A The roles and responsibilities of people who work in the health and social care sector

Roles of people who work in health and social care settings

Understand the roles of people who work in health and social care settings

Many different people work in health or in social care. They all need to have good communication skills and be able to get on with people from different backgrounds. They also have to have a Disclosure and Barring Service (DBS) check to make sure they are suitable to work with vulnerable people.

Here are just a few of the roles and what is involved with each.

- **Doctors** examine, diagnose and treat people who are ill. Hospital doctors work in hospitals and clinics. General practitioners are doctors who see people in their practice and they may refer patients to hospital doctors for specialist treatment.
- **Nurses** carry out many of the treatments prescribed by doctors and they help and advise people about their health
- **Midwives** care for pregnant women and their babies during pregnancy, during the birth and for up to 28 days after delivery
- **Healthcare** assistants help nurses carry out the care of people who are ill and they help to advise people how to stay healthy
- **Social workers** are employed by local social services and by some voluntary organisations to help people who need support in their lives. Social workers work with families, with children, with people with mental health issues, with those with learning disabilities and with adults who need support.
- **Occupational therapists** help people with mental, physical or social disabilities to carry out everyday tasks for themselves. They work with people of all ages who may need this support because of accident, illness, or lifestyle. Some children may need this support because of conditions they were born with.
- **Youth workers** help young people develop and achieve in personal, social and educational areas.

Figure 2.1 Many different people work in health or in social care

2 Working in health and social care

About this unit

The National Health Service (NHS) is one of the biggest employers in Britain. Social services also employ a large number of people. These services care for people from birth right through to the end of life, whether they need physical care, mental health care, or social care. If you want to work in these areas or if you use their services it is important to know something of what people working in health and social care do and how they do it. Knowing how workers and organisations in health and social care are scrutinised and controlled and how they work to principles of care will help you understand how the quality of what they do is maintained. Knowing how people in these organisations work together in different teams will help you understand how effectively they meet the needs of the wide range of people who use their services.

Learning aims

The aims of this unit are to understand:

- **A** the roles and responsibilities of people who work in the health and social care sector.
- **B** the roles of organisations in the health and social care sector.
- **C** how to work with people with specific needs in the health and social care sector.

How will I be assessed?

You will be assessed by a 90 minute externally set examination consisting of short- and long-answer questions. There will be four sections to the paper. Each section will be based on a different scenario and relate to a different group of service users. There are 20 marks for each section (80 marks in total) and each section will have questions worth 2, 4, 6 and 8 marks.

How will I be graded?

Pass	Merit	Distinction
Learners demonstrate knowledge and understanding of the roles and responsibilities of the people who work in health and social care settings in context. They also understand how organisations in the wider context impact on employee practices. Learners understand the influence of codes of practice on how employees undertake activities, and how and why the work of people in health and social care settings needs to be monitored. Learners can make judgements on the effectiveness of practices on service users, and can propose and justify recommendations for delivering services in context, based on health and social care concepts and principles.		Learners demonstrate a thorough understanding of the roles and responsibilities of people who work in health and social care settings and the influence of organisations, in context. They can justify recommendations related to an employee's specific responsibilities, or multi-disciplinary activities, but understand the organisational context in which those employees and teams operate. They can evaluate the impact and effectiveness of services in meeting the needs of different service users, and how monitoring and codes of practice impact on the work of employees within health and social care settings. Learners can analyse service user requirements in context and provide justified recommendations for service delivery for a variety of different service user groups underpinned by health and social care concepts and principles

- **Care managers** organise care and make sure it meets national standards. They may manage a care home or manage a care agency where staff care for people in their own homes. Care managers are responsible for staff, for safety, for quality and for running a business.
- **Care assistants** give care, often in an individual's own home. They may work alone and visit several individuals during their shift.
- **Support workers** work with individuals and families to help them have a better life. Family support workers work with families; mental health support workers work with people with long term mental health issues and help them live in the community rather than in hospital. Support workers may work with social workers or with community psychiatric nurses to support individuals.

Activity

Use a career website such as http://nationalcareersservice.direct.gov.uk and complete a Skills Health Check quiz to find out which jobs would suit you.

Responsibilities of people who work in health and social care settings

Understand the day-to-day responsibilities of people who work in health and social care settings

Everyone who works in a health and social care setting is accountable for what they do. To help them in their everyday work there are written guidelines (policies) and rules (procedures) for how to do things. These policies may say how to manage and store information about people who use the services (Data Protection policy) or they may say how to treat people with dignity and respect as individuals (Equality and Diversity policy). People employed in health and social care settings must work according to these policies.

In hospital, clinics, and in GP practices, doctors examine patients, diagnose what is wrong and prescribe treatment. It is usually other people who carry out the treatment. Nurses have a special responsibility to promote healing where there has been physical injury or when someone has had an operation, so nurses may change wound dressings, give medication and make sure patients have enough fluids. Healthcare assistants help patients to recover by assisting them to move around and be independent in everyday activities. Sometimes nurses support people when they are healing and recovering after mental illness and here too health care assistants have a role in supporting this care. This support may be given in hospital. Sometimes it is given in the community, either in the person's own home or in a clinic or in step-down accommodation where the person may not need urgent care but needs a little support to help them recover.

Much of health and social care is now focused on encouraging people to remain independent and is focused on rehabilitation, helping people to regain their independence as soon as possible after illness. Occupational therapists (OTs) assess those at risk, for example, an older person who lives alone and is going into hospital for an operation may be at risk of falling when they are discharged and go home. OTs will advise the person what help is available for them. Sometimes OTs work with hospital social workers to plan for a patient's discharge. The OT may suggest equipment such as a walking frame, or home adaptations such as grab handles in the bathroom. The social worker may talk to a care manager of a local care agency to organise care for the person at home, sending a care support worker for a few days to help the individual with washing, dressing, getting food, and going to the toilet.

Sometimes people have long-term care needs, perhaps because they have a learning disability, or mental health problems or have a long-term illness that prevents them living a fully independent life. In such situations, a social worker will assess the individual's needs and if they are entitled to care, will help them plan what support they need and work out how to pay for it. Sometimes a support worker may be employed to assist the individual with day-to-day family life helping them to cook for themselves, or supporting them to attend college or gain employment. Youth workers help young people do this. A support worker may help the individual with leisure activities such as going out and socialising, or support them on holiday.

The support worker might be paid for from the personal budget the social worker organises for the individual.

Social workers, doctors and to some extent nurses should involve the individual and their families in assessing the person's needs and in making a person-centred plan that helps the individual to be as independent as possible. Families and carers may be able to help the person explain their needs. Families and carers can also say how much help they are able to give and for how long, so that social workers can plan how to fill the gaps in care.

Activity

Find three care agencies on the internet. What range of services do they offer?

Find your local social services website and make a list of what services they offer.

Now find the website for your local hospital and list what services they offer. Many hospitals no longer have accident and emergency departments. Does yours?

Specific responsibilities of people who work in health and social care settings

Applying care values and principles

People who work in health and social care settings have specific responsibilities that workers in other sectors may not have. Whatever they do, they must apply the care values and principles. These are:

1 to promote anti-discriminatory practice
2 to empower individuals
3 to ensure safety
4 to promote effective communication and ensure confidentiality
5 to be accountable to their professional bodies.

Promoting anti-discriminatory practice

Promoting anti-discriminatory practice means treating people with equality, dignity and respect. Workers do not favour one person or group of people over others and encourage other people to behave in this way. People cannot be discriminated against because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, or sexual orientation. These are protected characteristics.

Nurses, midwives, doctors, social workers all have codes of conduct which tell them how to behave towards others. They also have equality and diversity policies or guidelines in their workplace. People who work in health and social care settings must use these codes and policies all the time. They must identify discrimination and favouritism and must not ignore it. They must challenge people who discriminate unfairly and who have favourites.

Here is an example.

Case scenario

Amina

Amina is a nurse. She was born in England but her parents are from Pakistan and she speaks English and Urdu. It is busy day in the outpatient's clinic and the doctor is late because he was called to an emergency. People are getting impatient. Benjy, a young man with learning disabilities has the first appointment but Mr C. who has the second appointment time is in a hurry. He is from Pakistan. He speaks in Urdu to Amina and asks her to get him in to see the doctor first because he says that Benjy will not know. Amina says she will not. It is not right to make Benjy wait. He has the first appointment. She will not favour someone from her own ethnic background over others. She treats people fairly.

People who work in health and social care settings must adapt what they do to suit the needs of different people who use the services. Later that day a patient comes to the clinic. The lady is visually impaired and cannot see. She uses a white stick. When it is her turn, Amina calls the lady's name but because the lady cannot see, Amina goes to her and offers to take her down the corridor to the correct room. Amina is adapting the way health and social care services are provided for this lady because of her needs.

Other people could read the sign on the door that says the doctor's name. This lady could not, so Amina helped her.

Empowering individuals

'Empowering' means 'giving power'. People who work in health and social care settings must treat people as individuals, put their needs first and plan care to suit the needs of the individual, just as Amina treated each of those people in outpatients as individuals. Amina adapted care to meet the needs of the individual, helping the visually impaired lady find the right room.

Case scenario

Carl

Benjy's support worker, Carl has come with him to hospital because Benjy gets nervous when he has to see the doctor. Carl has worked with Benjy for some time and knows that Benjy likes to be as independent as possible, counting out his money when he buys a cup of tea in the hospital cafe. Benjy likes to manage his own money and people in the queue are patient while he counts out the coins. Carl does not interfere – he supports Benjy's rights to dignity and independence. He helps Benjy when it comes to carrying hot drinks because Benjy is a little unsteady. Benjy likes bagels. They remind him of the ones his mother used to make when he lived at home, before he moved into supported accommodation. Carl helps Benjy choose a bagel to go with his cup of tea. Carl is providing active support consistent with Benjy's beliefs, cultures and preferences and is supporting Benjy to express his needs and preferences.

So far we have seen Amina promoting Benjy's rights, and Carl promoting Benjy's choices. Both of them are promoting his well-being. We have also seen Amina balancing individual rights to health and social care services with the rights of other service users. Amina dealt firmly with Mr C. who wanted to jump the queue to see the doctor and he accepted her decision but sometimes conflict can escalate.

Case scenario

Dr Day and Eric

Down at the local GP surgery, Dr Day is seeing patients. Eric is a recovering heroin addict who has come for his methadone prescription. The surgery is full and Eric is very edgy because he has run out of his prescribed medication. He starts shouting at the receptionist because he has to wait his turn and at one point he leans over the counter and tries to punch her. At that point Dr Day comes out of his room, takes Eric to one side and says very firmly that if Eric threatens staff, he will call the police and have him removed from the premises. Dr Day is balancing an individual's rights to health and social care services with the rights of the staff to work in a safe environment.

Conflict can happen on hospital wards too and staff must deal with it. Later that day Eric's behaviour became so disruptive that he had to be admitted as an emergency to a psychiatric unit. Staff there were trained in reducing conflict and aggression. They managed to calm him down by providing a calm environment and de-escalating the situation. It helped that he knew the staff on duty and they knew him, and the familiar routines of having a meal, and taking medication helped him relax.

Case scenario

Carl and the other support workers

Benjy meanwhile returned to the supported accommodation he shared with two other people. He was late getting back from the hospital and the others had already eaten. Carl, the support worker, helped Benjy cook some food, but meanwhile the others were watching football on television. Benjy wanted to watch a different programme and an argument broke out. Carl and the other support worker got everyone round the table to talk about how they could settle the conflict. The support workers asked each person what they wanted and helped them find a way through the problem. Benjy decided he would watch his programme at a later date on the computer and settled down with the others to watch the end of the match.

Case scenario

Dr Day and Alan Ford

Some of Dr Day's patients live in Oakwood residential care home. One of his patients there is Alan Ford, an elderly retired businessman who lived alone after his wife died. Before going into Oakwood, Mr Ford had domiciliary care which is care in his own home. A male carer, Gary, used to come every morning to help Mr Ford have a shower and get dressed. Sometimes Mr Ford did not want a wash and refused to eat anything. Gary found sour milk and mouldy bread in the house but no other food. Mr Ford did not flush the toilet and it got blocked so the house was smelly. When Gary tried to help Mr Ford wash, Mr Ford would sometimes hit him. Gary was concerned for Mr Ford's health and also for his own safety so he told the care manager what was happening and he wrote a report.

Mr Ford was admitted into Oakwood residential care a year ago. Recently his behaviour has become difficult. The staff say he swears at other residents and can at times try to hit them. Dr Day suspects Mr Ford may have dementia and may need a specialist care home where staff are trained in dementia care. He talks to Mr Ford and then to the staff who have kept a record of when Mr Ford gets upset and confused. Mr Ford's daughter comes to see him sometimes when she can spare time from her busy job. Mr Ford gets agitated when he needs the toilet so the staff decide to take Mr Ford to the toilet every two hours so that he doesn't wet himself. Dr Day asks the care manager to organise a case review and he also prescribes medication for Mr Ford's dementia.

Carl was putting the individual at the heart of service provision and promoting individualised care, promoting and supporting the individuals' rights to dignity and independence and providing active support consistent with beliefs, cultures and preferences of health and social care service users. He is supporting individuals who need health and social care services to express their needs and preferences and promoting the rights, choices and well-being of individuals who use health and social care services. He was dealing with conflict in a residential care situation for young adults but sometimes conflict occurs in residential care homes for the elderly and in domiciliary care settings.

Ensuring safety

People who work in health and social care ensure safety for individuals and staff through:

- use of risk assessments
- safeguarding and protecting individuals from abuse
- illness prevention measures, to include clean toilets, hand-washing facilities, safe drinking water
- control of substances harmful to health
- use of protective equipment and infection control
- reporting and recording accidents and incidents
- complaints procedures
- provision of first-aid facilities.

Risk assessment

When Mr Ford became agitated in Oakwood, the care manager Mrs Harris carried out a risk assessment. She made a list of the risks to staff, risks to other residents and risks to Mr Ford himself from his behaviour. Here is her list of a few of the risks, the likelihood of the risk happening and what staff could do to reduce the risk.

	Risk	How likely is it to happen?	How can we reduce the risk?
Risks to staff	Risk of being hit. Risk of being hurt when trying to help him when he is angry.	Very likely.	Try to find out what the problem is before he gets angry: Does he need the toilet? Is he thirsty?
Risks to other residents	Risk of being hit. Risk of being hurt when sitting near him.	Very likely.	Make sure there is plenty of room for others to get past Mr Ford. Take them into another room if Mr Ford is agitated.
Risks to Mr Ford	He might hurt himself when striking others.	Very likely.	Find out what the problem is before he gets angry. Take him to his own room where he has his own things around him to help him be less agitated. Ask for a review to see if he can have more appropriate care.

Table 2.1 Example of a risk assessment

You can see from this that she is safeguarding and protecting individuals from abuse. Risk assessments are carried out in all health and care settings and all staff should know how to carry them out.

In all health and care settings new members of staff should be inducted into their job role. All staff should follow illness prevention measures such as washing their hands before handling food and after going to the toilet and reporting sick if they have diarrhoea and vomiting. Managers must ensure there are clean toilets, hand-washing facilities and safe drinking water for staff and for patients.

Many health and care staff use substances that may be dangerous. *The Control of Substances Hazardous to Health Regulations* (COSHH, 2002) explain how to store harmful substances for example, medicines must be kept in a locked cupboard, bleach and other cleaning fluids also must be locked away when not in use.

Staff must use protective equipment such as aprons and gloves especially when dealing with body fluids such as blood and urine and when changing incontinence pads. Soiled material must be disposed of in the appropriate bags – usually bright yellow for clinical waste. **Infection control** involves stopping germs from spreading for example by using alcohol hand rub after handwashing, by not putting one person's pillow on another person's bed.

Accidents and incidents must be reported to the employer who will record them according to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Accidents and injuries resulting in death, specific injuries such as amputations, crush injuries to the head or body, injuries that mean a person has to be off sick for seven days and dangerous occurrences are just some of the things that must be recorded.

All staff must be familiar with the complaints procedures so they can assist patients and relatives who wish to make a complaint. All staff should know where the nearest **first aid** box is kept and who their first aider is in case of emergency.

Information management and communication – ways of promoting effective communication and ensuring confidentiality

The Data Protection Act 1998 says how information about people must be stored. The data protection principles say that everyone using data must make sure the information is

- used fairly and lawfully
- used for limited, specifically stated purposes

- used in a way that is adequate, relevant and not excessive
- accurate
- kept for no longer than is absolutely necessary
- handled according to people's data protection rights
- kept safe and secure
- not transferred outside the European Economic Area without adequate protection.

There are even stricter rules when it comes to information about:

- ethnic background
- political opinions
- religious beliefs
- health
- sexual health
- criminal records.

The Information Commissioner's Office is the UK's independent authority that upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals. You can apply to them to find out what data is held about you.

In addition to the Data Protection Act there are legal and workplace requirements specified by codes of practice in certain health and social care settings. The Care Quality Commission (CQC) has a legal duty under the Mental Health Act to visit and interview detained patients, and to see records relating to their detention and treatment, to make sure people are not detained illegally. The CQC has a code of practice that says how it uses and stores this confidential information.

Skills for Care and Skills for Health publish a 'Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England'. Here is what it says:

> 'As a Healthcare Support Worker or Adult Social Care Worker in England you must:
>
> 1 Treat all information about people who use health and care services and their carers as confidential.
>
> 2 Only discuss or disclose information about people who use health and care services and their carers in accordance with legislation and agreed ways of working.
>
> 3 Always seek guidance from a senior member of staff regarding any information or issues that you are concerned about.
>
> 4 Always discuss issues of disclosure with a senior member of staff'

The Nursing and Midwifery Council (NMC) publishes the 'Code for nurses and midwives'. Here is what it says about respecting people's right to privacy and confidentiality:

> 'As a nurse or midwife, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.'

To achieve this, you must:

> '5.1 respect a person's right to privacy in all aspects of their care
>
> 5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care
>
> 5.3 respect that a person's right to privacy and confidentiality continues after they have died
>
> 5.4 share necessary information with other healthcare professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality, and
>
> 5.5 share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand.'
>
> Source: www.nmc.org.uk

The codes tell health and social care workers how recording, storage and retrieval of medical and

personal information, including electronic methods, mobile phones, social media, written records, use of photographs must be kept confidential. Agreed ways of working may be local policies and procedures for confidentiality and for disclosure if a person tells that they have been harmed, are likely to be harmed or that they may harm someone else. In such situations a care worker must break confidentiality and tell their manager. This is legally required if a person is a risk to themselves or to others and they must follow their local organisation's procedure when doing so.

Being accountable to professional bodies

Accountability is to be responsible for the decisions you make and answerable for your actions.

Health and care employees are accountable to their professional bodies. They must follow the Code of professional conduct for their profession. We have already seen part of the Code for nurses and midwives, and the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England. Both these codes stress that individuals are accountable for their actions and for their omissions, the things they fail to do which they ought to have done.

Social Workers in England are among 16 health care professions regulated by the Health and Care Professions Council (HCPC) which sets the standards of conduct, performance and ethics, of those professions. The HCPC Code says that

> 'As an accountable professional, you will be responsible for the decisions you make and you may also be asked to justify them'.

The NMC code says that a nurse or midwife must 'Be accountable for your decisions to delegate tasks and duties to other people'.

Health and social care professionals must be familiar with and use current codes of practice. These codes are revised from time to time so professionals must be familiar with the latest version of their code. It is their responsibility to make sure they follow any procedures needed for revalidation. Although revalidation for social workers in England is still under discussion, nurses, midwives and doctors must prove they are competent in order to continue to practise. From April 2016 nurses and midwives will have to provide evidence of the following:

- 450 practice hours (or 900 practice hours if revalidating as both a nurse and midwife)
- 35 hours Continuous Professional Development including 20 hours participatory learning
- five pieces of practice related feedback
- five written reflective accounts
- reflective discussion
- health and character declaration
- professional indemnity arrangements
- confirmation usually by their line manager.

Source: www.nmc.org.uk

> 'Safeguarding means protecting people's health, well-being and human rights, and enabling them to live free from harm, abuse and neglect.'

Source: Care Quality Commission

It is essential in health and social care. Safeguarding regulations are part 5 of the Protection of Freedoms Act 2012. They include information about the Disclosure and Barring Service (DBS) which checks all people who work in health and social care to make sure they are safe to work with vulnerable children and vulnerable adults.

Accountability includes following procedures for raising concerns and for whistle-blowing. Every health and social care organisation has a procedure for raising concerns. Professionals who have concerns which are in the public interest must follow the procedures within their organisation first. Concerns might include fraud, abuse, or where someone's health and safety is in danger. The first stage is usually to raise concerns with their employer. If they have done that and no action was taken they can then raise their concern with the Care Quality Commission who regulate health and social care. The law protecting whistle-blowers is the Public Interest Disclosure Act 1998 (PIDA).

Activity

Choose one health or social care role. Find out how a person in that role can

- apply each of the care values and principles
- empower individuals
- ensure safety
- manage information and communication, and
- be accountable.

Use the headings in this Unit, look at the relevant code of practice, their professional organisation and the job role to help you.

Multi-disciplinary working in the health and social care sector

'Partnership working' happens when different organisations and people work together to improve services. Partnerships can be formal or informal, between organisations or between individuals in organisations. In the case study earlier in this unit, Dr Day works with the care manager Mrs Harris and with Mr Ford's social worker to review what care Mr Ford requires. They include Mr Ford and his daughter in the discussions. This is one type of 'partnership working'.

In Northern Ireland where health, social services and public safety are all part of one government organisation, they work together to plan care, for example, for people living with long-term conditions in Northern Ireland. This is formal partnership working between different parts of an organisation.

Working in partnership

> 'The person, and the interests of the person, should be at the centre of all relationships. People, and where appropriate their carers, must be recognised as partners in the planning of services, which should be integrated and based on collaborative working across all sectors.'
>
> Source: www.dhsspsni.gov.uk/index/long-term-condition

'Joined-up working' with other service providers is needed if we are to offer holistic care that meets all the needs of the individual. In England, where health care and social care are separate, care does not always meet the needs of the individual. When Mr Ford lived in his own home, a social worker arranged for a care worker to help him get ready for bed, but the care worker could only come at 8pm. Sometimes Mr Ford refused to go to bed. The care worker had to leave to go to their next visit, and so Mr Ford sat in a chair all night. Dr Day was unaware of the situation.

Since Mr Ford moved into residential care, things are a little better because health care and social care people meet together with him and his daughter to review his case every six months. This is partnership working for care reviews and care planning. It is one of the ways service users, carers and advocates, in this case Mr Ford's daughter, are involved in planning, decision making and support with other service providers. Everyone involved can share their views, and Mr Ford's daughter can help her father put forward his views about what he needs. This is a holistic approach that looks at his physical, social, emotional, cultural, intellectual and spiritual needs. At the review, Mrs Harris the care manager explained that they could no longer meet Mr Ford's needs and keep the other residents safe. She suggested he could be transferred to a specialist home where staff were trained in dementia care and could understand his needs. Mr Ford's daughter explained this to her father and although he seemed a little confused he agreed with the suggested change. The social worker organised an assessment to find out how much of his care would be funded by the NHS and then met with Mr Ford and his daughter to explain their options.

Partnership working is needed to provide care that meets all of the individual's identified needs. Partnership working avoids wasting money on unsuitable care – think of the carer who could not get Mr Ford to go to bed. It also helps health and care workers understand more of each other's roles in caring for an individual.

Partnerships can improve services in the voluntary or third sector too. Benjy, the young man with learning disabilities goes to a Gateway club that works in partnership with Mencap, the leading charity supporting people with learning disabilities. The leisure club provides health, leisure and social

opportunities through sport, art, meaningful recreational activities and social opportunities. It helps Benjy develop independence.

Activity

Find out what partnerships there are in your area for health or social care. Look at voluntary organisations as well as the state sector NHS and Social Services. There may also be private organisations involved in partnership work.

Which age groups are catered for? Which are not? Why do you think that is?

Monitoring the work of people in health and social care settings

People who work in health and social care settings are monitored by their line managers. A social worker is monitored by their manager and so is a nurse. Care assistants are monitored by their managers. Managers are monitored by their line managers too right through to the top managers.

The NHS Trust Development Authority (NHS TDA) is responsible for overseeing the performance, management and governance of NHS Trusts.

There is also external inspection by relevant agencies. The Care Quality Commission (CQC) inspects and regulates different care services such as NHS Trusts, Adult Social care Services, Dental practices, for substance misuse services and some other services. They send inspectors into the organisation to check the quality of care given. They ask the same five questions of all the services they inspect. The questions are as follows.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

After each inspection, the CQC produces a report which usually includes ratings, showing the CQC's judgement of the quality of care. The judgements range from Outstanding, Good, Requires improvement and finally Inadequate. Organisations that require improvement are given a plan saying how they must improve. In organisations judged inadequate where the service is performing badly, the CQC takes action against the person or organisation that runs it.

When the CQC finds that an NHS foundation trust is failing to provide good quality care, Monitor, the regulator for NHS Foundation Trusts, can put the trust in special measures to ensure the problem is fixed.

The Human Fertilisation and Embryology Authority (HFEA) is the UK's independent regulator dedicated to licensing and monitoring fertility clinics and research involving human embryos, while the Human Tissue Authority (HTA) regulates organisations that remove, store and use human tissue and organs. The Medicines and Healthcare Products Regulatory Agency ensures that medicines and medical devices work and are safe.

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. It regulates what drugs and treatments doctors can prescribe.

The Professional Standards Authority for Health and Social Care oversees statutory bodies that regulate health and social care professionals in the UK. It regulates these regulators:

1 General Chiropractic Council (GCC) which regulates the chiropractic profession.
2 General Dental Council (GDC) which protects patients and regulates dental teams.
3 General Medical Council (GMC) which regulates doctors.
4 General Optical Council (GOC) which regulates the optical professions in the UK.
5 General Osteopathic Council (GOsC) which regulates the practice of osteopathy in the UK.
6 General Pharmaceutical Council (GPhC) which regulates pharmacists, pharmacy technicians and pharmacy premises in Great Britain.
7 Health and Care Professions Council (HCPC) which regulates health, psychological and social work professionals.

8 Nursing and Midwifery Council (NMC) which regulates nurses and midwives in England, Wales, Scotland, Northern Ireland and the Islands.

9 Pharmaceutical Society of Northern Ireland (PSNI) which is the regulatory and professional body for pharmacists in Northern Ireland.

Whistle-blowing is reporting bad practice in the public interest. As we saw earlier, each organisation has a procedure for whistleblowing but the CQC is there if the organisation does not take action. The Care Council for Wales and the Care Inspectorate for Scotland are the prescribed bodies for reporting social care concerns in those areas. Concerns about registration and fitness to practise of health and care professionals should be reported to the Health and Care Professions Council.

The Public Interest Disclosure Act 1998 (PIDA) protects whistle blowers but life can be very uncomfortable for those who raise concerns. ACAS who provide help and advice for employers and employees have useful guidance on this.

Service user feedback is one of the best ways to monitor and improve services. It is the sign of a good organisation if they listen to people who use their services. Service user feedback is not always about complaints. Sometimes people want to say they had a good experience and say what worked well. Healthwatch makes sure that the health and social care system listens to people's views and experiences and acts on them. It works in partnership with the public, health and social care sectors and the voluntary and community sector to improve services. One example is where high patient numbers were causing long delays at Burton's Queen's Hospital A&E department, so the local commissioning group asked Healthwatch Staffordshire to find out why. They asked patients and as a result made suggestions that streamlined the service and reduced waiting times.

Some NHS providers have a Patient Advice and Liaison Service (PALS) to help patients and carers when making a complaint. Local Authorities also arrange advocacy services to support people who wish to complain about the NHS. Patients can take complaints about local authority services and services paid for by local authorities, to the Local Government Ombudsman. Anyone who feels their complaint has not been dealt with properly can take it to the Parliamentary and Health Service Ombudsman who make final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other UK public organisations.

Criminal investigations are conducted by the police. Professionals are accountable for their actions. Sometimes they may be investigated for bad practice which is not a criminal offence. In this case if the complaint is proved, their professional body may caution them, impose conditions, suspend them or strike them off the professional register altogether so they cannot work in that profession. Sometimes the professional may have also committed a criminal act, for example, a nurse or doctor stealing drugs. In such a case the professional body may suspend the individual while the police investigate the criminal case. You can find the outcomes of investigations on the Nursing and Midwifery Council website and other profession's websites. Of course, everyone who works in health and social care must have an enhanced criminal records check under the Disclosure and Barring Service.

Activity

Look on the CQC's website and find a health or social care organisation near you. What rating does it have? If it requires improvement, what must it do to improve?

Distinction activity

Choose one health or social care profession.

Outline some of the things they might do in their work.

Give examples to show how they would apply each of the care values and principles.

Which other professional might they work with in partnership? Give examples.

Look at the regulatory body website for that profession. What standards are expected of someone in that profession? What sanctions might be used if they do not work to the standards expected?

Check your understanding

1 List five different roles on health and social care and say briefly what each role involves.
2 What are the care values and principles? Give examples for each.
3 What is partnership working? Give an example of it.
4 How is the work of people in health and social care settings monitored? Give examples.

B The roles of organisations in the health and social care sector

The roles of organisations in providing health and social care services

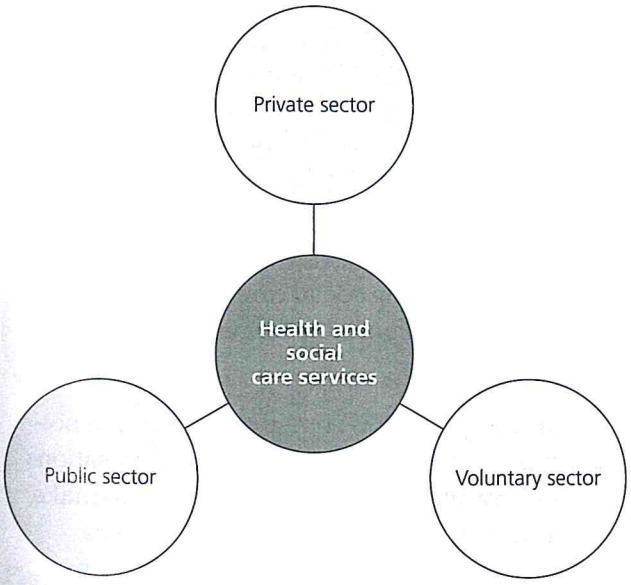

Figure 2.2 Three sectors provide health and social care

Health and social care services are provided by three sectors: the public or state sector, the voluntary sector and the private sector. The public sector provides care from cradle to grave, that is from ante-natal care, care during a person's lifetime right through to the end of life. Much of it is funded by the state from taxes and National Insurance contributions made by those in work. NHS care is free at the point where it is given, but social care is not. Commissioners plan what care is likely to be needed and then buy these services from any provider that meets NHS standards of care and prices. They may buy care services from the private sector or from the voluntary sector or from the public sector.

Clinical Commissioning Groups (CCGs) created following the Health and Social Care Act in 2012, replaced Primary Care Trusts on 1 April 2013. They enable GPs, working with other health professionals, to commission services for their local communities such as planned hospital care, rehabilitative care, urgent and emergency care (including out-of-hours and accident and emergency services), most community health services, maternity services, mental health and learning disability services. CCGs' governing bodies are made up of GP, nurse and secondary care representatives, and at least two 'lay' members who are not NHS professionals. All GP practices have to be a member of a clinical commissioning group. Local authorities and CCGs working through health and well-being boards use Joint Strategic Needs Assessments (JSNAs), and Joint Health and Well-being Strategies (JHWSs) to agree local priorities for local health and care commissioning.

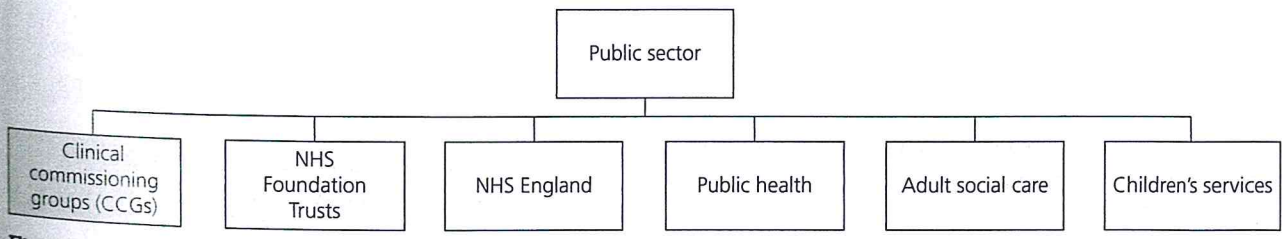

Figure 2.3 Public sector organisations

In NHS foundation trusts, the board of directors is directly accountable to the local population. The public, patients, service users, their families and carers and staff can become members. They then elect governors to represent them. This council of governors holds the directors accountable for the performance of the organisation.

National commissioning – NHS England commissions health care for:

- birth to five year olds
- for the armed services
- for prisoners, and
- for primary care including GP services.

It also commissions national immunisation programmes. NHS England is a single organisation, with 27 Area Teams across England. It also monitors how CCGs use their budgets and do what they are supposed to do.

Local authorities (or councils) are responsible for the health of their populations, for public health and for social care. They do this through health and well-being boards and encourage joined up working across the NHS, public health, social care, and other services. The health and well-being board includes the director of public health, director of adult social services, and director of children's services, representatives of all CCGs in the health and well-being board's area, someone from the local Healthwatch organisation and at least one elected local authority member. CCGs and local authorities can commission services together. Health and well-being boards assess health and social care needs of their local community through Joint Strategic Needs Assessments (JSNAs). They ask patient groups, voluntary organisations and the public for their views, then complete the JSNA. Health and well-being boards then jointly agreed priorities for local health and social care services in Joint Health and Well-being Strategies (JHWSs). Together, JSNAs and JHWSs form the basis of commissioning plans, across local health and care services, (including public health and children's services) for CCGs, NHS England and local authorities.

Public health – Local authorities are responsible for the planning and provision of public health services in their area, such as smoking cessation, and considering services, such as education, housing, social care and transport. Each local authority has a Director of Public Health. The main priorities for public health include stopping smoking, reducing alcohol consumption, eating more fruit and vegetables, and increasing physical activity levels. Public Health England (PHE), supports local authorities in improving public health and has national responsibility for protecting the public against major health risks.

Social Care – Local authorities commission social care for their local populations based on local need and national minimum standards. Social care includes services and support to help people maintain their independence and well-being, to protect vulnerable people and includes support for carers. The Adult Social Care Outcomes Framework sets priorities for the social care sector and is used to assess performance. State funded social care is means tested so people who are eligible for care and have between £14,250 and £23,250 in capital and savings get help towards care costs. Those eligible for care with more than this amount have to pay for it themselves. The Department of Health is responsible for national adult social care policy, and has introduced personal budgets for eligible individuals requiring social care. The Department for Education is responsible for national children's social care policy.

The voluntary sector is sometimes called the not-for-profit sector, or the third sector. Organisations in this sector include charities. They aim to make enough money to pay for their running costs and the services they offer. Most organisations in this sector rely on donations to survive. Age UK is a charity providing advice for older people. ChildLine is a service for children and young people provided by the NSPCC offering confidential advice and support online and by phone. The Prince's Trust supports 13 to 30 year olds who are unemployed and those struggling at school and at risk of exclusion. There are many more charities providing useful services alongside the public sector. Sometimes they work in partnership with the NHS and may supply services to CCGs, for example, Marie Curie nurses

provide care and support in the individual's own home for people living with any terminal illness and their families. Marie Curie also have hospices where terminally ill people can be supported, have counselling and complementary therapies.

The private sector offers health and social care but aims to make a profit as they are businesses. BUPA care is a large business offering private health care in hospitals and for the workplace providing health checks for staff. Foster Care Associates is the UK's largest independent or private fostering agency. There are many private residential care homes and also many private care agencies offering domiciliary care in the individual's own home.

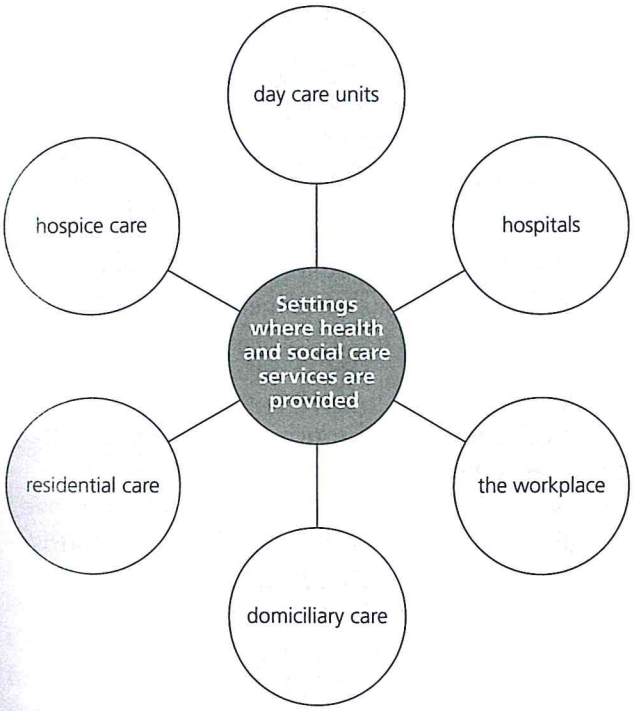

Figure 2.4 Settings for health and care

Activity

Choose one area of care from children's services, adult social care, mental health services, or health care.

For each, find a private provider, a voluntary provider and a public sector provider near where you are. Compare the services they offer and their costs.

Issues that affect access to services

Access to services, how we get the service, depends on the type of service needed

Referral may be through professionals, for example, Benjy feels ill so he goes to see Dr Day his GP, who refers him to a hospital specialist. If Benjy fell down and hurt his arm he might go to the Accident and Emergency department of his local hospital. That would be categorised as 'self-referral'. Most voluntary and private sector organisations encourage people to approach them directly – through self-referral – but access to health care, which is generally free, is more tightly controlled as is access to social care.

Assessment – People are entitled to an assessment of their health needs. They go to their GP for this and he or she assesses their condition and whether they need treatment. Adults who find it difficult to cope can contact their local authority social services department and ask for an assessment. Carers too can ask for an assessment of their needs.

Eligibility criteria

Eligibility for adults with care and support needs depends on how their needs impact on their well-being. Adults are eligible if their needs arise from or are related to a physical or mental impairment or illness and make them unable to achieve two or more specified outcomes and as a result of not meeting these outcomes, there is a significant impact on the adult's well-being.

Outcomes include:

- being able to prepare and eat food and drink
- maintaining personal hygiene, being able to wash themselves and their clothes
- managing toilet needs
- being able to dress appropriately, for example during cold weather
- being able to move around the home safely, including accessing the home from outside

- keeping the home sufficiently clean and safe
- being able to develop and maintain family or other personal relationships, to avoid loneliness or isolation
- accessing and engaging in work, training, education or volunteering, including physical access
- being able to safely use necessary facilities or services in the local community including public transport and recreational facilities or services
- the ability to carry out any caring responsibilities, such as for a child.

Source: www.nhs.uk

Barriers prevent people using services. Barriers may be because of:

- Individual preferences – some people are proud and do not want to receive services. They may see it as a sign of getting old, and reject the idea they need help.
- Financial – some people have savings and a house over the limit, which make them ineligible for free services. Sometimes services are not free and people cannot afford them, for example, some infertility treatments not provided on the NHS may be available if they pay in the private sector.
- Geographical barriers to care occur when a person lives in a rural area. Their nearest hospital with accident and emergency services or maternity services may be a long way away.
- Social barriers occur when people do not think services are for them. Young males are less likely to visit the GP and men in general are less likely to seek help for health and for social care.
- Cultural barriers prevent some people accessing services. Information may be in a language they do not understand, or a care worker in the home may not understand their food requirements for example, if the person is vegetarian.

Activity

What services are available in your local area? Are there any services that people may have to travel a long way for? What barriers might prevent an older person in your community accessing these?.

Look at health services; social services; voluntary services and private services.

Ways organisations represent interests of service users

We saw earlier in the unit how Healthwatch and PALS represent the views of people who use NHS services and we saw how good organisations improve by listening to feedback.

Charities such as Mencap, Age UK, Childline, and the Prince's Trust all welcome feedback from people who use their services. Mencap have an online forum for service users and their families.

The NSPCC website includes their complaints policy and encourages people who use their services and professionals to get in touch. The Prince's Trust has a feedback area on their website and a complaints policy.

Patient Participation Groups were set up by GP practices to hear the views of patients using their services and to use the feedback to improve services in the community. Some patient groups have worked with their GPs to streamline how appointments are made. The National Association for Patient Participation (NAPP) promotes and supports patient participation in primary care. NAPP is working in partnership with NHS England to support the Patient Online Programme to help general practices and patients with booking appointments online, ordering repeat prescriptions online and having online access to summary information held in patients' records.

Some organisations represent service users by offering advocacy, helping individuals make their

views heard. Rethink, the charity supporting those with mental health issues, offers advocacy services. It also has a compliments, complaints and comments section on its website and uses feedback to improve services. VoiceAbility work across England with people who are vulnerable or marginalised to have their rights respected. They offer advocacy services.

As we saw earlier in the unit, whistleblowing policies require individuals who are disclosing matters in the public interest to follow their organisation's procedures and if this is not effective, they must approach the relevant regulatory body, usually this is either the CQC or the Local Government Ombudsman.

Activity

Choose one health or social care organisation from the public sector, one from the voluntary sector and one from the private sector. Compare the way they obtain feedback from service users and carers. Which organisation has the most open channels of communication?

Roles of organisations that regulate and inspect health and social care services

Regulation and inspection are two ways that the quality of services is maintained. We saw earlier in the unit how professions such as nurses and doctors regulate their members and we have seen how the CQC inspects and judges health and care provision, forcing improvements when services fall below expected standards.

There are some differences in each of the countries that make up the United Kingdom. Look at the section for the country you live in.

England

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. CQC regulate and register people that provide services; use data, evidence and feedback from the public to help reach judgements. Inspections, announced and unannounced, are carried out by experts who ask the same five questions in every setting. CQC publish information on judgements and in most cases publish a rating. They take action when services need to improve.

See section A5 for responses to regulation and inspection, changes in working practices required by regulation and inspection and how services are improved by regulation and inspection.

The Office for Standards in Education, Children's Services and Skills (Ofsted) inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages. They use a common inspection framework to gather evidence on the effectiveness of leadership, quality of teaching and learning, on the personal development, behaviour and welfare of children and learners, outcomes for children and learners. Ofsted inspect, form a judgment and publish a report with a rating grading provision on a four point scale:

Grade 1 outstanding
Grade 2 good
Grade 3 requires improvement
Grade 4 inadequate.

Ofsted has several powers. Some are non-statutory compliance actions such as issuing a simple caution, or a warning letter, making a recommendation or requirement at inspection. Other powers are stronger. These are statutory compliance actions which may be short-term or long term.

Short-term statutory compliance actions means that Ofsted can:

- Take emergency action to impose or vary conditions of registration
- Emergency suspension or cancellation of registration
- Serve a compliance notice
- Prosecute for an offence
- Restrict accommodation (children's homes, residential family centres and holiday schemes for disabled children)

Long term statutory compliance actions means that Ofsted can:

- Suspend, cancel or refuse registration
- Impose or vary conditions of registration
- Refuse to vary or remove conditions of registration
- Grant registration with conditions not previously agreed with the applicant.

Services are improved by regulation and inspection because they make sure only those service providers who are competent to do the job stay in practice. Those who are unfit are given a chance to improve but if they do not improve they are removed.

Wales

The Care and Social Services Inspectorate Wales (CSSIW) is responsible for reviewing the performance of local authority social services and for ensuring that regulated services comply with the relevant statutes, regulations and guidance. It can use its enforcement powers both civil and criminal to secure this in registered services. CSSIW regulates and inspects to improve care and social services for people in Wales from child minders and nurseries to homes for older people.

Inspections are unannounced with the exception of fostering services and adoption agencies. Most services have a baseline inspection six months after opening and focused and targeted inspections may follow. Provision is assessed against National Minimum Standards that set out the basic standards of care. A baseline inspection consists of tracking and triangulation across people's care experiences; staffing; leadership and clarity of purpose; quality assurance and health and safety; and also a systems check, sampling core policies, procedures and records. Enforcement powers are similar to those for the CQC in England. The Public Services Ombudsman for Wales has a similar role to that of the English Parliamentary and Health Service Ombudsman who makes final decisions on complaints that have not been resolved by government departments and other public organisations. Services are improved through regulation and inspection by ensuring only suitable people are care providers.

The Healthcare Inspectorate Wales (HIW) inspect NHS and independent healthcare organisations in Wales against a range of standards, policies, guidance and regulations. It regulates independent healthcare services and only registers a provider or manager if they can and will continue to meet the legal requirements and National Minimum Standards. Inspections take place regularly and often are unannounced. Where service providers fail to meet their legal obligations there is enhanced monitoring, targeted intervention and special measures may be introduced restricting the service. Enforcement action can include civil or criminal action and a range of sanctions.

HIW do not investigate individual complaints – NHS Wales Putting Things Right complaints process does that through Health Boards.

Her Majesty's Inspector of Education and Training in Wales (Estyn) is the equivalent of Ofsted in England. Estyn regulates and inspects schools, other education and training providers and local authorities after giving them notice. All inspections use the Common Inspection Framework and its three key questions about outcomes, quality of provision and effectiveness of leadership and management. Reports are published. Judgements range through Excellent, Good, and Adequate to Unsatisfactory. If a school or pupil referral unit requires significant improvement or is in special measures, they must produce a post-inspection action plan (PIAP). They have the same powers as Ofsted and work to improve services for children and young people.

Northern Ireland

The Regulation and Quality Improvement Authority (RQIA) is Northern Ireland's independent health and social care regulator. It improves the quality of health and social care services through inspections and reviews. Inspections are based on minimum care standards. RQIA regulates nursing, residential care and children's homes, day care settings, domiciliary care agencies, nursing agencies and independent health care services. It monitors the quality of services provided by the Health and Social Care (HSC) Board, HSC trusts and agencies and is responsible for ensuring the quality of

services for people with a mental illness and those with a learning disability. It does this by registering, inspecting and encouraging improvement but has power to enforce decisions through a range of notices such as a Notice of Failure to Comply with Regulations, and notices to Cancel, Refuse, Vary, Remove or Impose Conditions on Registration. RQIA are the organisation for whistle-blowing in Northern Ireland.

The Education and Training Inspectorate (ETI) provides inspection services and information about the quality of education in Northern Ireland. This includes early years, primary and post primary schools, special education, further education and work-based learning, youth, initial teacher education, inspection of provision for the Department of Agriculture and Rural Development, Criminal Justice Inspection and the Department of Culture, Arts and Leisure as well as policy, planning and improvement work. Inspections focus on the quality of leadership and management; quality of provision and quality of achievements and standards and organisations are informed when they are about to be inspected. Judgements are either Outstanding, Very good, Good, Satisfactory, Inadequate or Unsatisfactory. Follow up plans and further inspections take place where provision requires improvement.

Health and social care regulatory organisations protect patients and the public. They register professionals, issue codes of practice and require members to keep up to date in their practice. Regulatory organisations investigate complaints against members and can suspend their registration or even strike them off the register. Recent changes require nurses and midwives to revalidate every three years proving that they practise safely and effectively. In the UK, and covering England, Wales and Northern Ireland, regulatory bodies include:

- The Nursing and Midwifery Council (NMC)
- The Health and Care Professions Council (HCPC)
- The General Medical Council (GMC).

In addition to the above, in Wales the Care Council for Wales (Social Care) and in Northern Ireland the Northern Ireland Social Care Council (NISCC) regulate social workers.

Non-regulatory bodies

The National Institute for Health and Care Excellence (NICE) – NICE's role is to improve outcomes for people using the NHS and other public health and social care services. They produce evidence-based guidance and advice for health, public health and social care practitioners; develop quality standards and performance measures for those providing and commissioning health, public health and social care services; provide informational services for commissioners, practitioners and managers across health and social care.

Public Health England protects the public's health from infectious diseases and other public health hazards; improves the public's health and well-being; improves population health through sustainable health and care services; builds the capacity and capability of the public health system. They do this through science, knowledge and intelligence, advocacy, partnerships and delivery of specialist public health services, such as managing vaccination programmes.

The Public Health Agency (PHA) in Northern Ireland is responsible for health and social well-being improvement; health protection; public health support to commissioning and policy development; and HSC research and development.

The Royal College of Nursing (RCN) is not a regulatory body. It represents nurses and nursing, promotes excellence in practice and shapes health policies but does not regulate the profession.

Activity

Check if your local GP practice has a patient panel to get feedback from patients. The minutes of meetings should be displayed in the clinic or surgery. Find out what changes have been made as a result of listening to patient feedback. If your GP does not have this in place, find out how they listen to the views of people who use their services.

Responsibilities of organisations towards people who work in health and social care settings

Organisations that provide health and social care services have a responsibility to ensure that employees understand how to implement the organisation's codes of practice, meet National Occupational Standards (NOS) and undertake continuing professional development (CPD). This protects patients.

Employers also have a responsibility towards their employees to make sure they are safeguarded through being able to:

- have internal/external complaints dealt with properly
- take part in whistleblowing
- have membership of trades unions/professional associations
- follow protocols of regulatory bodies.

Activity

Choose three health and social care professions. Find out which professional associations or trade unions represent their interests. Note – these are not regulatory bodies. Give an example of when there may be a difference between protocols of regulatory bodies and what an employer requests.

Distinction activity

Choose one of the following:

- How well does the structure of clinical commissioning groups and NHS trusts meet the needs of people using health services? Use examples to support your views.
- How well do social services meet the needs of the most vulnerable in society? Give examples to support your views.
- How useful are organisations that regulate and inspect health and social care? Give examples to support your views.

Check your understanding

1 Which three sectors provide health and social care?
2 What is the difference between them?
3 What is the role of clinical commissioning groups?
4 Outline the role of these: Ofsted, CQC, Nursing and Midwifery Council, the Health and Care Professions Council

C Working with people with specific needs in the health and social care sector

People with specific needs

Everyone uses health and social care services at some time in their life but some people have specific needs related to their particular condition or their age. Some specific needs may be related to the following.

- Ill-health, both physical and mental.
- Learning disabilities.
- Physical and sensory disabilities.
- Age categories such as early years or later adulthood.

Ill-health may be physical such as contracting an infectious disease like meningitis. Ill-health may be mental, for example, when someone is depressed or has an eating disorder. Their needs differ but both are health related. Learning disabilities covers a wide range of abilities. A high functioning autistic mathematician has different needs to someone who has limited ability. Physical disabilities covers a vast range of conditions. A person who was born without a hand has a physical disability, and so does someone who has lost both legs in a car accident. A deaf person has sensory disability but has different needs to someone who is blind. Children and older people have different health and social care requirements. Needs may be linked to cognition and learning, to physical and health requirements and to social and emotional aspects.

Activity

Choose one example of a person with specific needs. What support might they require in order to live a full life? Think of cognition and learning, physical and health requirements and social and emotional needs.

Working practices

Do you want to work in health and social care? Figure 2.5 shows some of the skills you will need. You will need:

- to understand and follow policies such as those for equality, confidentiality, health and safety and follow procedures such as safe storage of information
- to know how regulation affects people working in these areas.
- to know how working practices affect people who use the services.

You will also need to be familiar with recent examples of how poor working practices have been identified and addressed.

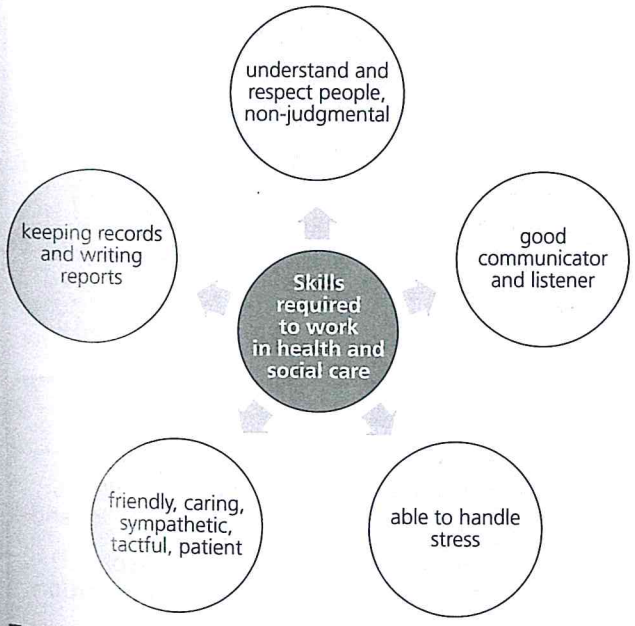

Figure 2.5 Skills for working in health and care

Figure 2.6 Health and social care workers need to have good communication skills

Activity

Choose one of these roles: children and families' social worker, social worker with adults, mental health nurse, general nurse, children's nurse, learning disabilities nurse.

For your chosen role outline three policies and procedures you might have to follow. Which organisations regulate the role? Give three examples of how working practices affect people who use the services (working practices may include whether they are involved in planning their care, how they are treated when receiving services, and whether they have an opportunity to give feedback on services)

Distinction activity

Find out what happened at Winterbourne View care home. Find out what happened in the Baby P case. What lessons have been learned from these cases?

Check your understanding

1 Give six examples of specific needs that individuals may have.
2 Give five skills needed by someone working in health and social care.
3 Give three examples of working practices in health and social care.
4 Give an example of poor practice. Say why it is poor practice and what could be done to avoid poor practice.

Case scenario

Benjy

Benjy is a young man with learning disabilities. He also has heart problems related to his condition of Down's syndrome. His support worker Carl is helping him to live independently, sharing a house with two other people with learning disabilities in supported accommodation. Which other health and social care professionals apart from Carl might Benjy encounter because of his health needs and his social needs? How could they best involve him in planning his care?

Exam Practice

Scenario 1 Ill-health

Ahmed who is a smoker and diabetic, developed chest pain. He went to see his GP, who referred him to a consultant at the local hospital. Ahmed had some investigations to check his heart. Following these investigations, the consultant surgeon recommended that Ahmed has a straightforward operation to improve the blood flow to his heart.

On admission to hospital, a nurse asked him questions about his health and well-being, checked his blood sugar level and recorded the information in his notes. The nurse checked that a risk assessment had been carried out.

Ahmed spent a week in hospital after his operation while medical staff checked his progress. Nurses gave him medication and recorded his progress. Healthcare assistants helped him too.

When he went home, Ahmed's progress was monitored by a doctor at the hospital out-patient clinic.

1 (a) Identify two factors that a risk assessment might highlight when Ahmed is admitted to hospital. (2 marks)

(b) Describe two responsibilities of healthcare assistants when looking after patients on hospital wards. (4 marks)

(c) Explain how nurses are monitored to ensure that they maintain professional standards. (6 marks)

(d) Discuss ways that health and social care staff could empower Ahmed to improve his health when he goes home from hospital. (8 marks)

Think about it

The population of the UK is ageing. There is an increase in the average age of the population and the increase in the number and proportion of older people in the population. What impact might this have on the demand for health care? What impact might this have on the demand for social care?

Further reading

'Living with Long Term Conditions – A Policy Framework' April 2012, Department for Health, Social Services and Public Safety, Northern Ireland

'Blowing the whistle to a prescribed person', June 2015, Department for Business, Innovation and Skills.

Boyce T. and Hunter D. (2009) *Improving partnership working to reduce health inequalities,* The King's Fund.

'Guide to the Healthcare System in England', (2013), NHS

Useful websites

https://ico.org.uk

ACAS: www.acas.org.uk

Age UK: www.ageuk.org.uk

Childline: www.childline.org.uk

The CQC: www.cqc.org.uk

www.dhsspsni.gov.uk

Estyn: www.estyn.gov.wales

www.etini.gov.uk

Data protection: www.gov.uk/data-protection

Ofsted: www.gov.uk/government/organisations/ofsted

www.gov.uk/government/uploads/system/uploads/attachment_data/file/194002/9421-2900878-TSO-NHS_Guide_to_Healthcare_WEB.PDF

www.hcpc-uk.co.uk

Healthwatch: www.healthwatch.co.uk

www.hiw.org.uk

COSHH: www.hse.gov.uk/coshh

RIDDOR: www.hse.gov.uk/riddor

The King's Fund: www.kingsfund.org.uk

Marie Curie Cancer Care: www.mariecurie.org.uk

Mencap: www.mencap.org.uk

www.napp.org.uk

NICE: www.nice.org.uk

www.nmc.org.uk

www.ombudsman.org.uk

The Prince's Trust: www.princes-trust.org.uk

www.professionalstandards.org.uk

www.rethink.org

www.rqia.org.uk

www.skillsforcare.org.uk

VoiceAbility: www.voiceability.org