TA1: The right of service users in health and social care settings

Key Words

Health Care

Social Care

Rights
Choice
Confidentiality
Consultation
Equal and Fair Treatment
Abuse and harm

Empowerment
Self-esteem
Trust

1.1 Types of Care settings

Health Care – provides medical care, preventative screening and treatment
e.g. Walk-in centre, dentist, GP/Doctor, Health Centre, Hospital, Nursing home, Pharmacy, Optician
Service users will include anyone needing medical assistance

Social Care – provides care in people's homes, support services or practical help with daily living
e.g. Homeless shelter, Food Bank, Day Centre, Community Centre, Support Group, Retirement/Residential Home, Social Services.
Service users will include those with dementia who can no longer live at home,

1.2 Rights of the service users

Choice – service providers must include service users in decisions about their care, they have a right to decide what they want. E.g. choosing what activity, what meal or what treatment they want.
Confidentiality – keeping personal information safe and secure, in a locked cabinet or password protected. Conversations should take place in private.
Consultation – service users must be involved in decisions made. Information should be shared and decisions made together, to ensure the best support for the users
Equal and Fair Treatment – ensuring everyone can access services, regardless who they are. Its not about treating them the same but meet the individual needs of the person
Protection from abuse and harm – Everyone has the right to feel safe. Includes protection from other people as well as health and safety issues, e.g. fire evacuation or food hygiene.

1.3 The benefits to service users' health and wellbeing when rights are maintained

Empowerment – relates to the control a service user feels they have over their life. It should make them feel like they have more independence, more in control and more able to make choices.
High self-esteem – having confidence in yourself. Service users will feel more valued and more respected if their rights are met. Positive mental health will help improve their self-esteem and develop relationships and trust.

1.3 The benefits to service users' health and wellbeing when rights are maintained

Service users needs are met – Care should be specific to the service users needs, general plans won't give the correct care. Treatment must be appropriate to the individual, e.g. foodbank will give different items to different individuals. If needs are met then the service users should get improvements in their physical and mental health.
Trust – trust is developed between service user and service provider if their rights are supported. It will keep them reassured that they will be safe from harm and have more confidence in their care, as they have their best interests in mind.

TA2: Person-centred values

Key Words

Person-centred Values
Individuality
Choice
Rights
Independence
Privacy
Dignity
Respect
Partnership
Decision Making
6Cs
Care
Compassion
Competence
Communication
Courage
Commitment

2.1 **Person-centred values**

Person-centred values ensure that the service users is at the centre of all decisions made about their care

Individuality – Everyone is different and have their own needs. 2 people with the same condition might require different care.

Choice – linked to rights, a person should be allowed to make their own decisions about their care or daily activities.

Rights – linked to 1.2, everyone has rights that staff must follow.
Independence – People should be encouraged and empowered to do as much as they can for themselves.

Privacy – All information must be kept private, and only told to those involved in care of an individual

Dignity – staff must help maintain an individuals self-respect and respect their beliefs.

Respect – understanding someone's feelings, needs, wishes and rights.

2.1 **Partnership** – Working with other people to ensure the best care is provided

Encouraging decision making – making sure the service users is at the heart of all decisions made.

6Cs

Care – what is offered to the service user, linked to their age and needs.

Compassion – the empathy and respect shown to an individual.

Competence – the providers ability to look after someone, making sure they have up to date knowledge on the patient's needs

Communication – talking/listening to each other to ensure the best care for individuals.

Courage – ensuring the provider speaks up about any concerns.

Commitment – showing they can deliver the PVC's and treatment to a high level.

2.2 **The benefits of applying the person-centred values**

Applying PCV's will help maintain a high standard of care.

Benefits for the service provider – provides clear guidelines on how to care for an individual, improves job satisfaction as they have a positive relationships, maintains or improves quality of life as you feel supported, supports rights of choice and consultation, helps develop skills, and shares good practice

Benefits for the service user – Ensures they receive the same standard of care from all providers, improves their quality of care given increasing the confidence they have in the provider, maintains or improves their quality of life as they are being correctly supported with all their needs, helps develop their strengths as they are given the opportunities and support to develop their self-esteem.

2.3 **Effects on service users' health and wellbeing if PCV's are not applied**

The effects will link to PIES

Physical – the pain experienced by an individual may get worse if they don't get the correct medication, fluids or foods they need.

Intellectual – an individual might not develop new skills due to lack of mental stimulation. They may not be able to concentrate

Emotional – an individual might feel depressed, upset, angry or stressed if they don't get the correct treatment or PCV's are not applied

Social – an individual may feel isolated from others if they do not interact with others, they may then struggle to interact when in a social situation.

TA3: Effective communication in health and social care settings

Key Words

Verbal communication

Non-verbal communication

Active listening skills

Special methods of communication

3.1 **The importance of verbal communication skills**
Communication must be **adapted** to the situation and needs of the individual
Clarity – speaking in clear and easy to understand way depending on the age and needs of the individual
Empathy – Service providers must understand how another person will feel in a situation.
Patience – things may take longer than expected, but the service provider must remain calm while explaining.
Appropriate vocabulary –using words suitable for the person they are talking to, make it as simple as needed.
Tone – speak in an appropriate manner to ensure the patient doesn't feel patronised.
Volume – how loud you speak depends on the person
Pace – ensure you don't talk to fast or slow for the individual
Team working – sharing knowledge on individuals to benefit their care

3.2 **The importance of non-verbal communication skills**
Communication must be **adapted** to the situation and needs of the individual
Eye Contact – Looking at an individual can help see how a person is feeling and show we understand
Facial Expressions – these can help identify how someone is feeling. Expressions of the provider and the users are both important to ensure understanding
Gestures – movements of hands and arms will help in situations like getting dressed, or where pain might be
Positioning – space, height and personal space providers must think about all these things when talking to someone relax the individual
Positive body language – this is important to show trust in someone and will help build relationships
Sense of humour – this can help reduce tension but must be used appropriately to help build relationships.

3.3 **The importance of active listening skills**
Active listeningg is when you hear what someone says but also observe their actions.
Open, relaxed posture – this will help the service users feel relaxed and at ease
Eye Contact – this shows you are interested in the service users
Nodding agreement – this can show that the individual understands.
Show Empathy – this can help the service user you understand how they might be feeling about a situation
Clarifying – involves checking the understanding of the information given to the person.
Summarising – near the end the service provider might summarise the key points given to check understanding

3.4 **The importance of special methods of communication**
Not everyone is able to communicate in the same way so sometimes we need special methods to ensure that information is clearly understood by those involved in the care.
An **Advocate** will support an individual to ensure their needs are met. They can speak on behalf of the individual.
Braille is used by blind people to help read information.
British Sign Language is used by deaf people to communicate
Interpreters will help someone who does not speak English, translating into their own language.
Makaton is often used by children as it is an easier version of BSL, and often used along side speech
Voice activated software is a computer working in response to spoken commands, or muscle movements.

TA3: Effective communication in health and social care settings

Key Words

Verbal communication

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Special methods of communication

3.5 **The importance of effective communication**

- Effective communication will support the PCV's and individual rights. It will make them feel empowered, reassured, valued, respected and will help develop trust between the service user and service provider.
- It will help meet all the needs of the service user
- It will protect the rights of the service user
- Good communication will hep the service user feel informed about their treatment and care they are being given.
- Active listening to the service user ensures they feel valued and respected.
- The service user will feel reassured if appropriate vocabulary is used that they can understand

3.5 **The impact of poor communication skills**

- The service user might misunderstand the information being given to them, meaning they might not get the right treatment
- The health of the service user might be affected
- The service user might feel distressed if they feel like the provider is patronising them
- The service user might not be able to take in all the information if it is given to them too fast which will affect their understanding of the treatment/care that they need

TA4: Protecting service users and service providers

Key Words

Safeguarding

Disclosure and barring service (DBS)

Designated Safeguarding lead (DSL)

Infection prevention

Personal protective equipment (PPE)

Personal hygiene

Safety procedures

Safety measures

Security measures

4.1 **Safeguarding**
Protecting the health and wellbeing of all individuals, so they can live free from harm, neglect or abuse.

- Every setting must have a DSL with responsibility for safeguarding but all staff are responsible for reporting concerns.
- Every setting must have a safeguarding policy which is reviewed every year.
- All staff must receive training and report any concerns.
- The impacts of lack of safeguarding can be physical (deterioration of health conditions), intellectual (poor language skills), emotional (low self-esteem) or social (struggle to interact with others).
- Staff should be aware of signs of abuse or harm and know how to report these
- DBS checks are carried out on all staff to ensure they are suitable to work in the setting – standard checks, Enhanced checks, the barred list

4.2 **Infection Prevention**
Infections can enter the body in 3 ways - inhalation, ingestion or broken skin

- One of the most effective ways to reduce the risk of infection is **general cleanliness** – anti-bacterial sprays, cleaning toys/equipment, mopping floors, cleaning toilets, correct disposal of waste.
- **Personal hygiene** will also prevent cross-contamination. E.g. hair tied back/covered, plasters, no jewellery, no nail polish, hand washing, showing/hair washing, brushing teeth, disposal of tissues/wipes
- The use of **PPE** is also essential in protecting individuals e.g. Disposable aprons, disposable gloves, rubber gloves, face masks, hair nets, overalls, overshoes, scrubs

4.3 **Safety procedure and measures**

Safety procedures are set processes that are followed to reduce a risk or danger, they are usually something that is written down or carried out prior to something happening. E.g. first aid policy, risk assessments, staff training, fire evacuation, fire drill, equipment considerations (fit for purpose, safety checked, reporting damage)

Safety measures are specific actions taken to reduce the risk of harm, e.g. fire safety notice, warning signs (wet floor, no entry)

These are important so that the service user feels safe and so that the service provider know what they need to do to protect individuals in their care

4.4 **How security measures protect services users and staff**

Security measures can ensure the safety of individuals, who has access to areas/information and helps maintain confidentiality.

- **Identifying staff –** makes it easy to recognise staff through uniforms or lanyards
- **Monitoring keys –** limits the number of people who have access to information
- **Receiving and monitoring visitors** through signing in/out books, staff on duty at entrances and issuing visitor badges
- **Reporting concerns to line managers**
- **External doors, restricted access** through pin codes, electric swipe systems, buzzer entry
- **Window locks** to help keep vulnerable people safe