

Common Induction Standards

(Adult Social Care)

Manager's Guide

This workbook has been updated and reviewed with funding from Skills for Care Berkshire, led by Berkshire Care Association in partnership with representatives from:

Reading Borough Council, Royal Borough of Windsor and Maidenhead, Wokingham Borough Council, Bracknell Forest Council, West Berkshire Council and Bracknell & Wokingham College

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Preface to Manager's Guide

Induction is the first formal learning your member of staff undertakes when joining the social care sector or a new organisation. These common induction standards have been designed to provide a structured start for adult social care workers in the first 12 weeks of employments. They will help ensure that the worker is then safe to be left alone to work responsibly with the individuals they support.

The induction standards are mapped to the GSCC code of practice for social care workers. In particular it will help you meet employer's code 3.1: "providing induction, training and development opportunities to help social care workers do their jobs effectively and prepare for new and changing roles and responsibilities".

Remember to provide your member of staff with a copy of the GSCC Code of Practice for Social Care Workers.

This manager's guide complements the Employee Workbook and has been compiled to help you assess whether your member of staff has included the **minimum information** in their answers to the questions asked.

There is a lot of knowledge in this workbook, but your member of staff will need to go and find additional knowledge from within the workplace. When they see this symbol the workbook will be directing them to find more information.



Opportunities for other learning are available in many forms: reading, websites, videos, CDs, formal training, papers, magazines, TV programmes and documentaries, observation of others – and many other sources. It is up to your member of staff to explore these with you and your senior colleagues, and discuss queries at supervision.



For some knowledge areas, the member of staff will need to have additional training which will be organised by you. This symbol indicates a diary date is required for this training.



You will notice that the question pages (Test Your Knowledge) are referenced to the relevant standard in the Common Induction Standards.

In some cases (particularly Standard 6) there are no suggested answers given, as the "correct answer" will depend on the particular workplace/settings practices and procedures. In some cases you may think there are more appropriate answers than those given in this Guide – that's fine. You are the manager of the member of staff in your workplace/setting; the guide only gives suggested answers.

As the manager, **you** are responsible for ensuring that questions are answered fully and correctly.

The standards and workbook may be used by the member of staff as evidence in their NVQ portfolio. If this is your intention, we would suggest that each “correct answer” is initialled and dated and that, in due course, each page is signed and dated when all the answers on that page has been given in full, to your satisfaction and in line with best care practice. This provides authenticated “assessment” of the staff member’s knowledge.

Previous experience of using the workbook has suggested that it may be “helpful” to give members of staff (e.g. who are lacking in confidence) one section of the workbook at a time.

The workbook and this guide are available electronically so that:

- 1 you can tailor the supporting content to your workplace if you wish or if it seems appropriate. (Be aware that changing or deleting questions may impact on the workbook meeting the Common Induction Standards)
- 2 your member of staff could complete the answers using Word rather than in handwriting (though managers should bear in mind that the purpose of these standards is for **EACH INDIVIDUAL** to show they have the knowledge required – plagiarism or “standard” answers must be discouraged strongly. A supporting statement at completion of the workbook should then be provided, asking the member of staff to sign to confirm that all the answers given are their own work etc.)



The General Social Care Council (GSCC) is the social care workforce regulator in England and their job is to regulate the conduct and training of the care workforce. Every care employee and care employer is required to abide by the code of practice as defined by the GSCC. There are two codes of practice. One which helps care workers to understand what standards are expected from them, and one which helps employers understand what standards are expected from them.

The codes can be summarised as follows:

Employers should:

Make sure people are suitable to enter the workforce and understand their role and responsibilities

Have written policies and procedures in place to enable care workers to meet the General Social Care Council (GSCC) Code of Practice for employees.

Provide training and development opportunities to enable care workers to strengthen and develop their skill and knowledge.

Put into place and implement written procedures to deal with dangerous, discriminatory or exploitative behaviour and practice

Promote the GSCC codes of practice to care workers, service users and carers and co-operate with GSCC proceedings

Employees should:

Protect the rights and promote the interests of service users and carers

Strive to establish and maintain the trust and confidence of service users and carers

Promote the independence of service users while protecting them as far as possible from danger and harm

Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people

Uphold public trust and confidence in social care services

Be accountable for their practice and take responsibility for maintaining and improving their knowledge and skills.

Further details can be found at www.gsccl.org.uk. (The guide is available for download in 29 languages)

Introduction

Welcome to Social Care

Whatever your role, it will be both rewarding and challenging, and one in which you can make a real difference to the individuals you will be supporting.

These **Common Induction Standards** have been written to guide you in your role in Social Care. Satisfactory completion of this workbook will meet the requirements of the Skills for Care Common Induction Standards, Social Care; Adults England.

Your Induction to Work in Social Care consists of 6 modules: -

- Understand the Principles of Care
- Understand the Organisation and the Role of the Worker
- Maintain Safety at Work
- Communicate Effectively
- Recognise and Respond to Abuse and Neglect
- Develop as a Worker

Basic Skills and Knowledge are essential for you to do your job well, and are a requirement across the whole Social Care sector. If you need help with reading, writing and/or maths, talk to your manager who will be able to help you. One place to look for help is the Care Skills base on the SCIE (Social Care Institute for Excellence) website (www.scie-careskillsbase.org.uk), which has free resources available to help you with your induction.

Induction is your first step along your career pathway. Your manager will decide the level of competence you need to do your job well. It may be that whilst working through your induction, you will identify that you need some basic skills for reading or writing. There is lots of help available, because lots of people have the same problem – your manager can help you find that help.

The induction standards are to be completed in 12 weeks. During this time you can add material to them to help your learning, and start to build a portfolio for your continued professional development. These Common Induction Standards should help you to meet the demands that will be placed on you in your work role.

Starting a new career/new job, can be a daunting experience. You will meet new people and have many new experiences. There will be new policies and guidelines, which will affect the way you work. Do ask questions about any aspects of your role that you do not understand. You may be assigned a “buddy” to work with you during your first 12 weeks. Your buddy will work with you and may assess you, but ultimately it will be your manager who has the responsibility of signing off your completed induction and endorse your certificate of completion (see the end of this booklet)

Ask your manager for a copy of the General Social Care Councils (GSCC) Code of Practice for Social Care workers. This booklet sets out a set of rules and responsibilities for Care Workers in Social Care and Employers. You must read these Codes of Practice. They will assist you in fulfilling your role and responsibilities to those in your care. A summary of the GSCC guidelines are shown at the beginning of this booklet.

All the learning from your induction can be used as underpinning knowledge for your NVQ in Health and Social Care, which you will not be able to enrol for until you have completed these induction standards.

There is a lot of knowledge in this workbook, but you will need to go and find additional knowledge around your workplace. When you see this symbol you will be directed to find more information.



Opportunities for other learning are available in many forms: books, websites, videos, CDs, formal training, papers, magazines, observation, and many more. It is up to you to explore these with your line manager at your supervision or appraisal.



For some subject areas you will need to have additional training which will be organised by your manager. This symbol indicates a diary date is needed for this training.



It is important that a new member of the team has an understanding of the context within which they are providing care. Below is an example of a service user charter from a care home which sets out the rights of service users and the aims of the care provider. Your setting may already have one; so talk to your manager.

[Enter name of Organisation] Service User Charter

Service users have the right to:

1. Dignity: the right to respect from all staff (regardless of beliefs and choices of life style) in all circumstances.
2. Kindness
3. Privacy
4. Confidentiality in all matters, personal and medical and protection of interests, social, financial, and legal
5. Freedom of movement and activity, subject only to safety
6. Freedom of choice, so far as is practicable
7. A homely and safe environment
8. Feel and be treated as a valued person
9. Have visitors whenever and wherever wanted (within reasonable limits)
10. Associate with others and build up relationships, both inside and outside the home
11. Have spiritual, emotional and physical needs met and respected
12. A high standard of care; be given details of medical condition on request; and to choose their own General Practitioner, Dentist and Optician
13. Be consulted on all aspects of living in the home and nursing care, and have the right to say 'NO'
14. Go to bed at their chosen time and to have a lie-in and breakfast in bed when they choose.
15. Have access to the Matron/Manager, Manager, Proprietor and Inspectorate easily and have complaints taken seriously and dealt with promptly and fully.

Standard 1 - The Basic Principles of Care

Understanding The Principles of Care

Values; Confidentiality; Person-Centred Approaches; Risk Assessment

The Principles of Care are a set of standards which form the foundation on which to build your practice. You need to be aware of why you must promote the values in your day-to-day practice; why you must consider the people you are supporting in promoting these values, their culture, their means of communication, their likes and dislikes, their family, other professionals you may be working with, your colleagues.

1.1 Values

What is a value? A value is simply what is important in the life of the person you are supporting.

The 8 principles of care summarises these values:

- | | |
|----------------------|--|
| Individuality | Assumptions should never be made about a person. The person should never have to fit in with you or your organisation. People should be allowed to make their own choices. Find out about each individual, look in their care plan, what food do they like, what do they want to eat? Find out how to address each service user; do not assume you can call someone by their first name. |
| Rights | People in your care should continue to enjoy the same rights as when they were living independently. Each person you are supporting has the right to say no, the right to have a relationship, the right to have a say in their care. You may have to balance <i>their</i> rights against <i>your</i> responsibilities. Are they at risk? Are you at risk? |
| Choice | Each person you are supporting should be allowed to make choices. They should be given thorough information in order to make informed choices, and you must acknowledge the benefits of their choices. |
| Privacy | Always ask permission before entering the individual's room. Do you always knock on their door? Visitors must ask permission before entering rooms. Close doors when performing personal hygiene. |
| Independence | Allow the people you support to do things for themselves, however small. Being independent does not necessarily mean being completely alone, but being supported to do things for themselves. Take time to enable the people you are supporting to be independent. This means <u>not</u> doing things for them because it is quicker. |

Dignity

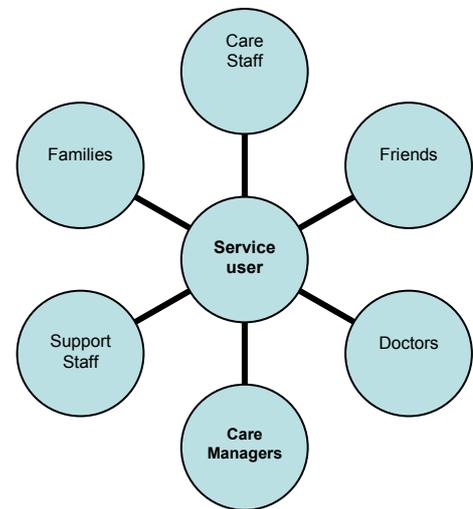
Dignity is what we feel when we are respected and it is what makes us feel important in society and in day-to-day life. Whether we are eating, sleeping, living day-to-day, or indeed dying, feeling dignified is what we, as staff, are required to do to give the person quality of life. Be aware of the importance of preserving a person's dignity, ask people how they wish to be addressed; try not to rush and take time to listen; use towels or clothing to cover when performing intimate care tasks and ensure men in your care are offered a daily shave

Respect

Showing someone you are supporting that they are important, whatever age, culture, disability, gender, belief, or sexual orientation. When working with others, do you ignore them and talk about your own life as if they are not there? Are you using terms of endearment without recognising that people have a choice of what name they would like to be called?

Partnership

Working in partnership with other agencies, colleagues, families, remember the person you are supporting and their wishes. Their wishes and needs should be paramount.



Look up your organisation's policy and procedures. How do they ask you to promote the values of care? Your organisation may also have a mission statement, outlining your duty of care to the people you support. Read this and reflect on how you can promote these core values at all times. You could also take the opportunity to read your organisation's Statement of Purpose if they have one in place.



Make sure you have a minimum level of awareness of the following terms:-

Discrimination A preconceived attitude towards members of a particular group formed only upon the basis of their membership of that group. The attitude is often resistant to change even in the light of new information

Equal Opportunities Ensuring that there is equal access to services and opportunities to all people regardless of race, gender, disability, culture, age and sexuality.



Find out about your organisation's policy on equal opportunities. What does it mean to you and the people you are supporting?

Diversity - Acknowledging your prejudices; allowing people to be different and respecting these differences; challenging others if need be; speaking up for the service users when they cannot speak up for themselves.



A man on a bus overheard 2 girls in front of him talking about an elderly lady in hospital who was dying of cancer. The man continued to listen to the conversation only to find out that the person they were discussing was his mother – he was unaware of her diagnosis. The two girls worked on her ward.

1.2 Confidentiality

As a care worker you will have many demands made on you, you will form working friendships with the people you are supporting, and also with colleagues, carers. People will tell you personal things about themselves, issues of confidentiality which you will have to decide whether to keep to yourself or report to a senior manager. You have to take responsibility for your practice and the people you are supporting. You may have to breach this confidentiality, so you should consult with the policies of your organisation regarding sharing of information before you are in that position.

1.3 Person centred-approach

Service users should be enabled to have control over their lives. How are you going to support them to do this? Person centred approaches are about the service user being the centre of any care plan. Person centred approaches are quite simply giving people a life and not just a service. What is important to that person? What support do they need? What are their dreams and ideas for their future?

Reflect on the diversity of the people you are supporting; enable them to communicate their needs and choices so that they have quality of life.

You need to consider whether the person you support has capacity to make informed decisions. **The Mental Capacity Act 2005** (which came into force in 2007) provides the legal framework for capacity and decision making about health and social care and financial decisions. It applies to everyone aged over 16.

You can find out more about the Mental Capacity Act 2005 from your manager/supervisor, but the key points to be aware of are listed below:

It is important to note that a person is assumed to have capacity unless it is proved otherwise. There is a four-step way to test for capacity:

A person must be able to:

1. Understand the information relevant to the decision
2. Retain the information
3. Use the information as part of the decision making process
4. Communicate the decision

In supporting a person to make a decision, you have a duty to assist the person in all four steps. For example, using appropriate communication methods to help the person to understand and communicate. Capacity is assessed specific to each decision and each occasion. For example, a person may have capacity to make a decision in the morning about what to wear, but not later that day to decide if they want to move home.

If someone is assessed as lacking capacity, any decision taken on their behalf must be in their best interests and you must consider if there are less restrictive options. For example, if a decision can be delayed until a person is less distressed this is the best course of action. However, if a person **has** capacity this over-rides what you may consider as an unwise decision.



Additional Reading

All social care staff working in Berkshire can access free online learning on the Mental Capacity Act 2005. www.careandhealthlaw.com

1.4 Risk Assessment

It is the right of every service user in your care to make choices and take risks. It is your role to assist the service user in making those choices and reducing the risks without compromising their rights.

People who receive social care services are considered to be vulnerable, and as such the law requires that an assessment be carried out to look at any possible risks to themselves or to others. The aim of this assessment is not to remove the service user's right to take risks, but to reduce them wherever possible to an acceptable level.

You will find the risk assessment with the care plan for the service users you are supporting. Read it and if you feel any changes need to be made consult with the person who makes the changes.



The law also requires an assessment be carried out of the environment in which you provide care for your service users. This helps to ensure that any environmental risks that can be practically reduced or removed are done so. Your manager will show you where these assessments are kept.

All these assessments are called risk assessments, and they are meant to protect not just your service users, but also yourself and your colleagues, and anyone else who enters the premises.

Risk Assessment and Risk Management

The purpose of assessing risk is to ensure the health, safety, welfare and security of staff, service users and the wider community.

Risks that are identified will inform the way in which we work with service users. Risk assessment is about making decisions, which are logical, realistic and legal. Risk can frequently change depending on circumstances that alter over often brief periods of time, therefore risk assessment and risk management will be subject to frequent review.

The Risk Assessment and Management Plan should be within the care plans for the service users you are supporting. Ensure you read this and if any changes need to be made consult with the person responsible for making those changes.

STANDARD 1: The Basic Principles of Care

Understanding The Principles of Care

Test Your Knowledge

1.1 THE VALUES

1.1.1 Explain what each of the following values of care mean in relation to the people you will be supporting:-

- Individuality

Treat all service users as individuals, not each one in the same way. Value them as individuals with different personalities, with different needs and wants

- Rights

All individuals have a right to choose, a right to have a say in what they want and to be involved in their own lives. They have a right to complain.

- Choice

This is about having options and information available to make their own decision

- Privacy

Ensuring your service user has their own space. Making sure you do not discuss a service user in a public place or leave written information about them where others can see it or find it

- Independence

Enable people to do tasks for themselves, sometimes with support or help

- Dignity

Respecting someone for what they are. Support and promote someone's self-worth, regardless of difference

- Respect

Show people you value them. Ask permission to help. Do not assume a service user cannot do things.

- Partnership

Working with the service user, carers, their family and other professionals to ensure the right care is received. Making sure the right information is shared.

Give 3 examples of the sorts of things you can do in your day-to-day work to promote each of these:

- Individuality

- 1 Don't assume the individual's own religious beliefs conform to every aspect of that religion's beliefs
- 2 Be accepting of someone's sexual orientation
- 3 Don't make assumptions about someone because of a disability

- Rights

- 1 for a service user to vote
- 2 to access the religion of their choice
- 3 to receive same gender care

- Choice

- 1 what clothes they want to wear
- 2 what food they want to eat
- 3 what activities they want to do

- Privacy

- 1 ask permission to look through personal items
- 2 knock on door and ask if you can come in to their room
- 3 close toilet door with you on the outside

- Independence

- 1 a wheelchair does not mean someone is helpless
- 2 if they can wash their own face/clean their teeth, let them do so
- 3 don't automatically give an older person a drinking beaker – they might want a cup

- Dignity

- 1 knock on their door before entering
- 2 cover individuals appropriately when performing personal care
- 3 don't make assumptions about what people want – always ask

- Respect

- 1 ask individuals how they would like to be addressed (Mr Smith or David?)
- 2 don't ask questions through a third party (“Does he take sugar?”)
- 3 don't use “dearie”, “love” – use real name

- Partnership

- 1 keep service users and families informed about changes/what's going on in the home
- 2 work with district nurse to find out whether meds have been given correctly or to find out about changes in meds etc
- 3 find out from the service user how they are feeling

Your organisation has policies and procedures about how they work with and promote the values listed above. Please list them below:

- Mission statement, Equal Opportunities statement, Data Protection policy, Disability Discrimination policy, Person-centred approach policy, Safeguarding policy
(this list is not exhaustive and answers should reflect the names of the policies as they appear in your setting)

“Duty of Care” means care for individuals within the law and policies and procedures of your organisation

What would you do if you were not sure of your responsibilities in caring for someone?

Ask supervisor/manager for advice and guidance
Look up organisation’s policies and procedures

What do the following terms mean to you?

Discrimination

To treat someone less favourable or differently because of their race, ethnicity, beliefs, disability, sexual orientation or age

Equal opportunities

To give everyone equal opportunity (not necessarily the same opportunity) regardless of race, ethnicity, disability, sexual orientation or age

Have you experienced discrimination? How did you feel?

If you have not experienced discrimination, how do you think it would leave you feeling?

Record your experiences/thoughts below:

This will be an individual view

1.1.2 Give 3 examples of the sort of things you can do in your day-to-day work that promote equal opportunities

- Access to activities
- Provide prayer facilities/or access to specific places of worship
- Enable service users to form relationships

Your Organisation has policies and procedures about how they work and promote equal opportunities. Please list them below:

- Organisation Mission Statement, Disability discrimination, Equal opportunities, Person-centred approach, age discrimination, Whistle blowing
(this list is not exhaustive and answers should reflect the names of the policies as they appear in your setting)

What kinds of difficulties may service users experience in their everyday life as a result of discrimination, stereotyping or disabilities?

Answer might include:

- Being too old to enjoy a particular activity
- Being asked to attend a religious ceremony – and how refusal may be interpreted
- Only offering cooking classes to females
- Staff offering a choice of activity they want to do rather than the service user's choice
- Females being offered a choice of dresses or skirts only

“Social Inclusion” is involving people in decisions about their day-to-day care
Can you give two examples of how you have done this?

This will be an individual answer

What does the term ‘diversity’ mean?

Working with differences – both visible and invisible – and accepting those differences.
Allowing (and providing the opportunity for) people to be different

Write down some examples of what this could include:

This will be an individual answer

1.1.3 Why is it important to support and respect the diversity of different cultures and values?

We can all learn from other’s experiences
Enable everyone to live as full and active a life as possible

Give 3 examples of how you could show that you have a positive approach to diversity amongst service users and colleagues:

- Find out about and understand issues you do not understand
- Include all service users in activities
- Create an environment that values the differences of services users and of your colleagues

1.2 CONFIDENTIALITY

1.2.1 What does the term 'confidentiality' mean?

It is about privacy – any information you tell someone will be kept between you and them unless it is clear that the information you receive gives you serious concern about their or someone else's safety

Why is confidentiality important in a social care setting?

Because these are vulnerable people that need protecting.
To maintain trust and confidence

Give 4 examples of how you can maintain confidentiality

- Don't pass information on over the phone unless you have confirmed this is acceptable/appropriate
- Don't talk about service users at home or in an open area
- Only discuss service users with colleagues in a private area
- Don't discuss service users with their family unless the service user has give permission

1.2.2 In what circumstances might you have to breach confidentiality?

If a service user tells you they are being abused
If a colleague has committed a serious offence and not told anyone but you

What must you be aware of if it is necessary to breach confidentiality?

Make sure you are aware of all the facts
You may lose the trust of the individual
Only tell the people that need to know

If you had to breach confidentiality, what explanation would you give to the service user?

“If I felt they were going to tell me something that I would have to report, I would stop them and tell them that before they went any further. They need to understand that I may have to pass the information on to my manager, and I would explain that their health and safety was my main concern”

How do you think breaching confidentiality would make you and the service user feel?

Individual answer but might be along the lines of:

The service user may feel betrayed but they may also feel relieved that they have told someone

1.2.3 Your Organisation has policies and procedures about confidentiality and sharing information; find out what they are and list them below:

Data protection, Sharing of information, Code of Conduct, Whistle blowing, Duty of Care

(this list is not exhaustive and answers should reflect the names of the policies as they appear in your setting)

Give a brief explanation of the Data Protection Act 1998:

It relates to information held about an individual, whether in writing or on computer (or CCTV or film/photo). It includes medical records. All information however it is stored is subject to the rules laid down in the Act. You should not give information to anyone without the individual's permission. You must store information securely.

1.3 PERSON CENTRED APPROACHES

1.3.1 Why is it so important to support the privacy and dignity of service users?

To enable them to retain the rights enjoyed by all individuals.
So that they can observe their own culture, religion and beliefs

Give 4 examples of how you can support service user's privacy and dignity:

- 1) To be addressed in the manner they choose (Mr/Mrs, first name, nickname etc)
- 2) To be consulted on matters which impact on their life within the home/setting and have their wishes respected
- 3) Be able to entertain guests in privacy if they wish
- 4) To be entitled to confidentiality in all matters (except information necessary for staff to provide proper care)

1.3.2 Why is it important to find out about each service user's preferences, wishes, history and needs? And where would you find the information?

This information will be in the care plan.
This is a right for the individual you are helping/supporting
If everything is centred round the service user's needs and the way they want things done, this should make them feel valued and could improve their self-esteem. It will also ensure that they receive the right care, at the right time

1.3.3 Why is it important to support service users to make choices and have control over their lives?

For their self-esteem and self-image

1.3.4 What does the term 'informed choice' mean?

A decision based on having all the facts to hand

1.3.5 Please list all of the information that is contained in a Service User care plan:

Name and address
Next of kin
What care they need
Risk assessment(s)
Medication details
Medical conditions
Communication method
What mobility aids they use
Other professionals involved
Likes and dislike of how things are done

(this list may not be exhaustive and answers should reflect the care plans in use in your setting)

How can this information assist you when working with service users?

To give an individual a person-centred approach

1.4 RISK ASSESSMENT

1.4.2 What is the Basic Process for the Assessment of Risk?

- 1) identify the hazard
- 2) decide who might be harmed and how
- 3) evaluate the risk and decide what to do
- 4) record your finding and take any action
- 5) review and update as necessary

Definitions of Risk

What is a hazard?

Something with potential to cause harm

What is a risk?

The likelihood that a hazard will cause harm to someone or something

What is a risk assessment?

The process involved in assessing the risk and putting in place sensible measures to control them and make it safer to work

What is danger?

Risk of harm, hurt or accident

What is risk management?

The process of assessing risk, and taking the steps to either eliminate or reduce it – and reviewing regularly

Potential Risks

1.4.1 What risks may there be for service users?

This should be an individual answer based on your setting

1.4.2 What risks may there be for staff? – List 3

This should be an individual answer based on your setting

What risks may there be for the wider community including family members and carers – list 3

This should be an individual answer based on your setting

Gathering Information for Risk Assessment and Management:

1.4.2 List 3 sources where risk assessment information may come from.

This should be an individual answer based on your setting

1.4.1 What actions should you take if you identify risks?

This should be an individual answer based on your setting

1.4.2 Who carries out risk assessment in your organisation?

This should be an individual answer based on your setting

Why is it important to read through a risk assessment before you begin work with a service user?

To ensure your health and safety is in place and to ensure your service user is safe

1.4.3 If you believe that a risk assessment is incorrect, what should you do?

Not carry out the task and report to a senior member of staff

You have a duty to assess risks whilst you are working. Why is it important to do this?

To ensure the safety of yourself, others and the service users

What would you do if a service user wants to do something that you believe is risky?

Refuse politely to do it and get advice from a senior member of staff – but remember, the service user has a choice and a right to act as an individual

1.4.2 What are the four main areas you need to assess when working?

This depends on the individual setting but might include moving & handling, equipment, anything that might create a slip, trip or fall

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Standard 2 - Understand the Organisation and the Role of the Worker

2.1: Your Role as a Worker

This standard is all about you: what you need to know in relation to your role and your organisation. As a care worker, you will have many responsibilities: to yourself, your organisation and the individuals you will be supporting.

2.1.1: You have a Code of Practice to work within, set by the General Social Care Council (GSCC). This code of practice is issued to all new care workers. The codes have a pocket guide which is easy to carry with you to refer to and should be used to form the basis of your practice.

Your employer also has codes of practice set to them by the GSCC. They must give you clear information about your role to ensure you understand and can carry out your work to a high quality and standard.

Being reliable and dependable is one of the GSCC codes of practice. This asks you to honour your work commitments and arrangements, and to explain to service users and carers when it is not possible to do so. (See the Basic Principles of Care at the beginning of this workbook).



2.1.2: Your organisation will have their own set of values for the service you will be providing. Look for your organisation's mission statement, which should be displayed in a convenient place to highlight the values of your setting. Read this and reflect on how you will support these values in your role.

2.1.3: You will meet new colleagues, and be expected to work in partnership with other professionals, GPs, Social Workers, other agencies, family and friends of the individuals who use the services.

2.1.4: Sometimes you will work with:

- unpaid carers who provide unpaid support to a relative, friend, partner etc
- significant others anyone who is "significant" to the individual you are supporting e.g. their partner, their children, a neighbour, their best friend, a priest, a guide dog
- advocates an advocate is a person who supports an individual and helps them to explain and say what they want. They help to ensure that the individual's views are heard, so that their problems can be sorted out. In some cases, advocates are volunteers, while in other instances, they may have received specific training, and may be paid by the service user or by organisations.

2.2: Policies and Procedures

During your induction period you will learn about your organisation. You will be introduced to its policies and procedures - ask your manager where these are if you don't already have a copy.

Policies are written to benefit and protect the worker, the organisation, and the service users in your care. Find time to read them, as they will affect the way you do your job. Everything you do in your work role will be governed by a policy or procedure, and it is important that you understand why policy and procedure must be followed at all times. If you have doubts about a particular policy or procedure, talk to your manager to understand what are the reasons behind them.

By understanding and adhering to the policies and procedures of your organisation, and by working with your colleagues and other professionals, you will be part of a **team** providing a consistent level of care to the service users you are responsible for.

2.3: Worker Relationships

Working in social care you will be supporting many diverse groups of individuals, each placing considerable demands on you. Your organisation may operate a code of conduct policy which will inform you of your professional boundaries to service users. It is not good practice to form special relationships with any individual you are supporting; this can be seen as favouritism. If you have any concerns over your relationship with individuals / colleagues / carers then you should seek advice from your manager. You are in a position of trust and power over individuals, and therefore should not abuse this position. You must act appropriately. Never accept gifts or money from the individuals you are supporting.

Your organisation should give you clear and precise information about your role and responsibilities. If you have concerns then you should consult with your supervisor, manager or senior colleagues.

STANDARD 2: Understand the Organisation and the Role of the Worker

Test Your Knowledge

2.1 YOUR ROLE AS A WORKER

2.1.1 What are your responsibilities as outlined in the GSCC Code of Practice for care workers?

(straight copying of these from the front of this workbook is acceptable, as long as you think the worker knows what they mean)

- 1 Protect the rights and promote the interests of service users and carers
- 2 Strive to establish and maintain the trust and confidence of service users and carers
- 3 Promote the independence of service users while protecting them as far as possible from danger and harm
- 4 Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people
- 5 Uphold public trust and confidence in social care services
- 6 Be accountable for their practice and take responsibility for maintaining and improving their knowledge and skills.

Give 3 examples of your practice, showing how you do this in your role.

Individual answers, which should show they understand the GSCC Code of Practice

2.1.2 What are the aims of your organisation?

Individual answer relating to your organisation

How does your job role support your organisation's aims?

Individual answer

2.1.3 What other professionals are you likely to work with (inside and outside your organisation)?

Individual answer

2.1.4 Why is it important to work in partnership with them?

Individual answer – but should show the worker understands the role these professionals have in helping provide the best care possible, what the worker's responsibilities are in informing other professionals, how changes as a result of a professionals intervention could affect care, where these changes are recorded, how they are communicated etc

What are the benefits of working in partnership with unpaid workers such as carers, advocates and significant others?

Individual answer – but should show the worker understands the role these partners have in helping provide the best care possible, what the worker’s responsibilities are in communicating (and NOT communicating) with them etc

2.2 POLICIES & PROCEDURES

2.2.1 What are policies and procedures?

They are written to explain and define what action employees are expected to take when doing their job. They benefit and protect the worker, the organisation, and the service users in your care.

Why is it important to follow policies and procedures?

They will affect the way you do your job and so help you and your colleagues provide the best care possible

2.2.2 Where can you find the policies and procedures for your workplace?

Individual answer relating to your workplace

2.3 WORKER RELATIONSHIPS

2.3.1 How does your relationship with service users differ from your relationship with friends?

You are working in a (paid or unpaid) role within an organisation; you have a job to do that is bound by a professional Code of Conduct

Give 3 examples of responsibilities you have to the service users that you might not have to a friend:

- 1 maintain a safe environment
- 2 record concerns, act and inform on suspicions of abuse
- 3 deliver the same level of care, whatever your mood, feelings etc

2.3.2 Why is it important to be reliable and dependable in your job role?

To ensure service users receive the care they need

To support your manager and your colleagues

What could be the consequences of not being reliable or dependable?

Poor care, which could result in illness of your service user

Health and safety issues

Colleagues having to do additional work

2.3.1 What would you do in the following situations?

a) A service user wants to give you a gift of money for looking after them

Refuse politely, reassuring them their care will not be affected

Remind them about your organisation's policy

b) You have feelings about a service user that may affect the way you deliver care

Remember professional boundaries

Speak to your manager – ask to be removed from caring for this service user

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Standard 3 - Maintain Safety at Work

Moving & Handling; Health & Safety; Security; Fire Safety; Emergency First Aid; Infection Control; Medication & Health Care Procedures;

In this section you will understand your role in maintaining safety at work.

3.1: Health and Safety

3.1.1: Be aware of Key Legislation relating to Health and Safety in your work setting and understand the Responsibilities of yourself and your employer and the individuals you support.

The laws under which safety is maintained at work are covered in the Health and Safety at Work Act 1974 (HASAWA). This Act has been added to many times since it was first published, and the laws that are most likely to affect your work are:

- Manual Handling Regulations 1992
- Control of Substances Hazardous to Health 2002 (COSHH)
- Report of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Health and Safety First Aid Regulations 1981
- Management of Health and Safety at Work Regulations 1999
- Food Safety Act 1990

If you are working in someone's own home not all of these laws apply. However, it is important regardless of the setting, for you to be aware of things that could cause harm, and try and improve them. You can do this by talking to your service user, their family or your manager.

3.1.2 Understand your Organisation's Policies and Procedures in relation to Health and Safety in your work setting and the individuals you support.

Under the **Health and Safety at Work Act 1974**, the employer, the employee, and where appropriate, the service users you support, have a responsibility to ensure safety is maintained in the workplace.

3.1.3 Know how to apply your Organisation's Policies and procedures in relation to Health and Safety in your work setting and the individuals you support

Emergency Procedures

In the event of an emergency it is important to know where the main services for the care setting are isolated.

The following table describes where the main services for your setting are isolated:

Service	Location
Gas	Enter organisational details here
Electricity	Enter organisational details here
Water	Enter organisational details here

So if you see something dangerous, put it right, or report it.
The biggest cause of injuries reported every year are slips, trips and falls.

Common areas where accidents can happen are:

Common problem	Example	Action
Slips	Wet floors, either because something is spilt, or because a service user has just had a bath.	Put "Caution – Wet Floor" signage up to alert other people of the danger
Trips	Trailing electrical leads carelessly left trailing across the floor. Frayed carpets or rucked up rugs/mats Cleaners bucket left in a walkway	Tidy up the leads so they do not cross a walkway. Alert the maintenance team immediately Remove obstacle and inform cleaners
Falls	Open upper floor windows. Staircases	Ensure the window restrainers are in place. Only service users who have been risk assessed as safe to use stairs should do so. Check their care plan.
Shock	Loose wiring	Visually check each appliance before use. If in doubt, switch off the appliance - Alert the maintenance team immediately

Always be alert and think about the risks.

Two elderly women died in separate scalding accidents while in the care of a council's social work department it emerged yesterday. The deaths of the women have prompted the council to improve safety measures in its care and residential homes. It is understood that one woman, aged 100, got up in the night to use the lavatory in her en-suite room (in a care home) and stumbled into the bath. While trying to get out she accidentally turned on the hot water tap and was scalded. The other incident took place in a private house. Following the incidents urgent precautionary work is under way at 16 premises.

Feb 2003

Bathing

Although you will aim to give personal care in as individual a manner as possible, you must always remember that safety is paramount.

For instance, a service user may wish to be left in the bathroom alone. You should support this, as long as it is safe to do so. Your manager will give you guidance on this.

Also bathing in too hot water can cause scalding. In residential settings each bath is fitted with a device that ensures water comes out of the hot tap at less than 43°C. However each bath has a thermometer for you to ensure the bath is not too hot before the service user gets in (most people like baths at about 39°C, but check with your with your service user, but bath water must never be hotter than 43°C).



Additional Reading: You should now read the Health and Safety Policy within your setting's Policy and Procedure Manual

COSHH

COSHH stands for the **Control of Substances Hazardous to Health** and defines how dangerous liquids, powders etc are stored and used around the setting.

All items that are covered under the COSHH regulations have one or more symbols shown on the packaging.

It is important that these products are never left out for service users or staff to mistakenly drink or misuse. Cleaning materials should never be left out even when staff are taking a short rest break.



Look at the COSHH file with your supervisor.

Daily Telegraph

Bleach drink kills care home woman

An 80-YEAR-OLD woman died and five other care-home service users were left in a critical condition after drinking a bleach-like liquid they were given instead of blackcurrant cordial.

A care assistant is believed to have confused two similarly packaged bottles of soft drink and dishwasher rinse. She is thought to have given the liquid to 10 elderly women at a private care home.

One of the service users, who died, drank the purple liquid believing it was Ribena. Three service users were stable in hospital while two remained seriously ill. Others were treated by a doctor. Six members of staff have been suspended and the police and the Health and Safety Executive are holding a joint investigation. Dec 2001

Accident Books

There should be two accident books in your organisation:

- Service users
- Staff



It is important that you record each accident that happens to you or that you witness. The books are reviewed by your management team and will help to prevent future accidents occurring. Your mentor will show you where the books are kept and how to fill them in



You should now find out where these are located.

3.1.4 Know what you are NOT allowed to do at this stage of your training in relation to Health and safety in your work setting and the individual's you support.

3.2 Moving and Handling

Correct moving and handling is a vital part of your role. It is essential you learn how to move and handle correctly, otherwise you could hurt yourself and others.

You will receive training in the correct techniques to use when moving and handling within the workplace.

NEVER attempt to move, handle or lift anything until you have received the appropriate training.

It is **your** legal responsibility to use the correct moving and handling techniques as you have learnt during your training.

The principle of safe moving and handling is to protect yourself, your colleagues and your service users.



Find the Health and Safety policies in your organisation; look at the section relating to moving and handling.

Discuss with your supervisor current legislation that is relevant to moving and handling tasks.



Look at several risk assessments related to Moving & Handling with your supervisor so you have understand the recording process

3.3 Fire Safety

3.3.1 Understand how to promote Fire Safety in your work setting

It is important that you understand how to prevent a fire and what to do in the event of a fire.

Smoking / Naked flames

An obvious cause of a fire is a carelessly discarded cigarette. Find out what your policy is on service users smoking within the building and surrounding areas

Housekeeping

Simple housekeeping helps to reduce the amount of material for a fire to get started or spread. Empty boxes, litter etc can assist a fire spread. So always ensure that empty boxes are discarded safely outside the building, and clutter, particularly in corridors is kept to a minimum. Also remove “fluff” from dryers after each use.

Fire doors

Fire doors are designed to stop a fire spreading from one area to another. Fire doors should be kept closed at all times, unless they are fitted with automatic door release system linked to the fire alarm system. Doors should never be blocked or wedged open.

Fire exits

In the event of fire it is essential that service users and staff can exit the building without obstacles. Never allow anything to obstruct a fire exit. Fire exits are clearly marked and are generally doors leading to outside from the building.

You will receive training in how to respond to a fire and what to do on hearing the fire alarm.



You should now read the Fire Safety Policy within your Organisation. Carry out several fire procedures with your supervisor to confirm your thorough understanding of the procedure.

3.4 Emergency First Aid

3.4.1 Know what to do in response to illness or accident

In the course of your work you may come across a first aid emergency, such as a fall, choking or breathing difficulties. Until trained to do so, you are not qualified to give emergency first aid; however there will be someone on the premises who will be able to take the appropriate action.

3.4.2 Understand Basic Emergency Techniques

The following is a brief guide to how to handle emergency first aid situations.

1. Assess the situation – do not put yourself in danger
2. Make the area safe.
3. *Send for, or go and get the person in charge – do not delay.*

3.4.3 Understand what you are NOT allowed to do in relation to emergency First Aid at this stage in your training

You will receive training about how to respond to a first aid situation.

3.5 Infection prevention and Control

3.5.1 Understand the main routes of infection

Infection control is about controlling the spread of communicable diseases between service users, staff and visitors. The service users we care for are often particularly vulnerable to infection, and as such we need to be extra careful.

A stomach bug introduced to a care setting can quickly spread to service users and staff, making staff go off sick and making service users' care needs increase. So it is vital that you are aware of the importance of limiting the control of infection.

Infection can be spread through

- Physical
- Airborne – sneezing/coughing
- Contact with bodily fluids
- Eating contaminated food

3.5.2 Know how to prevent the spread of infection

There are simple guidelines that you should follow to limit the spread of infection.

Safe Food Handling

This section is information for people who prepare food. You may be required to be involved in food preparation in your role as a carer. You will need to have an understanding of the principles of safe food handling.

Safe Food Handling can be broken down into four key areas:

1. Cleaning

Effective cleaning is essential to get rid of harmful bacteria in the kitchen and to stop them spreading.

Often bacteria can collect in places that you might not expect. But anything that is touched by food or people's hands could be covered in bacteria. In many food preparation areas the bacteria hotspots include:

- Fridge/freezer handles
- Tap handles
- Work surfaces
- Chopping boards
- Bin lids
- Can openers

Cloths used to clean dishes and surfaces, and tea towels, can also spread bacteria. Make sure you wash and dry them thoroughly and replace them regularly, particularly when they are worn or damaged. Use paper towels or disposable cloths wherever possible.

2. Cooking

3.5.1 Thorough cooking is very important because it kills harmful bacteria in food. If bacteria survive in food because it isn't cooked or re-heated properly, it could make your service users ill.

3.5.2 Simple guidelines help to ensure food is safely cooked.

- Only serve properly cooked food
- Serve food straight after it has been cooked or reheated.
- Inspect the food you are serving. Make sure it is piping hot all the way through and meat juices run clear.

The grim truth about food poisoning

There are millions of cases of food poisoning every year in the UK.

Food poisoning occurs when people eat food that has been contaminated with harmful germs (particularly bacteria and viruses) or toxins (poisonous substances).

Bacteria need warmth and moisture to grow. They reproduce by dividing themselves, so one bacterium becomes two and then two become four and so on. In the right conditions one bacterium could become several million in 8 hours and thousands of millions in 12 hours.

This means that if a food is contaminated with a small number of bacteria and you leave it out of the fridge overnight it could be seriously contaminated by the next day. Then just one mouthful could make someone ill. If you put food in the fridge it will stop bacteria from multiplying.

Since you can't see, taste or smell bacteria, the only way that you can be sure that food is safe is to follow good hygiene at all times.

Source: **The Food Standards Agency**

3. Chilling

Some foods need to be kept chilled to keep them safe, for example food with a 'Use by' date, food that you have cooked and won't serve immediately, or other ready-to-eat food such as prepared salads. If these foods are not properly chilled, bacteria can grow and make people ill.

4. Cross-Contamination

3.5.2 Cross-contamination is when bacteria spread between food, surfaces or equipment. It is most likely to happen when:

- raw food touches (or drips onto) other food
- raw food touches (or drips onto) equipment or surfaces
- people touch raw food with their hands

So, if raw meat drips onto a cake in the fridge, bacteria will spread from the meat to the cake.

If you cut raw meat on a chopping board, bacteria will spread from the meat to the board and knife. If you then use the same board and knife (without washing them thoroughly) to chop a cucumber, the bacteria will spread from the board and knife to the cucumber.

Hands can also spread bacteria. If you touch raw food and don't wash your hands thoroughly you can spread bacteria to other things you touch.

By avoiding cross-contamination, you can stop bacteria spreading.

What you need to do

- Keep raw and ready-to-eat foods separate
- Clean surfaces and equipment thoroughly before you start to prepare food and after they have been used with raw food
- Wash your hands thoroughly after touching raw food.

How to check

- Supervise cleaning and food handling
- Check that raw and ready-to-eat foods are kept apart when they are stored, prepared and displayed.
- Make sure that your staff knows how to avoid cross-contamination.



Additional Reading

For more information about food hygiene go to www.food.gov.uk/safereating

Also see the video [Bacteria Bites Business](http://www.flyonthewall.com/FlyBroadcast/FSA/BacteriaBiteBusiness/) at <http://www.flyonthewall.com/FlyBroadcast/FSA/BacteriaBiteBusiness/>



You should find out what your responsibility is in relation to food preparation in your organisation



Laundry

Find out how your organisation deals with your service users' laundry, and in particular how clean and dirty laundry is kept separate, and how to handle laundry that is contaminated.

Laundry Rules

Keep

- Whites
- Coloured
- Woollens

in separate washes

Read the labels of clothes for laundry information

and **NEVER** try to launder clothes marked for Dry Cleaning

Staff Sickness

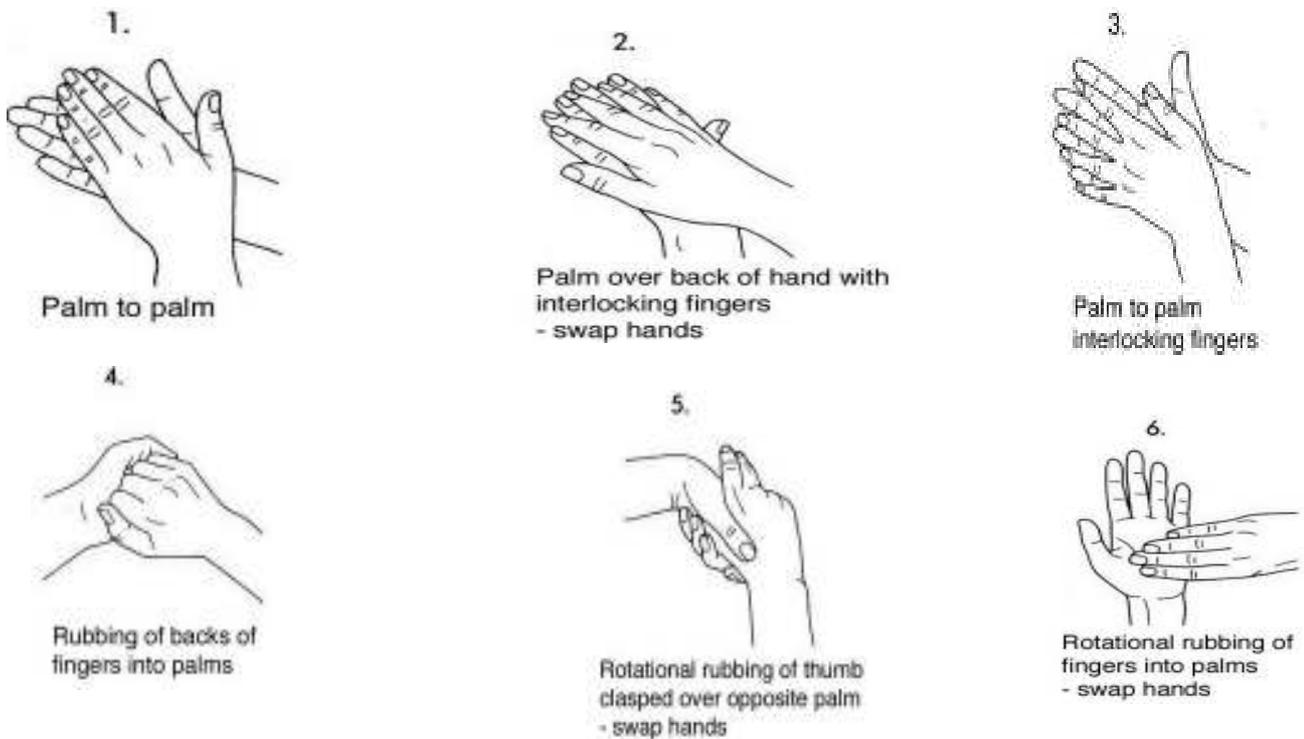
If you have suffered from a communicable illness, you should not come to work until you have been given the "all clear" from your doctor. This includes an illness you may have suffered when on holiday (especially abroad).

3.5.3 Know how to wash hands properly

Always wash your hands after

- going to the toilet
- before and after giving care to a service user
- handling food
- handling rubbish
- blowing your nose or sneezing or coughing
- handling an animal or animal waste (ie a pet)
- removing gloves

Follow these seven steps to ensure you clean your hands properly.



Step 7 – Ensure hands are rinsed under running water and dried.

N.B. This technique should also be applied when putting on alcoholic gel.

3.6 Medication and Health Care Procedures

3.6.1 Understand your organisation's policies and procedures in relation to medication and health care tasks



Medication Look up your organisational policy on medication and discuss your responsibilities regarding this with your manager (3.6.2)

Most of our service users take medication of one description or another. Some medication is given to reduce the symptoms of a long term illness (eg Parkinson's disease, or diabetes) while other medication is prescribed to remedy a short term problem (chest infection or headache).

Only the doctor can prescribe medication.

Service users who can manage their own medication safely are encouraged to do so. Others are given assistance in the storage and giving of daily medication.

3.6.3 Until you have received appropriate training you are not permitted to assist in the giving of medication.

Take time to discuss with your supervisor aspects of your role you need further training in to ensure safe and competent practice.

Protective equipment

Our clothes can pick up infection and pass it from one service user to another. It is important to change your gloves and aprons (and wash your hands) between working with service users. Check your organisation's policy.

Masks are generally only worn when there is a risk of air-borne infection.

Never wear the same apron that you have used to protect yourself when giving care, when you move into in the kitchen.

3.7 Security

3.7.1 Be aware of security measures in your workplace

Intruder

Residential settings may have an open policy for visiting, and you will often see people who you do not recognise. In some services you and others may need a security code to get in.

It is important that you maintain a safe environment for your service users, so if you meet someone who you think should not be in the building, smile and politely ask them if you can help. If they say 'no' then ask who they are and what they are doing. If they are visiting but you didn't know them, they will be assured that the person they are visiting is in a secure place.

Never give the door/key codes to anyone who has no proper business in the building. If in doubt, ask a senior member of staff if they should be given the code.

Missing Persons

For the safety of your service users it is important that you know their whereabouts at all times. The location of service users and any appointments, outings etc will be communicated during the handover at the beginning of your shift.

Any missing service user must be reported to the person in charge immediately.

In the event of a missing service user you should follow the Missing Persons Policy.



You should now read the Missing Persons Policy for your organisation.

3.7.2 Recognise the risks to your personal safety and well-being in your work setting and the safeguards required to minimise these

Violence

Some of the service users you will be caring for may show signs of distress, which may lead to aggression. By getting to know your service users and recognising the signs of distress you may be able to use calming techniques to prevent it getting worse. There will be times however when a service user does become violent, and although each situation is different, always remember:

1. **Never retaliate**
2. **Walk away from the service user**
3. **Summon help**



You should now read your organisation's policy on Violence.

STANDARD 3: Maintain Safety at Work

Test Your Knowledge

3.1 Health & Safety

3.1.1 List the key pieces of Health & Safety legislation and regulation that apply to you in your work role

Health & Safety at Work Act
Manual Handling Regulations
COSHH
RIDDOR
First Aid Regulations
Food Safety Act

3.1.2 What is the key thing the Health & Safety at Work Act states that you must do?

Take responsibility for making sure safety is maintained in my workplace

What could be a risk in your work environment?

Individual answer relevant to your workplace – but might include:

Violent clients, faulty or badly maintained equipment, visitors, electricians/plumbers etc, insufficient staff, hazardous substances, blocked fire doors

What should you do if you identify a risk?

Report to manager or other senior member of staff, make other members of staff aware
Stop what you are doing if a danger to yourself or others

Describe 2 situations that would require services to be disconnected and who would you inform?

1)

2)

Individual answers but might include:

Water or gas leaks – faulty electrical items – report to senior member of staff or manager. Or if nobody to report it to, inform all other staff and the appropriate organisation (e.g. gas board, water board) or maintenance department.
Turn off the supply at the main switches or stopcock

3.1.3 What are the hazardous substances kept in your workplace and how are they stored safely?

Individual answers

If the work is in a service user's home, does the member of staff know how to help the service user understand the potential hazardous substances and what to do about those risks

List products that should be stored securely in locked cupboard under COSHH Regulations unless working in a service user's home.

Answers would be as per your workplace but might include bleach, cleaning materials, dishwasher salt, weedkiller, aerosols

3.2 MOVING AND HANDLING

3.2.1 In your organisation's Health and Safety policy, there is a section relating to moving and handling. What are the key points in the policy that affect your work role?

This answer should relate to HASAWA, LOLER and Manual Handling Regulations



3.2.4 You must not use moving and handling equipment until you have been trained

Note when you will be attending a moving and handling course.

3.2.2 What is the purpose of a risk assessment when moving and handling?

To ensure the health and safety of yourself, others and the service user. To make sure you use the correct and safest method of moving someone. What to avoid doing. Making sure equipment is maintained and serviced correctly.

When are these risk assessment reviewed?

When changes in service user's circumstances occur

Who carries them out in your organisation?

Individual answer relating to your organisation

3.2.3 Demonstrate the principles of correct moving and handling.

3.2.4 *A direct observation or an expert witness testimony is **required**.
Your supervisor will complete the next section as a record of your practice.*

Observation record

I confirm that I have observed (name) carrying out Moving &
Handling on (Date).

Description of the situation:
.....
.....

I confirm that he/she complied with this organisation and regulatory requirements with regard to risk assessment and best practice.

Signed: Date:

3.3 FIRE SAFETY

3.3.1 What procedure(s) do you have in your workplace to prevent fire?

Individual answer relating to workplace – but may include fire doors, fire blankets, extinguishers, no smoking policy

What is the procedure in the event of a fire?

Individual answer relating to workplace

*A direct observation or expert witness testimony will also be required to assess this area.
Your supervisor will complete the next section as a record of your practice.*

Observation record or expert witness testimony

I confirm that I have observed (name) carrying out Fire Safety procedures on (Date).

Description of the situation:
.....
.....

I confirm that he/she complied with this organisation and regulatory requirements with regard to best practice.

Signed: Date:

EMERGENCY FIRST AID

3.4.1 You will now have had training in dealing with health emergencies. What have you been trained to do?

Individual answer

What health emergencies may occur in your workplace?

Answer might include: falls, heart attacks, strokes, choking, seizures, broken bones

What is the single most important thing an untrained worker can do in a health emergency?

Call for assistance and try to keep the person calm. Get someone to find a trained first aider or ask someone to call 999.

What must you NOT do unless you have attended an emergency First Aid course?

Carry out any emergency first aid, make a diagnosis, carry out CPR, do anything you have not been trained to do



3.4.2 Discuss with your supervisor when you will be attending a first aid course.

Note here when you will be attending the course

3.4.1 In the event of an emergency what action would you take if you were alone?

Answer appropriate to your organisation

What action would you take if you were with another worker?

Answer appropriate to your organisation

Who is the appointed first aider in your workplace?

Individual answer

3.5 INFECTION CONTROL

3.5.1 What infection risks are likely in your work environment?

Carrying our personal care, using the toilet, food preparation, sorting laundry, personal hygiene, not washing your hands thoroughly

How can infection be spread?

Not washing hands thoroughly, not washing hands between tasks, not wearing gloves or aprons, mixing soiled and clean laundry, coming to work when you are unwell, not covering mouth when coughing and sneezing

3.5.2 What procedures can you take to prevent infection from spreading?

Wash hands regularly, wear gloves and aprons when necessary, keep soiled laundry separately, hand in front of mouth

What are the potential hazards to health and safety associated with food handling and its preparation?

Mixing and preparing raw and cooked food. Using out of date food. Not washing hands or equipment or utensils. Wearing jewellery or having your hair loose.

What personal precautions do you need to take to make sure you are hygienic?

Wash hands, tie hair back, no jewellery, come to work clean and tidy

What protective equipment will you wear in your job role?

Uniform, tabard, gloves and apron

When do you need to wear it?

As relevant to organisation. Gloves and apron – any activity where infection can be spread – change gloves and apron after each activity

3.5.3 Your supervisor should observe you at work to check you are taking steps to prevent the spread of infection, including effective hand washing.

Observation record

I confirm that I have observed (name) taking steps to prevent the spread of infection, including effective hand washing on..... (Date).

Description of the situation:
.....
.....

I confirm that he/she complied with this organisation and regulatory requirements with regard to best practice.

Signed: Date:

3.6 MEDICATION

3.6.1/3.6.2 What are your responsibilities relating to medication and health care tasks in your workplace?

Individual answer

Medication can only be administered by a staff member who has received medication training.

3.6.3 If your manager thinks you should attend a medication course so you can carry out your role effectively, put the date of the course in the box below.



Date of training

3.7 SECURITY

3.7.1 Why are your workplace's security measures important to your service users?

To keep vulnerable people safe from others
Also to stop them from wandering out of the home/setting

What security measures do you have in your workplace?

Depends on setting – might include ID badges, visitors' book, security keypads on doors, keys, key safe, lights outside, locks on windows, burglar alarm, night porter

What are the risks for you and the service user if you do not follow the security measures in place?

Danger from intruders, burglars. Theft of personal information, money, property. Service users could wander out of building and be in danger

What is acceptable proof of identity?

ID card or badge, passport or driving licence (with photo-id)

3.7.2 What difficulties are you likely to experience when working alone?

Lack of assistance. Being out at night in isolated places is dangerous

What can you do to reduce these problems?

Risk assessment – both by organisation and by yourself. Don't park in dark areas. Always have working mobile to hand. Make sure someone knows where you are going and when (your rota could provide this information, so don't change your rota without telling someone)

What systems does your workplace have to support you?

Answers could include lone working policy, mobile phones, risk assessments. A named member of staff you contact to let them know you have finished your round. Panic buttons. Information and training

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Standard 4: Communicate Effectively

Encourage Communication; Use Communication Techniques; The Principles of good Record Keeping

4.1: Encourage Communication

Communication is the giving and receiving of information, and is the foundation of what we do in every day life. What we say, how we say it and what we do, communicates a multitude of messages. These messages are given and received both consciously and subconsciously.

4.1.1: What motivates people to communicate?

People communicate for a variety of reasons for example:

- Because they feel happy or sad
- Need to find their way
- To make feelings felt
- Order a meal

and communication can take a variety of forms

- Verbal tone or volume
- Non-verbal (body language)
- Telephone
- Information technology
- Written word/documentation
- Behaviour pattern

Whatever is being communicated and in whatever way, it is important that you listen and communicate with the service users in your care. If a service user feels they are not listened to, they may well become depressed and withdrawn.

4.1.2: Barriers to Communication

There are many barriers which can prevent effective communication; these can be either internal or external. Some examples are listed below.

It is important to understand and remove the barriers wherever possible to improve communication.

Internal	External
Prejudice	Noise
Assumption	Environment
Labelling	Language
Judging	Distraction
Having your own agenda	Interruption

4.1.3: Understand how Behaviour is a Form of Communication

- **Behaviour Patterns** – People’s behaviour is a way of communicating; it shows how they are reacting to a situation or person

4.2 Use Communication Techniques

There are different techniques which help to improve communication.

4.2.1. Understand the Basic Forms of Verbal / Non-verbal Communication and How to Use These in Your Work Setting

- **Open Questions** – This type of questioning is generally used because it encourages a full answer. For instance “How are you feeling today?”
- **Closed Questions** – This type of questioning only requires a brief answer and is usually linked with factual questioning that requires a yes or no answer. For instance “Would you like to go for a walk?”
- **Body Language** – Body Language is a very powerful form of non-verbal communication. This is shown when we communicate by the way we stand or sit, place our hands or arms, gestures, and facial expressions. Be aware of how you use body language when communicating with your service users.

4.2.2: Understand how to Listen Effectively

- **Listening** – It is important to listen carefully so that we are able to respond to what people are saying, and that our service users feel that they are heard.
- **Active Listening**
There are five main areas of Active Listening:
 - **Observing** – Careful, non-evaluative attention and eye contact whilst listening. This automatically helps the speaker to express what they want to say.
 - **Reflecting Data** – This is like holding a mirror in front of the speaker, repeating back phrases as you hear them – this increases clarity and lets the speaker know that you are hearing them accurately.
 - **Summarising** – When you feel you are grasping the ideas, thoughts etc, summarising to the speaker helps both to review and check clarity and mutual understanding of the message.
 - **Reflecting Feelings** – It is important to understand how a person is feeling in order that you can support them. For example: a service user

may feel angry that their visitor has not arrived and you may need to help them understand why this has happened.

- **Interpreting** – Sometimes it is appropriate to interpret what the speaker is saying and both parties can find this helpful. However, be aware of negative reactions from the speaker who might feel that you are deliberately distorting the message for reasons of your own.
- **Appropriate Silences** – These are important so the other person has time to respond
- **Behaviour Patterns** – People's behaviour is a way of communicating how they are reacting to a situation or person

4.2.3: Understand How to use Touch to Promote Communication

- **Touch** – Touch is the most used non-verbal form of communication we all use; we shake hands on first meeting, we will often hug or kiss, and for our service users it is an equally important method of communication. Think about the way in which you lift a service user's leg or help them to get dressed.

4.2.4: Understand When Touch is not Appropriate

- However in terms of communication, physical contact is not always appropriate. You may intend to show that you care, but for some service users this may be an invasion of their privacy; whilst for others no physical contact during communication can be seen as being cold and uncaring. As you get to know your service users they will guide you as to what is the appropriate level of touch to use during communication.

4.3 Effective Communication

We use all five senses to communicate and receive information:

- Seeing
- Hearing
- Smelling
- Feeling
- Tasting

These are used when taking a service user out into the garden, feeling the sun on their skin, smelling the scent from the flowers and seeing the colours of the flowers.

Therefore effective communication can only be achieved by the following rules:

- Maintain eye contact
- Open and receptive body language
- Positioning
- Reduce distractions

- Utilise other forms of communication
- Use interpreter or sign language

Adapting Communications Skills

There are times when we need to adapt our communication style to meeting the needs of individuals and use aids to help them enhance their communication.

Hearing Loss

Hearing loss is an invisible disability, so it can become a big communication barrier. Hearing impaired people have to concentrate very hard to pick up information in stages and written information. Aids that can help these people are hearing aids, learning sign language and lip reading.

Loss of sight

This can make a person very disorientated if in a strange place or they lose their glasses. When caring for a person who is blind, verbal communication has an increased importance.

Learning difficulties and language barriers

It can be difficult to communicate with a person who speaks no English; you may need to use picture boards so they can understand or interpret what they require.

Gender differences

A female service user may not want a male carer caring for her.

Dementia / confusion

When caring for someone with dementia be aware that even basic forms of communication may be difficult for them to understand/interpret.

Dysphasic

These service users have usually had a stroke and may get very frustrated when trying to communicate. A speech therapist may be involved with their care and may be able to suggest exercises that will make things easier.

Cultural differences

Commonly used gestures can sometimes have different meanings in other cultures. Familiarise yourself with the cultures of those you are caring for so you are able to treat them with respect.

Communication and Autism

People with autism have difficulties with both verbal and non-verbal language. Many have a very literal understanding of language, and think people always mean exactly what they say. They can find it difficult to use or understand:

- facial expressions or tone of voice
- jokes and sarcasm
- common phrases and sayings; an example might be the phrase 'It's cool', which people often say when they think that something is good, but strictly speaking, means that it's a bit cold.

"For people with autistic spectrum disorders, 'body language' can appear just as foreign as if people were speaking ancient Greek."

Some people with autism may not speak, or have fairly limited

speech. They will usually understand what other people say to them, but prefer to use alternative means of communication themselves, such as sign language or visual symbols.

Others will have good language skills, but they may still find it hard to understand the give-and-take nature of conversations, perhaps repeating what the other person has just said (this is known as echolalia) or talking at length about their own interests.

It helps if other people speak in a clear, consistent way and give people with autism time to process what has been said to them.

4.3 The Principles of Good Record Keeping

4.3.1 Know the Use and Purpose of Each Record or Report the Worker has to Use or Contribute to

Current legislation requires us to maintain certain records in all service settings. Different organisations and settings will keep varying records.



Find out what records your organisation keeps. These records relate to daily care; service users themselves; health & safety and other relevant records relating to the care setting.

4.3.2 Know how to record information that is:- Understandable; Relevant to purpose; Clear and concise; Factual and checkable

Information that needs to be recorded should always be written in a legible manner because it can be dangerous and be detrimental to a service user /service user's care or treatment if information is misinterpreted. Records always needs to be factual and clear, with the correct date and signed in full.

4.3.3 Understand the Importance of, and Your Role in Record Keeping

The paperwork and records you complete in your work setting are legal documents that could be used by the police, coroners court etc.

Always record any information given to you by a service user even if it sounds trivial because it could help another member of staff. Always check a service user's care plan before commencing a service user's treatment; there may have been changes over night. All information that is recorded about a service user is confidential.

4.3.4 Understand how to use Records and Reports Appropriately



It is your responsibility as a carer to adhere to your employer's policy on confidentiality, so you should ask to see this to familiarise yourself with this policy. The policy will follow the guidelines as set out in the Data Protection Act 1998. This policy should cover many aspects of your work, including disclosure of information to internal and external sources and the use of electronic computer systems.

A few of the most common breaches of confidentiality are

- Medical/nursing records left unattended
- Conducting conversations about your workplace (including telephone conversations) in a public place
- Communicating confidential information to your friends and family.

Generally the rules relating to data protection are:

- Records should be kept in a secure place
- Records should be kept to a minimum necessary to achieve their purpose.
- Records should only be used for the purpose they were collected
- Records should only be available to those who need to see them

STANDARD 4: Communicate Effectively

Test Your Knowledge

4.1 Encourage Communication

4.1.1 Explain why people communicate?

To give and receive information or instruction
To express emotions
To build relationships
To express needs

Name as many different ways of communicating as you can?

Verbally, written, over the phone, sign language, Makaton, email, letters, body language, facial expressions, scents and smells, noise (bells, buzzers etc), visual (flashing lights), touch

Not an exhaustive list – but answer should be more extensive than just verbally and written)

4.1.3 Why is behaviour regarded as a form of communication?

It is a way of expressing needs and reacting to a situation – it may be the only way some individuals can communicate in their circumstances

4.1.2 List 3 barriers to communication?

Three answers required.

Could include emotions, language (e.g. non-English speaker), poor sight or hearing, lack of speech, fear, distractions (e.g. noise, busy places), jargon etc

Explain how you overcome one of these barriers:

Individual answer – might include:
Noise – move away to a quieter area, language – use an interpreter

4.1.3 Read the conversation below and then say how much you think the service user felt about their value as a person

CW “How are we this morning?”
C “My back’s been playing me up”
CW “Just shift to the edge of the bed”
C “It’s been bad on and off now for...”
CW “That’s right, we’ll soon have you up”
C “Its kind of tingling, you know”.
CW “That’s the way to do it. Now what are we going to wear today, the pink one? That’s pretty. Did you enjoy your visitors?”
C “Oh yes, that one was given to me”
CW “Arms up then”

How do you think the service user is feeling?

Individual answer – might include:
Ignored, invisible, not valued

Now explain how you think a Care Assistant should have responded:

Should have had a 2-way conversation, should have acknowledged the problems the service user was having. Should have found the time to listen. Could have been more sympathetic. Should have listened actively

4.2 USE COMMUNICATION TECHNIQUES

What could happen if there is ineffective communication between the following relationships?

- You and your service users

Lack of trust and confidence. Could give the wrong type of care. Could miss out on some important information – which could result in harm.

- You and your colleagues

Wrong type or level of care being given. Inappropriate level of care. Business needs not being met. These could have legal implications

- You and your service user's relatives

Lack of trust and confidence in the service – possible legal implications. Inappropriate level of care being given to their loved one

- **Describe effective verbal communication?**

Speech should be clear, using the right tone and volume. Position – sit with the light on your face, not behind you.

- **Describe effective non-verbal communication?**

Positive body language, appropriate distance, touch and behaviour, good eye contact

List 3 of the 5 senses we use to communicate and receive information:

Three senses to be listed

Sight, smell (olfactory), taste (gustatory), hearing (auditory), touch

What is active listening?

Focus attention on the speaker and respond to them to improve mutual understanding. Use open questions, clarify, repeat back/reflect, summarise

When would touch be an appropriate form of communication?

When a service user is comfortable with you. To guide them while assisting them. If a service user is upset, a stroked hand can sooth

When would touch be an inappropriate method?

Answer should mention cultural issues. If you are new to the service user. If they have told you they don't like/want to be touched.

4.3 THE PRINCIPLES OF GOOD RECORD KEEPING

(This section requires Manager input and guidance)

4.3.3 Why is it important to have a record of what care has been delivered to a service user?

To ensure that consistent care is given at the correct level, by self and others
To have a permanent record of care which conforms to legal requirements and organisational policy

Who will you be likely to be reporting information to? Please state their name and position:

As appropriate to the organisation

4.3.2 How would having an accurate record of what has happened to a service user benefit the following people:

- a) the service user – continuity of care, appropriate level and type of care
- b) a member of their family – information, reassurance
- c) you – know what has happened recently so you can give appropriate care

4.3.3 & 4.3.4 According to the guidelines in your setting, in what circumstances would you let a family member see a service user's records?

Individual answer

Give an example of key information that you would record on a contact sheet:

Individual answer – but might include medical information, personal information, daily care, handover information for next carer

Complete the table below to explain how can you make sure that the records you make are:

	Written records	Verbal records
Understandable	Neat writing Print rather than "joined up" No strange jargon, abbreviations	Not too fast Loud enough, but not shouted Avoid jargon
Relevant	Fact not opinion	Fact not opinion or 'gossip'
Clear and concise	Short sentences Sufficient detail for main points to be read quickly	Short sentences Sufficient detail for main points to be understood quickly
Factual and checkable	Detail (time, day, description e.g. colour, size, place)	Detail (time, day, description e.g. colour, size, place)

List 5 different types of records, your level of involvement to date and the purpose and benefit of each:

1. Record Care Plan
Purpose: to guide all those involved with the individual's care, to ensure that the right care is given at the right time
Benefit: correct care given at all times – so that is a carer is unfamiliar with the service user they can clearly see what they need to do

2: Record: MAR Chart
Purpose: A formal record of administration of medicine in a care setting. Can be used as evidence in an investigation. It is individual and contains the name, strength, frequency, quantity and additional information
Benefit: Produced by the pharmacist, so is not open to interpretation – therefore it is an accurate record

3: Record: Risk Assessment
Purpose: To evaluate what harm could be caused if actions are were not taken to reduce a risk
Benefit: To ensure that staff and service user are a s safe as possible

4: Record: Fluid Balance Chart
Purpose: Some medical conditions require monitoring fluid intake and urine output
Benefit: Ensure the correct medication is given; that the service user is drinking enough; to monitor the medical condition

5: Record: Turning chart
Purpose: To record how often turns are carried out and monitor changes in skin condition
Benefit: To ensure service user's skin is not allowed to break down. To ensure comfort of the service uesr

Standard 5: Recognise and Respond to Abuse and Neglect

Understanding the nature of abuse and neglect; the signs and symptoms of abuse and neglect; Legislation; Policies & Procedures; how to respond to suspected abuse or neglect.

All people have a right to live life that is free from violence and abuse. The experience of abuse and neglect has a significant impact on a person's health and wellbeing.

- (5.1.2) The Berkshire Safeguarding Adults Policy and Procedures relates to all those adults who "may be eligible for community care services" i.e. those whose independence and wellbeing would be at risk if they did not receive appropriate support and who may be at risk of abuse and neglect.

This includes adults with physical, sensory and mental impairments and learning disabilities, however those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury. This policy is based on the premise that when an adult in this group is experiencing abuse or neglect this will have a significant impact on their independence, health and wellbeing.

"Safeguarding Adults" relates to all work which enables an adult "who is or may be eligible for community care services" to retain independence, wellbeing and choice and to be able to live a life that is free from abuse and neglect. This definition specifically includes those people who are assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need – in relation to safeguarding – is for access to mainstream services such as the police.

Safeguarding adults work is about preventing abuse and neglect as well as promoting good practice for responding to concerns on a multi-agency basis.

Taken from the "Berkshire Safeguarding Adults Policy and Procedures for the Protection of Vulnerable Adults from abuse".

5.1 Legislation Policies and Procedures

In Standard 1 you learned about the principles and values of care. Abuse is when any of these values are denied.

As a care/support/professional/worker you are in a position of trust and the individual(s) you support will see you as more powerful than they are. All individuals you support can be vulnerable, and any betrayal of trust and power could be viewed as power over these individuals and seen as abuse.

- (5.1.1) “No Secrets” is the Department of Health guidance sent out to all social care providers, local authorities, NHS and private and voluntary sectors. It defines a vulnerable adult as someone who is 18 or over:

“Who is or maybe in need of community care services by reason of mental or other disability, age or illness. And who is, or maybe unable to take care of his or herself or unable to protect themselves against significant harm or exploitation”.

5.1.1 Deprivation of Liberty Safeguards (DOLS)

The Deprivation of Liberty Safeguards (DOLS), will, from April 2009, provide a legal protection for those vulnerable people who are, or may become, deprived of their liberty in a hospital or care home, whether placed under public or private arrangements.

The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable, in a person’s own best interests.

The safeguards apply to people who have a mental disorder and lack capacity to consent to the arrangements made for their care or treatment, but for whom receiving care or treatment in circumstances that amount to a deprivation of liberty may be necessary to protect them from harm and appears to be in their best interests. A large number of these people will be those with significant learning disabilities, or older people who have dementia or some similar disability, but they can also include those who have certain other neurological conditions (for example as a result of a brain injury). **(See also Mental Capacity Act 2008 on page 9.)**

5.1.2 Understand the nature of Abuse and Neglect, and Preventing Abuse and Exploitation

Not all abuse is a crime, but abuse is about one person having power over another. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering.

Abuse is the attempt by one person to control another using fear, violence, or intimidation. Abuse is not just physical. It may also be emotional, sexual, or psychological. Abuse is mistreatment by any other person or persons that violates a person's human and civil rights.

Abuse can happen anywhere - in a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing or in the street.

It includes personal and sexual relationships with an informal carer or between service users, and by a service user within other relationships. Consideration must also be given as to whether it is possible to put off a decision until a person’s capacity is regained, or where it is possible to gain the skills needed to make their own decision.

Staff and volunteers in a position of trust and with a duty of care should not engage in personal and sexual relationships/acts with people they support and provide care, treatment and therapy for. Staff need to reflect upon the messages their actions give to people who use services, and repair any misinterpretation. Such actions may include taking service users to their home or inappropriate places, introducing their family and friends, exchanges of gifts and confidences etc. Where such a personal relationship is being considered, an employee must request a change of worker/therapist, and advice should be sought within supervision before acting.

All professional body codes of ethics and conduct consider an improper relationship to constitute abuse. Employment terms and conditions should reflect current law and good practice. Such behaviour must be treated seriously by an employer, especially at an early stage, to prevent further or more severe harm, disrepute or litigation (legal action).

In order to recognise and respond to abuse and neglect, you have to know and take notice of any possible indications of abuse. For example, the individual's behaviour, body language, manner, questions.

5.1.3 Know how to Apply Your Organisational Policies and procedures in Relation to Abuse and Neglect.

All employees have a duty of care to report any concerns of abuse they have. These might include evidence or suspicions of bad practice by colleagues and managers, or abuse by another service user, staff or their family and friends.



For more information consult your organisation's Sexual and Personal Relationships Policy.

5.2 Understand the Nature of Abuse and Neglect

Some examples of the forms of abuse are:-

Physical	Hitting, slapping, kicking
Sexual	Unwanted advances, indecent exposure, harassment
Emotional	Intimidation, blaming
Financial	Misappropriation of monies, not giving correct change
Institutional	Where a person is not treated as an individual
Neglect	Inadequate care, denial of basic rights

5.3 Recognise Signs and Symptoms of Abuse and Neglect

Physical Abuse

- Injuries that are the shape of objects
- injuries in a variety of stages or injuries that have not received medical attention
- A person being taken to many different places to receive medical attention
- Skin infections

- Dehydration or unexplained weight changes or medication being lost
- Behaviour that indicates that the person is afraid or avoiding the perpetrator
- Change of behaviour

Sexual Abuse

- Sexually transmitted diseases or pregnancy
- Tears or bruises in genital/anal areas
- Soreness when sitting
- Signs that someone is trying to take control of their body image, for example, anorexia, bulimia or self-harm
- Sexualised behaviour
- Inappropriately dressed

Emotional Abuse

- Difficulty gaining access to the adult on their own
- The adult not getting access to medical care or appointments with other agencies
- Low self-esteem or lack of confidence and anxiety
- Increased levels of confusion
- Increased urinary or faecal incontinence
- Sleep disturbance
- The person feeling/acting as if they are being watched all of the time
- Decreased ability to communicate
- language being used that is not usual for the service user
- Deference/submission to the perpetrator

Financial

- Sudden loss of assets
- Unusual or inappropriate financial transactions
- Visitors whose visits always coincide with the day a person's benefits are cashed
- Insufficient food in the house
- Bills not being paid
- A sense that the person is being tolerated in the house due to the income they bring in; sometimes with that person not included in the activities the rest of the family enjoys

Institutional

- treating adults like children
- arbitrary decision making by staff group, service or organisation
- strict, regimented or inflexible routines or schedules for daily activities such as meal times, bed / awakening times, bathing / washing, going to the toilet
- lack of choice or options, such as food and drink, dress, possessions, daily activities and social activities
- lack of privacy, dignity, choice or respect for people as individuals
- unsafe or unhygienic environment

- lack of provision for dress, diet or religious observance in accordance with an individual's belief or cultural background
- withdrawing people from individually valued community or family contact

Neglect by self or others

- Malnutrition
- Rapid or continuous weight loss
- Not having access to necessary physical aides
- Inadequate or inappropriate clothing
- Untreated medical problems
- Dirty clothing/bedding
- Lack of personal care

It is important to remember that an individual may suffer more than one form of abuse at any one time

An Abuser can be anyone!

Visible signs like unexplained bruising would lead to concerns that abuse may have taken place but in many instances, there are no immediate obvious visible signs.

In order to recognise and respond to abuse and neglect, you have to know what the indications might be and take notice of these. Indications could be an individual's behaviour, manner, body language, or questions.

You may work with the same individuals regularly and if you do, it is important to know how they normally behave and respond to you so you can identify when something changes. As you build relationships in your role, the indicators of abuse will become more noticeable.

Who is vulnerable to abuse and neglect?

All people in receipt of social care services are vulnerable. Some may be particularly vulnerable because of their lack of awareness of risk and or capacity (their lack of comprehension and ability to make decisions). They could also be totally dependent on staff for services and they therefore could easily be bullied or intimidated.

People can be abused at any time and in any setting, however they are much more likely to suffer abuse when they are on their own in a closed environment with an individual or individuals who are intent on harming them in some way.

Think of various situations where people may be open to abuse. How can you make these situations better for the individual? In certain situations you may have to take extra care with the individual.

You need to know the individuals you are supporting:

- Would this person understand if they were being abused?
- Would they be able to report it?
- How can you help them to understand what abuse is and what they can do if they are being harmed in some way?

When working with particularly vulnerable people you may have to work with other professionals such as psychologists and speech therapists etc in order to assess the risk and find the best method to help them communicate with you if there is a problem

5.4 Understand How to Respond to Suspected Harm or Neglect.

5.4.1 Understand the Need to Report any Suspicions about the Abuse or Neglect of the Individual(s) you support

All employees have a duty of care to report any concerns of abuse they have. These might include evidence or suspicions of bad practice by colleagues and managers, or abuse by another service user, staff or their family and friends.

5.4.2 Know when and to whom Suspected Abuse / Neglect should be Reported

The Berkshire Safeguarding Adult Policy and Procedure contains a guide to the responsibilities of key individuals of what to do if you suspect someone is being abused or has been abused, but you must consult your organisation procedures also.

If you feel your concern has not been addressed sufficiently, then consult the policies and procedures again and follow instructions on who to contact next.

Safeguarding the people you support, an approach of “zero tolerance” must be in place to ensure that vulnerable adults are protected.

5.4.3 Know what to do if you Suspect that any Child is being Abused or Neglected

Although you work mainly with adults, you may come across a child or young person who you suspect is being abused or neglected. It is therefore also important that you know what to do if you suspect a child or young person is being abused. The following website contains useful information:

<http://proceduresonline.com/berks>



Find out about your organisation's policy and procedures for the protection of children and young people from abuse

The key things you MUST do when an individual discloses abuse:

- Assume the person is telling the truth. Speak to them in a calm and sensitive way. Listen carefully and make sure you record what was said.
- If the person needs medical attention call the emergency services or call a doctor as appropriate and inform your line manager immediately or another senior person.
- If this is a criminal matter i.e. an alleged assault, rape or indecent exposure call the police and if in any doubt consult your local policies and procedures.

Key things you must NOT do when an individual discloses abuse.

- Do not assume they are lying
- Do not ask leading questions such as “are you sure that really happened?”
- Don’t wait until you next see your manager you must act immediately
- Do not discuss this matter in a public place.
- Do not confront the alleged abuser (this will be done as part of the investigation by an independent and fully trained person).

It is important that when you are supporting a service user who is new to your setting that you know how much they can do for themselves, particularly with regard to personal care.

- How do they communicate, especially when they are distressed?
- What is their awareness of risk and danger?
- What is their capacity? (This should be assessed by a qualified person)

Further information:



- **No Secrets** – The Department of Health has published guidance on how to make sure there are “No Secrets and No Hiding Place when it comes to exposing the abuse of vulnerable adults”. (see below for link)



- Berkshire Safeguarding Adults Policy and Procedures for the Protection of Vulnerable adults from Abuse 2008
- You can also seek advice from the adult protection co-ordinator or lead person for adult protection based at your local Council.

5.5 Whistle Blowing

5.5.1 Understand that your First Responsibility is to the Safety and Well-being of the individual(s) you Support.

To “Blow the Whistle” on somebody or something means to report somebody for doing something wrong or illegal, especially within an organisation¹.



Your organisation may have a “Whistle Blowing” policy, which will protect you and your employment if you report your concerns. Ask your manager or supervisor.

It is your duty of care to safeguard individuals from harm.

Although you can always go to your manager and discuss an issue confidentially, in an incident as serious as alleged abuse, it is you (as well as your manager) who are legally bound to take the matter further to be investigated.

5.5.2 Know how and when to Report any Resource or Operational Difficulties That Might affect the Delivery of Safe Care

You can seek advice from the Adult Protection Co-ordinator or lead person for Safeguarding Adults based at your local Authority/Council.

Refer to the Berkshire Safeguarding Adults Policy and Procedures 2008 for information on who to contact. (see page 73 of this booklet for useful phone numbers)

5.5.3 Know How and When and Your Duty to Report Practice of Colleagues which may be Unsafe

It is your duty of care to safeguard individuals from harm whilst you are on duty. All individuals should be *“enabled to live and receive services in an environment which is free from prejudice and safe from abuse”*.

All employees have a duty of care to report any concerns of abuse they have. These might include evidence or suspicions of bad practice by colleagues and managers, or abuse by another individual, staff or their family and friends.

5.5.4 Know what to do if you have followed your Organisational Policy and Procedures to Reported Suspected Harm and Abuse and No Action has been Taken.

All concerns should be reported accurately. If your concerns are not taken seriously, you must try another route. You must ask for help if you feel “out of your depth” with a particular individual or issue.



Ask your manager where you can find copies of the policies and procedures on safeguarding adults and children and if your organisation has its own policies and procedures.

¹ Online Encarta English Dictionary

ABUSE IS A VIOLATION OF AN INDIVIDUAL'S HUMAN RIGHTS BY ANY OTHER PERSON OR PERSONS

A ZERO TOLERANCE APPROACH IS TAKEN TO ABUSE

ANYONE WHO IS AWARE OF ABUSE HAS A RESPONSIBILITY TO TAKE ACTION



Additional Reading

To access the multi agency policy and procedures click on the following link:

<http://www.reading.gov.uk/healthandsocialcare/General.asp?id= SX9452-A783D461>

For information on the Mental Capacity Act click on the link:

<http://www.publicguardian.gov.uk>

Department of Health (No Secrets guidance)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

It is easy to assume that abuse of elderly does not happen, but unfortunately it does.

If you are in any doubt about whether abuse happens look at the following website

<http://www.elderabuse.org.uk> – *Action on Elder Abuse*

Be vigilant for instances of abuse at all times.

Test your Knowledge

If you work in Berkshire, you can access an e-learning programme to test your knowledge and understanding of safeguarding adults. Go to:

<http://www.kwango.com/wbsafeadlogin>

Username: wbsafead

Password: adultatheart

You can also access the elearning programme safeguarding children. Go to:

<http://www.kwango.com/safechlogin>

Username: Wokingham

Password: woklsc1

SAFEGUARDING ADULTS TOGETHER – RESPONSIBILITIES OF INDIVIDUALS

All Staff	Line Managers		Local Authority Staff with Safeguarding Manager Responsibilities				
ALERT STAGE	ALERT STAGE Immediate action	REFERRAL STAGE Same working day as alert	DECISION STAGE By the end of the working day following the one on which the referral was made	SAFEGUARDING ASSESSMENT STRATEGY STAGE Within 5 working days	SAFEGUARDING ASSESSMENT Within 4 working weeks of the safeguarding referral	SAFEGUARDING PLAN STAGE Within 4 working weeks of the safeguarding assessment being completed	REVIEW OF THE PLAN STAGE Within 6 weeks for the first review. Thereafter not less than yearly
→	→	→	→	→	→	→	→
<p>If you receive an alert from the public or notice abuse inform your line manager without delay. If there is a reason why you cannot inform your manager then inform your Local Authority (see back page)</p> <p style="text-align: center;">AND</p>	<p>Decide if Safeguarding Procedures should be used, applying the Berkshire Policy and Procedures for Safeguarding Adults.</p> <p style="text-align: center;">AND</p>	<p>If so refer to the appropriate Local Authority. (See back page). If not take appropriate action. Also refer to Care Quality Commission if appropriate.</p>	<p>Determine if this is a Safeguarding Adults case. If not take appropriate action</p> <p style="text-align: center;">AND</p>	<p>If so arrange a Strategy Meeting/ Discussion and make an interim Safeguarding Plan</p>	<p>Progress the Safeguarding Assessment, with each agency pursuing actions agreed at the strategy meeting</p>	<p>On conclusion of the Safeguarding Assessment develop the Safeguarding Plan</p>	<p>Review the Safeguarding Plan</p>
<ul style="list-style-type: none"> Ensure immediate safety of the alleged victim If necessary call emergency services If a crime has occurred call police Preserve any evidence Record the information 							

Office Hours Local Authority Contact details:

Bracknell Forest

Community Response and Reablement Team 01344 351 500

Reading

Safeguarding Adults Manager 0118 939 0478

Royal Borough of Windsor and Maidenhead

Adult Services Access team 01628 683 744

Team for People with Learning Disability 01628 670 117

Community Mental Health Team 01628 626 948

Adult Protection Coordinator 01628 683 744

Slough

Community Social Work Team 01753 690 444

Community Mental Health team 01753 690 950

Team for People with a Learning Disability 01753 690 860

West Berkshire

Community Care Team Contact Centre 0845 601 4726

Adult Protection Coordinator 01635 519 005

Wokingham

Adult Community Care Service 0118 974 6800

Community Mental Health Team 0118 989 0707

Learning Disabilities Team 0118 974 6832

Adult Protection Coordinator 0118 974 6863

Out of Office Hours (365 days a year) contact details:

Emergency Duty Team 01344 786 543

Police

999 for urgent assistance, otherwise 08458 505 505

Care Quality Commission

Regional office 0300 616161

BERKSHIRE SAFEGUARDING ADULTS PROCEDURES: OUTLINE GUIDE

**Physical Abuse
Sexual Abuse
Emotional Abuse
Financial Abuse
Institutional Abuse
Neglect or Deprivation
Any other form of abuse**

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If you need to respond to abuse:

- **Follow procedures**
- **Call emergency services if necessary**
- **Remain calm; do not demonstrate shock or disbelief**
- **Listen carefully to what is said**
- **Be sympathetic**
- **Do not ask probing questions**
- **Inform the person of steps that will be taken**
- **Avoid contaminating evidence**
- **Remember you MUST share the information with appropriate authorities.**

Standard 5: Recognition and Response to Abuse and Neglect

Test Your Knowledge

UNDERSTANDING ABUSE

5.1 Key legislation, policies and procedures

5.1.1 What is the key legislation, regulation and guidance in relation to Abuse and Neglect?

No Secrets
Berkshire Safeguarding Adults Policy and Procedures
Mental Capacity Act and Deprivation of Liberty Safeguards
Health & Safety at Work Act

5.1.2 List below the documents, policies or procedures your workplace has on how to protect vulnerable adults from abuse.

Individual answer – should include Safeguarding, Whistle blowing, CRB, MCA, DOLS, HASAWA

If you needed information and guidance on how to protect vulnerable adults from abuse, where would you go?

Staff Handbook
Senior member of staff or mentor
Manager

5.1.3 Outline what you think your key responsibilities are, if you thought a service user was being abused.

Report and inform the relevant people

5.2 Understanding the nature of Abuse and Neglect

5.2.1 What do the following terms mean?

Physical Abuse:

Causing injury to someone, restraint, starvation or force feeding, deliberately leaving someone in wet or soiled clothes

Sexual Abuse:

When sexual activity is not consensual. Exposure to pornographic material. Making sexually related comments

Emotional Abuse

Bullying someone. Making threats. Racial comments. Refusing affection.

Financial Abuse:

Withholding money or refusing access to an individual's own money. Theft of money or property.

Institutional Abuse

Not giving choice in residential care. Privacy and dignity not respected. Excessive sedation.

Neglect by self and others

The needs of the service user not being met. Being denied care or given the wrong care

5.3 Recognise the signs and symptoms of abuse and neglect

5.3.1 Describe the main signs and symptoms that may be associated with the following types of abuse:

Physical Abuse:

Bruising, injuries that are the shape of objects, skin infections, service user being taken to different places for medical attention

Sexual Abuse:

Sexually transmitted disease, bruising in genital or anal area, sexualised behaviour

Emotional Abuse:

Low self-esteem, incontinence, difficulty gaining access to an individual, increased level of confusion, decreased ability to communicate

Financial Abuse:

Sudden loss of assets, insufficient food in the house, bills not being paid, unusual financial transactions

Institutional Abuse

Regimented routine, lack of choice or options (e.g. about bedtimes and meal times)

Neglect by self or others

Malnutrition, inappropriate clothing, lack of personal care, untreated medical conditions

5.4 Understanding how to respond to suspected abuse and neglect

5.4.1 Why is it important to report any concerns or suspicions you have immediately, before the problem escalates.

To stop it going any further. Others may also being abused or neglected

5.4.2 If you suspected that a service user was being abused, what action would you take?

Report to manager. Follow organisation's procedure

If you suspected that it was your colleague or manager who was the abuser, who else could you speak to?

Local Safeguarding Coordinator. Senior manager.

What actions would you take, if you still had concerns after reporting it?

Report to Local Safeguarding Coordinator. The Police. CQC

If you think that a child is being abused or neglected, what must you do?

Social Services
The Police

5.5 Whistle Blowing

5.5.1 Explain why your organisation encourages you to report any poor or abusive practice/behaviour that you may witness or become aware of?

To ensure the service user is safe and the correct level of care is received

5.5.2 Give an example of poor management practice that would give you concern about service users' care

Allowing equipment to be used that has not been serviced. Allowing untrained staff to dispense medication. Poor documentation.

5.5.3 Write down one example of possible poor practice or abuse by another carer.

Sleeping on duty, leaving someone on a commode for long periods of time, leaving someone in soiled clothes for a long period of time, inappropriate use of medication

Write down one example of possible poor practice or abuse by a Doctor or District Nurse.

Not disposing of sharps correctly. Leaving confidential information on public view. Working when not registered to do so.

5.5.4 Who would you contact if no action was taken?

Do what it says in organisation's Whistle Blowing procedure etc

Standard 6 – Develop as a Worker

6.1 Support and Supervision;

6.1.1 Know how to get advice, information and support about the Organisation, your own role and responsibilities and the role and responsibilities of others

When you started your job, details should have been given to you regarding your job role, responsibilities and what you are expected to do every day. You may have been given a job description or a list of tasks and activities. If you have any concerns about your job role or any other aspects of your employment, you should talk to your manager as soon as possible. Your manager will not necessarily be supervising you directly but is responsible for employment issues.

6.1.2 Know How to Use Supervision Effectively

When you commenced employment, you should have been told about arrangements for your supervision, at the same time as being introduced to the person who will be supervising you. During the induction period (your first 12 weeks of employment), regular supervision should occur to ensure you understand your role – and to give you feedback on how you are doing.

Supervision covers:-

- All aspects of your practice
- Your career development needs – including your reflections on training you have attended recently, progress with your NVQ or other qualifications
- Information about the policy and procedure in your organisation.

After your induction period, you should be having formal supervision at least every 2 months. The National Care Standards recommend supervisions take place at least six times a year. You can of course ask for supervision at any time, if you feel you need to discuss some aspect of your work in a formal meeting. (You should make every effort to talk to your supervisor or mentor at any time and as soon as possible if anything is worrying you – don't wait for your supervision meeting.)

Supervision should not be just a “chat”, but a way to benefit you and your work, it should be structured and you can bring an agenda (things you would like to talk about), and you should take away with you a copy of what has been discussed.

6.2 Knowledge and Skills Development

6.2.1 Understand the need to gain Skills and Knowledge to Support and Develop your work

When you have nearly completed your 12 weeks induction period, you will need to discuss with the person supervising you, your ongoing continuing professional development (CPD).

What further learning do you need to support individuals you are caring for? What qualifications can you expect to gain with your organisation? There may be some mandatory training you still need to attend: food hygiene, health and safety, manual handling, protection of vulnerable adults, communication. Your learning needs should always be on your agenda, whether you are having a supervision or an appraisal.

As a care worker you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills.

Always reflect on any learning you attend. Write down what you have learnt into an action plan for use back in your workplace. Keep a record of training programs you have attended. As a social care worker you must reflect on your work to enable you to improve and benefit your practice.

It is important to update your skills regularly. This achieves quality in the skills you require to provide the best care for your service users.

Learning does not have to be structured training programs (attending courses, doing qualifications, using e-learning programmes etc). There are books, videos, on-the-job training, research, television programmes, using the internet, shadowing more experienced members of staff etc.

6.2.2 Know How to work with your Line Manager and follow your Personal Development Plan

Once a year your manager should hold an appraisal (or performance review) with you. This is a yearly review of your performance, summarising what you think you have achieved and what your manager thinks you have achieved over the last 12 months. You will discuss your training record and identify what your Personal Development Plan is for the next 12 months. You will also agree some personal objectives or targets for you to achieve before your next appraisal. Other colleagues you work with may have been asked for their opinion on your work as well.

There should be no “surprises” in an appraisal as any positive or negative feedback should have already been given to you, either in supervision or during day-to-day contact with your supervisor and/or manager.

Remember, an appraisal is a two-way process for both you and your manager to highlight areas where you are performing particularly well and to discuss areas where you may need extra development or support.

Care workers are professional people

STANDARD 6: Develop as a Worker

Test Your Knowledge

6.1 SUPPORT AND SUPERVISION

6.1.1 Where could you get advice, information and support about the following?

- The organisation

Answer appropriate to organisation

- Your job role

Answer appropriate to organisation

- The role of others

Answer appropriate to organisation

- Service users

Answer appropriate to organisation

6.1.2 What is your understanding of supervision?

An opportunity for the worker and supervisor to discuss progress, record feedback, review training needs, discuss issues on a regular basis.

6.1.3 In what ways do you think supervision will help and support you?

To find out how I am doing, what else I need to do, to ask any questions I have that are not day-to-day work related questions (they should have asked these as and when they occurred)

What are the arrangements for your supervision?
(Who will do it and how often?)

Individual answer

What is an Annual Review/Appraisal? (Who will do it and how often?)

A more formal review, summarising my work over the last year, agreeing a plan for my progression and training over the next 12 months. No surprises.

(If your supervisor is not also your manager) What kind of support does your Manager provide?

Individual answer

Apart from Supervisors / Managers, what other people or organisations can you go to for support or advice? List 4

- 1)
- 2)
- 3)
- 4)

6.2 KNOWLEDGE AND SKILLS DEVELOPMENT

6.2.1 Why is it important to continue to gain skills and knowledge at work?

To keep up to date with policies, legislation and new techniques that affect my work
To improve my practice – remind me of things I've forgotten or haven't used for a long time
To share good practice

What could be the consequences of not keeping your skills and knowledge up to date?

Could remain unqualified and affect my progression
Service user could be at risk
Colleagues could be at risk
I could be at risk
May not be able to register with GSCC
May be sued for malpractice

6.2.2 What processes does your setting have in place to ensure that your training and professional development needs are met?

Individual answer

Common Induction Standards (Adults)

Completion Checklist

Your name:

Date of starting:

<i>To be completed within 12 weeks of starting</i>	Manager's signature and date
GSCC Codes of Practice for Social Care staff	
Standard 1 : Understanding the Principles of Care	
1.1 Values	
1.2 Confidentiality	
1.3 Person Centred Approaches	
Standard 2 : Understand the Organisation and the role of the worker	
2.1 Your role as a worker	
2.2 Policies & Procedures	
2.3 Worker Relationships	
Standard 3 : Maintain Safety at Work	
3.1 Health & Safety	
3.2 Moving & Handling	
3.3 Fire Safety	
3.4 Emergency First Aid	
3.5 Infection Prevention and Control	
3.6 Medication and Health Care procedures	
3.7 Security	
Standard 4 : Communicate Effectively	
4.1 Encourage Communication	
4.2 Use Communication Techniques	
4.3 The Principles of Good Record keeping	
Standard 5 : Recognise and Respond to Abuse and Neglect	
5.1 Legislation, policies & procedures	
5.2 Understanding the nature of Abuse and Neglect	
5.3 Recognise the signs and symptoms of Abuse & Neglect	
5.4 How to respond to suspected Abuse or Neglect	
5.5 Whistle Blowing	
Standard 6 : Develop as a Worker	
6.1 Support and Supervision	
6.2 Knowledge and skill development	

Completion Certificate

The Skills for Care Completion Certificate for the Common Induction Standards can be found on the link below

http://www.skillsforcare.org.uk/entry_to_social_care/common_induction_standards/common_induction_standards.aspx

Once on the page, scroll to the bottom, select:

Common Induction standards logbook and certificate.

Open the document and print off pages 11 and 12

NVQ Unit Cross Reference

The Common Induction Standards have been mapped against the NVQ standards (NOS) for level 2, 3 and 4

To see the map, go to the link below

http://www.skillsforcare.org.uk/entry_to_social_care/common_induction_standards/common_induction_standards.aspx

Once on the page, scroll down to the bottom, select

Common Induction standards with glossary

Open the document and print all pages

Abbreviations you come across in your work setting

You may find it helpful to add other abbreviations here as you come across them during your work

↑	Up/more ie “↑ fluids” means up/encourage fluids
#	Fracture
A&E	Accident and Emergency
BIA	Best Interest Assessor – A person who determines whether depriving a person’s liberty is in their best interests. See Deprivation of Liberty Safeguards (DOLS)
BD	A term used in dosage of medicine meaning to be given twice a day (Bi-Diem)
Care Standards	A set of standards set by the Department of Health, which each care setting in the country must meet
CD	Controlled drug
CI	Chest Infection
CPD	Continuing Professional Development
CQC	Care Quality Commission – the government body that inspects care settings
CVA	Cerebral Vascular Accident also known as a stroke
DOLS	Deprivation of Liberty Safeguards 2009. Safeguards that prevent a person’s liberty being restricted without authorisation from a government agency
EN	Enrolled Nurse – a grade of qualified nurse
H ₂ O	Water
Hrly	Hourly
L	Left
MCA	Mental Capacity Act 2005
MI	Myocardial infarction – Also known as a Heart Attack
MRSA	Methicillin-Resistant Staphylococcus Aureus. Staphylococcus aureus (SA) is a common type of bacteria that can live harmlessly on the skin but sometimes it can cause a number of common infections such as boils and wound infections. Methicillin (a type of penicillin) is an antibiotic drug.
NMS	National Minimum Standards – A set of standard which each care setting should meet
Nocte	A term used in dosage of medicine meaning night.
NOF	Neck of femur. The top of your thigh bone, where it meets the pelvis
NOS	National Occupational Standards. A series of standards for a range of jobs set by government.
O ₂	Oxygen
PAC	Pressure Area Care
POVA	Protection of Vulnerable Adults – a set of guidelines and procedures aimed at highlighting what abuse is and what to do about it.

PR	A term used in medication to indicate that a drug is to be given anally. (Per Rectum)
PRN	A term used in dosage of medicine meaning to be given as required. (pro re nata)
QDS	A term used in dosage of medicine meaning to be given four times a day. (Quater in die sumendum)
R	Right
RGN	Registered General Nurse – A grade of qualified nurse
RMN	Registered Mental Nurse – A grade of qualified nurse
RN	Registered Nurse – A qualified nurse
TIA	Transient Ischemic Attack (also known as “mini stroke”) where parts of the brain tissue die through lack of oxygen Also known as mini-strokes.
TDS	A term used in dosage of medicine meaning to be three times a day. (ter die sumendum)
UTI	Urinary Tract Infection

Useful Websites

Below is a list of websites you may find interesting for additional information.

www.gsccl.org.uk

The General Social Care Council is responsible for setting standards of conduct and practice for social care workers and their employers, for regulating the workforce, and for regulating social work education and training

www.skillsforcare.org.uk

Skills for Care is the employer led authority on the training standards and development needs of nearly one million social care staff in England

www.skillsforhealth.org.uk

Skills for Health is the Sector Skills Council for the UK health sector. We help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare.

www.logontocare.org.uk

This website provides you with news and information about Social Care across the Thames Valley area. It also acts as a portal to a wealth of information about training, funding, legislation and more.

www.elderabuse.org.uk

Action on Elder Abuse (AEA) works to protect, and prevent the abuse of, vulnerable older adults.

www.cqc.org.uk

Care Quality Commission – Website for updates on advice and guidance for care professionals

http://www.skillsforcare.org.uk/developing_skills/careerpathways/careerpathways

Skills for Care Career pathway website, to help you understand the options available to you in developing your career in adult social care

www.scie-careskillsbase.org.uk

A new improved version on the **Supporting Induction in Social Care** website - offers social care employers help to take action on these skills at induction.