in Health and Social Care Settings

**Healthcare Assistants** are sometimes known as nursing assistants or auxiliary nurses. They work under the guidance and with the support of qualified healthcare professionals to undertake supportive care tasks such as recording patients' temperature/pulse, weighing patients, making beds etc. They may work in GP practices, hospitals, nursing homes and community healthcare settings.

**Care Assistants** provide practical help and support for people who have difficulties with daily activity. This may include supporting older people and their families' children and younger people, people with physical or learning disabilities or people with mental health problems.

Care Managers have a key leadership role within residential care settings. They manage the provision (delivery) of residential care.

**Youth Workers** generally work with young people between the ages of 11 – 25. They aim to support young people to reach their full potential and to become responsible members of society. They work in a range of settings including youth centres, schools, colleges and out on the streets.

They may be employed by the local council but youth workers are also employed by a range of religious and voluntary organisations.

**Occupational Therapists** work with people of all ages who are having difficulty in carrying out the practical routines of daily life, for example washing, housework, shopping. The O.T will agree specific activities with an individual that will help them to overcome their barriers to living an independent life.

**Social Workers** provide help and support for people of all ages through difficult times in their lives. They aim to ensure that the most vulnerable people are safeguarded from harm and to help people live independent lives. Social workers support children. People with disabilities, people with mental health problems and the frail elderly.

**The Support Workers** role is closely linked to the healthcare or nursing assistant roles. Support workers however, may work under the supervision of a range of health and care professionals such as physiotherapists, occupational therapists and social workers. Family support workers for example, work with and support social workers.

Once the social worker has identified what is needed they work closely with the client and their family to help implement the plan.

**Midwives** play a central role in supporting women through all stages of pregnancy, providing both antenatal and prenatal care such as planning for parenthood and delivering babies.

They may be based in hospital maternity units but increasingly they work in the community providing support at local clinics, women's homes and children centres.



# Learning Aim A – Responsibilities of People Who Work in Health and Social Care Settings

## Following policies and procedures in health and social care settings:

Health and social care organisations have guidelines that describe the working procedures that should be followed to ensure that the care provider meets service users needs. Policies (detailed descriptions of the approach and often the specific procedures that should be followed in caring for clients) and procedures (written instructions that outline the expected and required routines that care staff must follow in specific situations, for example reporting accidents or administering medicines, in order to implement agreed policies) aim to ensure staff and volunteers are working within the bounds of the law and to the top professional standards.

These include; health and safety policy, equality and diversity policy, medication policy, safeguarding policy, disclosing and barring service (DBS) referral policy, death of a resident procedures, and complaints policy

## Enabling rehabilitation:

Rehabilitation programmes are in place to ensure a person can recover from an accident or serious illness and live the most independent and fulfilling life as possible. These programmes are especially important after someone has a heart attack, a stroke or suffers a life changing injury or accident which severely impact their mobility/reaction speed. Rehabilitation programmes may also play a vital part in treatment for people who have mental illnesses. A programme will be tailored and will vary according to the patients physical and psychological needs. Circumstances such as their home, family, and level of support required will also need to be considered.

Some specialists who can provide support include:

1. **Psychotherapists**
2. **Counsellors**
3. **Occupational Therapists**
4. **Physiotherapists**

# Learning Aim A – Responsibilities of People Who Work in Health and Social Care Settings

## Healing and supporting recovery for people who are ill

- **Prescribing medication** – Traditionally a doctor's role however some trained nurses can now take on the role. Other professionals who can prescribe medication include: dentists, chiropractors and physiotherapists.
- **Surgery** – Can play a vital role in the recovery of an individual from physical disorders and illness. People in the health and social care setting play a vital role in supporting the time in which an individual recovers from surgery. This may include home visits from district nurses to monitor progress and provide treatments including changing dressings. Physiotherapists and occupational therapists support mobility and promote independence in carrying out daily life activities.
- **Radiotherapy** – A treatment using high-energy radiation. Treatment is planned by trained, skilled radiotherapists. They work alongside a team which can include radiographers and specially trained nurses. On completion of treatment, patients may need support from their GP to ensure full healing. Radiotherapy side effects can include itchiness, peeling or blistering of the skin.
- **Organ transplant** – It involves either moving a body part or organ from one person's body to another, also known as allograft, or from one part of a person's body to another location in their body, also known as autograft. The reason for organ transplant is to replace the patient's damaged or absent organ. There are many organs that can be transplanted, these include, heart, kidney, liver, lungs, pancreas and intestines. Amongst these the most commonly transplanted organs are the kidney, followed by the liver and the heart. A living donor can give one kidney, part of their liver and some other tissues, such as bone marrow. Other transplants come from donors who have recently died, so following surgery the person receiving the transplant may need the support of a counsellor. Many specialists are involved in preparing the patient both physically and mentally before and after the transplant. Some of these specialists include, nurses, physiotherapists, occupational therapist, counsellors, and social workers. They help to provide post-operative support.
- **Support for lifestyle changes** – to change the pattern of daily routines and habits which are damaging to health can be challenging for an individual. Implementing things such as the support of self-help groups and counselling can be vital to sustaining lifestyle changes.
- **Accessing support from specialist agencies** – specialist agencies support and promote the health and wellbeing of service users especially those who have specific illnesses and disorders. Some of these agencies include.
  1. **Age UK** – provide services and support for older people
  2. **Mind** – provides support for people with mental health problems and raises awareness to improve services for people with mental health illnesses.
  3. **Young mind** – committed to improving mental health of children and young people through individual support and campaigning to improve services.
  4. **The Royal National Institute of Blind People (RNIB)** – supports blind people and people who suffer with sight loss.
  5. **Alzheimer's Society** – provides support for people living with dementia, their families and their carers. It also funds research and awareness.

## Learning Aim A – Responsibilities of People Who Work in Health and Social Care Settings

### Providing equipment and adaptations to support people in being more independent...

Equipment is used to allow individuals to be more independent in their lives, their needs are usually assessed by an occupational therapist or physiotherapist, doctors and nurses will usually refer the individual to one of these specialists for assessment. Ongoing support when using this equipment is usually offered by care assistants.

This equipment may be given to people who have arthritis, basic mobility issues or progressive diseases such as multiple sclerosis. Equipment may include [walking sticks](#), [walking frames](#), [wheel chairs](#), [adapted shopping trolleys](#), [stair lifts](#) and [adapted cars](#). Equipment used to assist an individual in everyday home activities include [special cutlery](#), [feeding cups](#), [special gadgets](#), [dining chairs](#), [bathing aids](#), [raised toilet seats](#) and [adapted computer screens/chairs](#). Some people may require specialized equipment like those with kidney failure may require a [dialysis machine](#).

### Technology and other resources that support educational achievement assistive technology...

Many equipment such as assistive technology is available to help those with illnesses within their education. These include [adapted computers](#), [signers](#) and [other communication devices](#), [wheelchair access](#), [additional time in exams](#) and [enlarged text](#).

## Learning Aim A – Responsibilities of People Who Work in Health and Social Care Settings

### Providing personal care – including washing, toileting and feeding...

Everyday tasks such as using the toilet can be a great difficulty for those who are ill and can damage the individual's **confidence and self-esteem** which is why it is important for health care workers to target these areas with lots of care. Careers must discuss the **individual's personal preferences** for example they may prefer showering over bathing. Independence is always encouraged however where needed, the dignity of the individual should always be respected so toilet doors and shower curtains must always be shut. Domiciliary care workers provide this support for those living in their own home, care workers provide this support in residential homes and care assistants provide this support for those in hospitals.

Equipment for assisting people in being as independent as possible include **walk in baths, showers for wheelchairs, non-slip bath mats, baths and shower seats, hand rails, bath lifts, adapted taps, bed pans, female and male urinal and adapted bathrooms.**

People must also be aware of those of **religions and cultures** for example, Muslims and Hindus prefer to wash in running water, Sikhs don't usually cut their hair and Hindus and Muslims prefer to be treated by somebody of the same sex.

Eating is a fundamental part of life and eating areas must be clean and hygienic, although most people who are ill won't have issues feeding themselves, those who will may feel self-conscious and depressed within the setting and find it difficult to eat.

Most people may need some **equipment for eating** and some people have **special dietary needs** that need to be followed like vegetarians, vegans, Muslims and Jewish people who don't eat pork and require their meat to be killed in specific ways or people with allergic reactions.



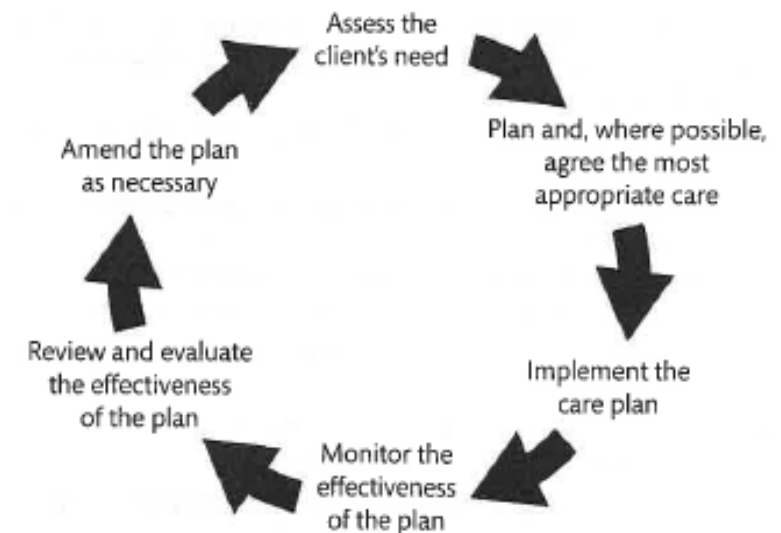
# Learning Aim A – Responsibilities of People Who Work in Health and Social Care Settings

## Supporting routines of service users in the context of their day-to-day family life, education, employment and leisure activities:

- As many health and care staff have brilliant understanding and high-level expertise in special areas, they may try to deal with the wider personal needs that could come out whilst working with their service users.
- For instance, a nurse not just present for a service user's physical needs, but aware of their wider social, emotional, spiritual and educational needs.
- In addressing the needs of the entire person, health and care professionals will want to support patients in having a fulfilling and satisfying daily life.
- This will involve being aware of the community in which the client lives, their job, their family situations, their financial position and their interests, hobbies.
- It involves being aware of the support provided by their informal carers – family friends neighbours.
- These can be as important to a person's rehabilitation as treatments and other clinical involvements.

## Assessment and care and support planning, involving service users and their families:

- Regardless of the differences in skills, experience and expert understanding, all health and care professionals are likely to take a similar approach to planning and evaluating care.
- Frequently known as the care planning cycle, it involves; assessing the individual healthcare needs of their service user, agreeing a care plan that promotes the service user's health and wellbeing and evaluating the effectiveness of the care implemented.
- The system is cyclical, interventions and adjustments may be announced at any point in the system.
- Alterations may be necessary, such as response to variations in the patient's health or social situations, the help that is available, the exact expertise of the staff or multi-disciplinary team or various extent of support from informal carers.



## Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

People working in health and care settings are required to work to a high professional standards. They are required to follow agreed policies and procedures and actively promote the health and well being of those in their care.

The value system underpinning this is committed to;

- Promoting anti-discriminatory practice
- Empowering Individuals
- Ensuring the safety of staff and the people for whom they care
- Maintaining confidentiality and privacy
- Promoting good communication

These principles of good practice are the care value base established by the [Care Sector Consortium](#) in 1992. They are found in the code of practice of all health and care professionals;

- GMC – The General Medical Council – Doctors
- NMC – The Nursing and Midwifery Council – Nurses and Midwives
- HCPC – The Health and Care Professional Council – Social Workers and a range of other professionals e.g [Occupational Therapists](#), Paramedics, Speech Therapists, Physiotherapists

# Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

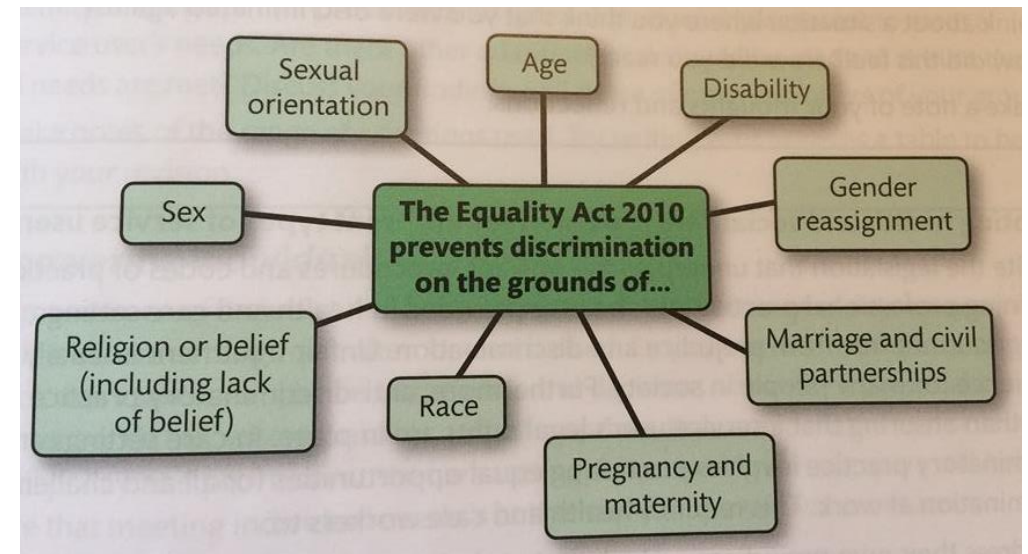
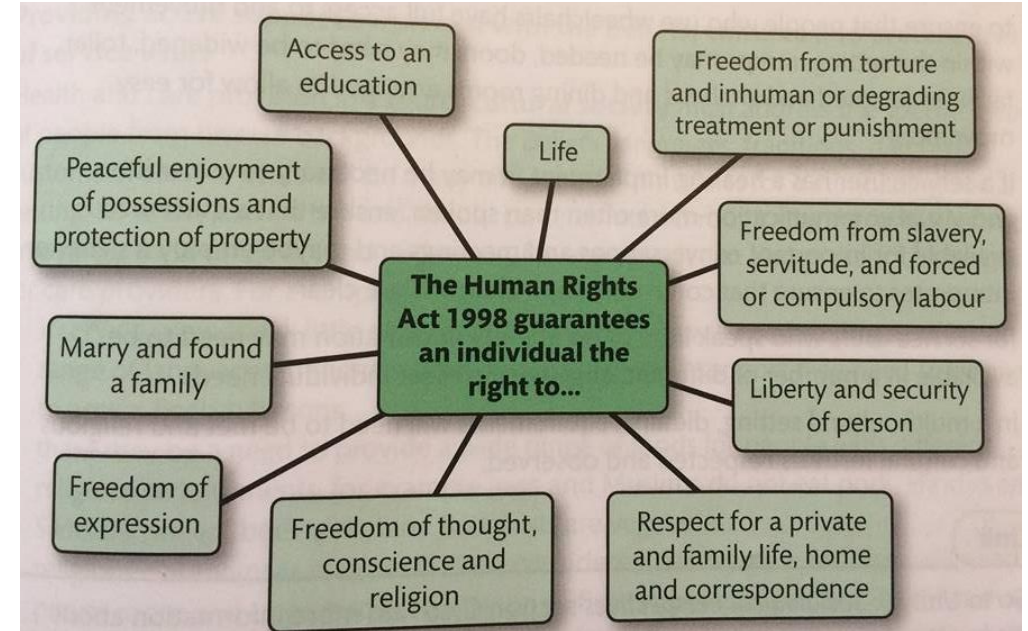
**Anti-discriminatory practice** is a core value and principle that guides the work of health and care professionals, it is a legal requirement, underpins the policies and practices of care settings and the codes of practice of all care professionals. Despite the legislation that underpins the policies, procedures and codes of practice governing professional practice and the care provided in health and care settings the world is not free from prejudice and discrimination.

Health and care workers are required to;

- **Address their own prejudice** and adapt their behaviour to ensure all clients needs are met
- Understand and meet the **individual needs** of all service users
- **Celebrate the contribution** that a wide and diverse range of people can bring
- **Actively challenge** intentional and non-intentional discrimination
- Ensure that the setting is **welcoming and accessible** to all

In order to ensure that service users individual needs are met provision has to be adapted according to their needs;

- Ensure that people who use wheelchairs have full access to and movement within the setting – **ramps, widened doors, adapted toilet, kitchen etc**
- If service users have hearing impairments – **written and visual communication, quiet area for important conversations, signer**
- If service user speaks little/no English – info available in **multiple languages**
- In a multi-cultural setting – **Dietary requirements met, religious and cultural festivals respected and observed.**



# Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

## Empowering Individuals

The importance of fostering and supporting the empowerment of service users in health and care settings can often be overlooked. Empowerment means ensuring that service users take a full part in discussions and decisions about their personal care and treatment and that, where possible and appropriate, they are included in discussion of overall policy and provision at the care setting. [Empowering service users will help to ensure that meeting individual needs](#) is at the heart of service provision.

### [Promoting individualised care;](#)

Empowerment enables service users to [understand the choices](#) that they can make about their care, [contribute](#) to the decision making and [take control](#) of their lives. When service users are feeling unwell or anxious about their future, there is a tendency to allow the experts to take over and for the service user to just do as they are told. This can lead to service users becoming passive and over-dependant on their care workers. In most situations, practitioners are required to gain their clients consent before carrying out a care procedure, a treatment or making arrangements for a clients care. If service users are empowered they will be fully involved in decisions surrounding their care and understand the options available to them.

### [Promoting right to dignity;](#)

Dignity – being worthy of and treated with respect. When dignity and independence are promoted [self-esteem](#) is boosted.

### [Support consistent with beliefs, cultures and preferences of service users;](#)

Health and care provision in a [multi-cultural society](#) must address the specific needs of people from diverse backgrounds – beliefs, languages, traditions, diets

### [Supporting individuals to express their needs and preferences;](#)

Not all service users will have the confidence, personal skills or ability to participate fully in their care. Some may need specific support to enable them to explain their needs and preferences – [Translators, Signers, Advocates, Family and friends](#)

### [Balancing the rights of all;](#)

It will not always be as straight forward as providing a service user with the care or treatment of their choice, even when the preferences are clear and apparently reasonable. [The preference of one service user comes into conflict with that of another, The clients right to choice and protecting their personal safety, The respect for the cultural or religious values of a service user and promoting their health and wellbeing](#)



# Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

## Conflict in Health and Care Settings

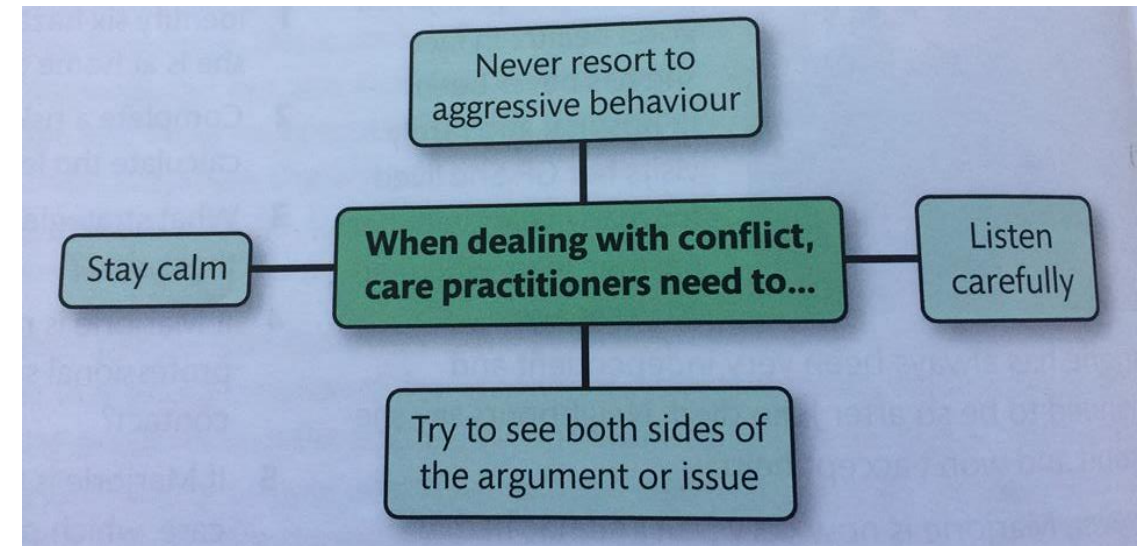
Tension and conflict between service users and between service users and their carers is common. Challenging behaviour can be defined as any behaviour that puts the service user or anybody else in the setting at risk or significantly affects their quality of life.

Conflict can erupt in any health and care setting and professional carers and other **staff should be trained in how to deal with conflict.**

If working alone there should be **a lone worker policy** in place with specific guidance for dealing with any situation in which you feel vulnerable e.g. when conflict or aggressive behaviour occurs.

If a situation seems like it may lead to violence, wherever possible;

- **Know where the doors or other exit points are**
- **Remove anything that could be used as a weapon**
- **Allow the aggressor personal space, do not stand too close**
- **Summon help as soon as possible, using the panic alarm, shouting for help, phoning police/security**





# Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

## Ensuring Safety in Health and Care Settings

### Risk Assessments;

The Health and Safety at Work Act (1974) governs the requirements of employers and employees to ensure that they maintain a safe working environment for all.

#### Employers must:

- Ensure there is a **robust health and safety policy** and that there is someone with **official responsibility** for health and safety at the setting
- Undertake a **risk assessment** to identify the risks and hazards and **take action** to reduce the likeliness of harm or injury (usually undertaken by a senior member of staff or a supervisor)
- **Provide up-to-date information** on health and safety issues
- Provide **health and safety equipment** to carry out all procedures and treatments
- Provide **health and safety training**
- Keep a **record of all accidents and incidents**

#### Employees must:

- Take **reasonable care** of their own safety and that of others (service users, colleagues, visitors)
- **Cooperate** with their employer to carry out the agreed and required health and safety procedures of the workplace
- **Not intentionally damage** health and safety equipment at the setting e.g. hoists

### Step by step: Carrying out a risk assessment

- 1 Identify the hazards at the setting, or in carrying out an activity.
- 2 Identify those at risk, including service users, staff, volunteers and other visitors.
- 3 Evaluate the level of risk – usually rated on a scale of 1 to 4, with 1 being the lowest level of risk.
- 4 Identify ways to limit the risk – this will include specific actions to minimise risk.
- 5 Review measures taken to minimise the risk.

► Table 2.2 Assessing the level of risk

| Score | Likelihood of risk      | Score | Severity of the injury   |
|-------|-------------------------|-------|--|
| 1     | Most unlikely to happen | 1     | If it did happen the harm would be negligible and could be dealt with by an untrained person, eg applying a plaster. |
| 2     | Unlikely to happen      | 2     | Slight injuries, eg catching a cold or the need for a few stitches.  |
| 3     | Likely to happen        | 3     | Serious injuries, they may be physical or psychological and may take months or years to heal.                        |
| 4     | Very likely to happen   | 4     | Could be permanent disability or even death.   |

The risk rating for a particular activity or procedure can be helpfully expressed numerically by multiplying the rating for the likelihood of the risk happening by the severity of the likely injury that could arise.

Risk rating = likelihood of risk × severity of the injury

Rating 1 or 2 = a minimal risk rating – the existing practice would be seen as adequate.

Rating 3 or 4 = a low risk rating – the existing practice should be reviewed to lower the level of risk.

Rating 6 or 8 = a medium risk rating – this should lead to specific action to improve safety.

Rating of 9, 12 or 16 = a high rating – this must lead to immediate action to improve safety and the activity should be stopped until proper measures are in place to reduce the risks identified.

# Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

## Ensuring Safety in Health and Care Settings Continued

### Safeguarding and protecting individuals from harm:

If a child or vulnerable adult shares information that raises concerns about their personal safety, or disclose abuse, you should follow the settings safeguarding policies. You should listen carefully, avoid asking questions, let them tell their story in their own way and their own words.

You must explain that the information must be shared with someone more senior – every setting will have **designated safeguarding officers** who will take over responsibility. You will need to provide a written record of what you have been told.

► Table 2.3 Examples of types of waste and appropriate methods of disposal

| Type of waste   | Method of disposal  |
|---|---|
| Clinical waste, eg used bandages, plasters or other dressings | Yellow bag: waste is burned in controlled settings  |
| Needles and syringes  | Yellow 'sharps' box which is sealed: waste is burned in controlled settings               |
| Body fluids, eg urine, vomit or blood                         | Flushed down a sluice drain: area must then be cleaned and disinfected                    |
| Soiled linen  | Red laundry bag: laundered at the appropriate temperature                                 |
| Recyclable equipment and instruments                          | Blue bag: returned to the Central Sterilisation Services (CSSD) for sterilising and reuse |

### Protecting service users, staff and volunteers from infection;

- All staff and volunteers must ensure they maintain a **clean and hygienic work environment** and minimise likelihood of passing on infection. You must ensure you are familiar with the policies and procedures in place to minimise spread of infection. These are likely to include;
- **Washing hands** before you start and leave work, before eating, after using the toilet, after coughing/sneezing, before and after carrying out personal care. **Alcohol hand rubs** are a further effective and swift way to ensure hygiene
- **Safe handling and disposal of sharp objects** such as needles and syringes to avoid needle-stick injuries and to ensure infection is not passed on
- Keeping all **soiled linen in the designated bags**, not leaving these on the floor. Soiled linen should be washed in a designated laundry room and protective equipment should be worn. Separate trolleys should be used for soiled and clean laundry.
- Wearing **protective disposable gloves and apron** when you have contact with bodily fluids, open wounds, rashes, pressure ulcers etc.
- **Cleaning all equipment** to the agreed procedure of the setting

The **Control of Substances Hazardous to Health (COSHH) Regulations** (2002) provide guidance approved by the **Health and Safety Executive** for the safe disposal of **hazardous waste**. The policies and procedures used in a care setting will be based on this.

# Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

## Ensuring Safety in Health and Care Settings Continued

### Reporting and recording accidents and incidents:

There are particular illnesses, diseases and serious accidents that health and care providers must officially report, for example – food poisoning, rubella, tuberculosis and notifiable incidents occurring at work such as broken bones, serious burns and death. These are called ‘[notifiable deaths, injuries or diseases](#)’ and are covered by the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) \(2013\)](#).

Less serious accidents must also be recorded e.g. slipping on a wet floor . A record must be made regardless of whether there was an injury or not. Providers of health and care services use [accident forms](#) to report the details of these incidents which are then recorded in an accident book. These reports are required by law and are checked when settings are inspected.

### Provision of first-aid facilities:

This is governed by the [Health and Safety \(First-Aid\) Regulations \(1981\)](#). Provision for first aid should be adequate and appropriate (though this can differ between settings).

All first-aid incidents must be recorded. The records must be truthful and accurate as they can be used as evidence in courts of law. The report should include;

- The name of the casualty
- The nature of the incident/injury
- The date, time and location of the incident
- The treatment given

### Complaints Procedure:

All care organisations must have a complaints procedure, and these are checked when a setting is inspected. Complaints should not be treated as a negative activity but rather as a way to gain information to improve services. If a service user, member of staff or volunteer complains, they have a right to;

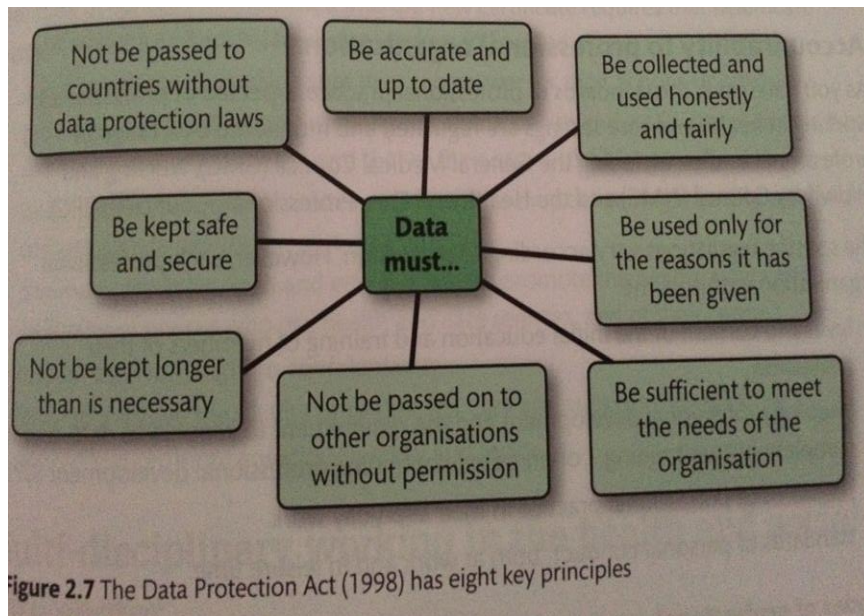
- Have their complaint dealt with swiftly and efficiently
- Have a proper and careful investigation of their concerns
- Know the outcomes of the investigations
- Have a judicial review of the facts if they think the action or decision is unlawful
- Receive compensation if they have been harmed in any way as a result of the situation about which they are complaining.

# Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

## Information management and communication

Health and care settings hold a wide range of information about its service users ranging from the mundane eg TV preference to very personal and sensitive information. It is important that service users are able to trust that their information is treated with **confidentiality** and shared with only those necessary.

The **Data Protection Act (1998)** sets out the rules surrounding the governing and processing of data, both electronically and on paper. This Act and the requirement for confidentiality are imbedded in the **codes of practice of the GMC, NMC, HCPC**



The DP Act covers policies, procedures and systems for;

- **Storing information** – locked filing cabinet in a locked room or if electronic protected by a secure password
- **Accessing Information** – those in the organisation allowed access to the information should be clearly identified and staff should never have access to information they don't need to know
- **Sharing Information** – should only be shared with other professionals who have a need/right to know it

All employees/volunteers in an organisation have a responsibility to ensure the confidentiality of service users' information is protected. They also have a duty to actively promote respect for confidentiality including identifying weaknesses in procedures



# Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

## Accountability to professional organisations

Professionals working in health and care settings are regulated and monitored by a range of professional bodies – GMC, NMC, HCPC. The specific regulations vary according to the profession but each professional organisation monitors;

- Level and content of the **initial education and training** of members of the profession
- **Ongoing professional development** and the requirement to keep up to date and complete further training.
- **Standards of professional practice** in their everyday work
- **Standards of personal conduct**, both at work and in leisure time

Professional organisations publish **codes of practice** for members which must be followed. If there is accusation of **failing to meet the standards it will be investigated** and in extreme circumstances a member can be barred from practice. The professional organisations regulations outline the procedures to address these concerns including what **whistleblowing** (where an employee reports poor or dangerous practice about their colleague or the setting in which they work).

Each professional body has **revalidation procedures** and require its members to carry out **CPD** which can include – training on new procedures, new treatments, new equipment or evidence of learning from practice.

In April 2015 a **Care Certificate** was introduced for newly appointed health and care workers who do not belong to the GMC, NMC or HCPC. New employees will be expected to meet its standards before they can work with patients.

The code of conduct incorporated into the new certificate requires that **healthcare support workers and adult social care workers** in England;

- Are **accountable**, by making sure they can answer for their actions/omissions
- Promote and uphold individuals **privacy, dignity, rights, health and wellbeing**
- **Work collaboratively** with colleagues to ensure they deliver high quality, safe and compassionate care
- **Communicate openly and effectively** to promote health, safety and wellbeing
- Respect **confidentiality**
- Strive to improve quality through **CPD**
- Uphold and promote **equality, diversity and inclusion**.



## Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

### Multi-disciplinary working in health and social care sector

Different care professionals often work together as a team to promote the health and wellbeing of their service users. When professionals co-operate in this way by working together as a team, it is called a **multi-disciplinary team**.

If a service user is known to and supported by a number of different agencies/professionals, it is essential they work as a team. There have been a number of high profile child abuse cases (Victoria Climbié, Baby P) where part of the **reason for death was a lack of 'joined-up working'**

### Involving service users, carers and advocates;

At formal team meetings it will be expected that, where possible, the service users (and any aid they need for empowerment) will be invited along with all professional staff who contribute to the support, planning and evaluation of the care provided.

The service users presence is key to ensuring their **empowerment** and provides opportunity for the service users to express their views and preferences and contribute to the planning and delivery of their support.

The work of a multi-disciplinary team ensures that a **holistic approach** is taken to planning and implementing a care programme. It means health and care professionals not only provide their specialist support but see it in the context of the wider needs of the service user.

At a care planning meeting the physical, social, emotional, spiritual and intellectual needs of the service user will be considered. The care plan must meet **the needs of the whole person**.



# Learning Aim A – Specific Responsibilities of People Who Work in Health and Social Care Settings

## Monitoring the work of people in health and care settings

### Line Management;

Health and care settings are normally **hierarchal** organisations and their work is monitored by senior members of staff. **If staff performance falls short of the practice expected**, it will be the line managers responsibility to address the issues with the staff concerned and take the appropriate action. In the first instance this may be an **informal conversation or warning**. If the concerns are serious or there is no improvement in performance more **formal action** may be taken which could lead to suspension or dismissal.

### External Inspection agencies;

All health, care and early year settings in the UK are regularly inspected by independent, government-financed agencies. You only need to know about the English ones in your exam.

- **CQC – Care Quality Commission** is responsible for monitoring and inspecting health services and adult social care services in England
- **Ofsted** – inspect early years and education settings in England

### Whistleblowing;

When a member of staff is aware that the quality of care at their workplace is dangerously poor and reports this to bring about change. They may inform the press or other powerful organisations outside of the setting they work e.g. police or a professional body.

### Service User Feedback;

Regular meetings to report concerns, at larger settings a committee may be set up that consists of professionals, services users, carers, parents, a suggestion box

### Criminal Investigation;

In extreme circumstances the police may investigate which can lead to health and care workers being barred from practice.