4.2   Unit R032: Principles of care in health and social care settings

Aims

Whether you want a career in a health or social care setting, understanding rights, the person centred-values and how they can be applied is vital. Communicating effectively with service users you are caring for, and creating a care environment that is safe and hygienic for service users and service providers is also essential for the health and wellbeing of individuals requiring care.

In this unit you will learn about the importance of the rights of service users, person-centred values and how to apply them. You will also learn about the importance of effective communication skills when providing care and support for service users in health and social care settings and the procedures and measures used to protect individuals such as safeguarding, hygiene and security.

For context, when we talk about health and social care settings, these are the types we mean:

Health care settings:	Social care settings
• Dental practice	• Community centre
• GP surgery	• Day centre
• Health centre	• Foodbank
• Hospital	• Homeless shelter
• Nursing home	• Residential home
• Opticians	• Retirement home
• Pharmacy	• Social services department
• Walk-in centre	• Support group

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Topic Area 1: The rights of service users in health and social care settings

Teaching content	Breadth and depth
1.1 Types of care settings	
□ Health care □ Social care	To include: • Know examples of each type of setting.
1.2 The rights of service users	
The right to: □ Choice □ Confidentiality □ Consultation □ Equal and fair treatment □ Protection from abuse and harm	To include: • That service users are entitled to have these rights met in health and social care settings. • Examples of how service users' rights are met.

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

Teaching content	Breadth and depth

□ Empowerment
    ■ Encourages independence and being self-reliant
    ■ Feeling in control of their lives
    ■ Gives service users choice, control and independence
 	
□ High self-esteem
    ■ Feeling valued
    ■ Feeling respected
    ■ Positive mental health
 	
□ Service users' needs are met
    ■ Appropriate care or treatment such as mobility aids provided, or dietary requirements met
    ■ Results in good/improving physical or mental health
□ Trust
    ■ Reassured that service providers will not harm them
    ■ Confident that service providers have service users best interests in mind
    ■ Confident in the care they receive
	To include:
	
	• Examples of how maintaining rights will benefit service users' health and wellbeing.
	• Linking benefits to rights in health and social care settings.

Topic Area 2: Person-centred values

Teaching content	Breadth and depth

2.1 Person-centred values and how they are applied by service providers

Teaching content	Breadth and depth

□ Person-centred values
    ■ Individuality
    ■ Choice
    ■ Rights
    ■ Independence
    ■ Privacy
    ■ Dignity
    ■ Respect
    ■ Partnership
    ■ Encouraging decision making of service user
	To include:
	
	• Know the meaning of person-centred values.
	• Examples of how the person-centred values can be applied in health and social care settings by service providers.

□ Qualities of a service practitioner, the 6Cs
    ■ Care
    ■ Compassion
    ■ Competence
    ■ Communication
    ■ Courage
    ■ Commitment
	To include:
	
	• Know the meaning of the 6Cs.
	• Examples of how service practitioners use the 6Cs to inform and deliver person-centred values.

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Teaching content	Breadth and depth
2.2 Benefits of applying the person-centred values	
Benefits for service providers of applying person-centred values □ Provides clear guidelines of the standards of care that should be given □ Improves job satisfaction □ Maintains or improves quality of life □ Supports rights to choice and consultation □ Supports service practitioners to develop their skills □ Enables the sharing of good practice	To include: • Examples of how applying the person-centred values will benefit service providers. • Linking benefits of applying person-centred values in health and social care settings.
Benefits for service users of having the person-centred values applied □ Ensures standardisation of care being given □ Improves the quality of care being given to the service user □ Maintains or improves quality of life for the service user □ Supports service users to develop their strengths	To include: • Examples of how applying the person-centred values will benefit service users. • Linking benefits of applying person-centred values in health and social care settings.
2.3 Effects on service users' health and wellbeing if person-centred values are not applied	
□ Physical effects ▪ Pain if medication or treatment is not given ▪ Illness may get worse ▪ Malnutrition/illness due to lack of food for special dietary needs ▪ Dehydration due to lack of regular fluids ▪ Injury □ Intellectual effects ▪ Lack of progress or skills development ▪ Failure to achieve potential ▪ Loss of concentration ▪ Lack of mental stimulation □ Emotional effects ▪ Depression ▪ Feeling upset ▪ Low self-esteem/feeling inadequate ▪ Anger/frustration ▪ Stress □ Social effects ▪ Feeling excluded ▪ Feeling lonely ▪ Lack of social interaction/poor social skills ▪ Become withdrawn	To include: • Applying examples in all health and social care settings. • Analysing the effects and making connections between the PIES.

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Topic Area 3: Effective communication in health and social care settings

Teaching content	Breadth and depth
3.1 The importance of verbal communication skills in health and social care settings	
☐ Adapting type/method of communicating to meet the needs of the service user or the situation ☐ Clarity ☐ Empathy ☐ Patience ☐ Using appropriate vocabulary ☐ Tone ☐ Volume ☐ Pace ☐ Willingness to contribute to team working	To include: • An understanding of the verbal communication skills linked with how and when they could be used with service users in health and social care settings. • Benefits of using them.
3.2 The importance of non-verbal communication skills in health and social care settings	

☐ Adapting type/method of communicating to meet the needs of the service user or the situation
☐ Eye contact
☐ Facial expressions
☐ Gestures
☐ Positioning
  ▪ Space
  ▪ Height
  ▪ Personal space
☐ Positive body language, no crossed arms/legs
☐ Sense of humour
	To include:
	
	• An understanding of the non-verbal communication skills linked with how and when they could be used with service users in health and social care settings.
	
	• Benefits of using them.

3.3 The importance of active listening in health and social care settings	

☐ Active listening skills
  ▪ Open, relaxed posture
  ▪ Eye contact, looking interested
  ▪ Nodding agreement
  ▪ Show empathy, reflecting feelings
  ▪ Clarifying
  ▪ Summarising to show understanding of key points
	To include:
	
	• An understanding of the active listening skills linked with how and when they could be used with service users in care settings.
	
	• Benefits of using them.

3.4 The importance of special methods of communication in health and social care settings	
☐ Advocate ☐ Braille ☐ British Sign Language ☐ Interpreters ☐ Makaton ☐ Voice activated software	To include: • An understanding of each special method of communication linked with how and when they could be used with service users in health and social care settings. • Benefits of using them.

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3.5 The importance of effective communication in health and social care settings

- □ Supports the person-centred values and individual's rights
  - ▪ Empowerment
  - ▪ Reassurance
  - ▪ Feeling valued
  - ▪ Feeling respected
  - ▪ Trust
- □ Helps to meet service users' needs
- □ Protects the rights of service users
- □ The impact of good communication skills
  - ▪ Well informed service users
  - ▪ Actively listening to service users' needs, concerns, and opinions enables them to feel valued and respected
  - ▪ Using appropriate vocabulary/no jargon aids understanding so service users feel reassured
- □ The impact of poor communication skills
  - ▪ Misunderstanding if information not clearly explained
  - ▪ Errors or danger to health due to inaccurate record keeping
  - ▪ Distress/upset if service user feels patronised
  - ▪ If speech is too fast the listener will not have time to take it all in

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Topic Area 4: Protecting service users and service providers in health and social care settings

Teaching content	Breadth and depth
4.1 Safeguarding	

□ Service users who need safeguarding
 	
   • Vulnerable groups – e.g. homeless people
   • Children
   • People with physical and learning disabilities
   • People with mental health conditions
   • Older adults in residential care settings
   • People who have a sensory impairment – sight loss, hearing loss
   • People in residential care dependent on carers – children, older adults
 	
□ Impacts for service users of a lack of safeguarding
 	
   • Physical impacts
   • Intellectual impacts
   • Emotional impacts
   • Social impacts
 	
□ Safeguarding procedures in care settings
 	
   • Safeguarding policy
   • Designated Safeguarding Lead (DSL) person with responsibility for safeguarding
 	
□ Safeguarding training for all staff so that they
 	
   • Are aware of their duty to report a serious concern
   • Know the care settings procedures for reporting a disclosure of abuse or serious concern
   • Can recognise possible signs of abuse or harm
   • Know who to report to
	To include:
	
	• Know the meaning of 'safeguarding'.
	
	• Reasons why service users need safeguarding.
	
	• Examples of the impacts.

□ Disclosure and Barring Service (DBS) checks for all staff
 	
   • Standard checks
   • Enhanced checks
   • The barred list
	• Reasons for having DBS checks for all staff.
	
	• The difference between the standard checks, enhanced checks and barred list.
	
	Does not include:
	
	• Details of individual care settings safeguarding policies.

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4.2 Infection prevention

	To include:
☐ General cleanliness ▪ Use anti-bacterial sprays on surfaces ▪ Clean toys and play equipment regularly ▪ Mop floors and vacuum carpets daily ▪ Clean and disinfect toilets frequently ▪ Correct disposal of hazardous waste in health and care settings ☐ Personal hygiene measures ▪ Hair tied back/covered ▪ Open wounds covered ▪ No jewellery ▪ No nail polish ▪ Correct hand washing routine ▪ Regular showering and hair washing ▪ Regular brushing of teeth ▪ Appropriate use and disposal of tissues/ antiseptic wipes/sanitiser ☐ PPE (personal protective equipment) ▪ Disposable aprons ▪ Disposable gloves ▪ Rubber gloves ▪ Face masks ▪ Hairnets or hygiene hats ▪ Overalls ▪ Overshoes ▪ Surgical garments/scrubs	• Reasons for carrying out infection prevention in different types of care settings. • How they protect the health and wellbeing of service providers and service users in different types of health and social care settings.

4.3 Safety procedures and measures

	To include:

☐ Safety procedures for reducing risk/danger and promoting good practice
 	
 ▪ First aid policy
 ▪ Risk assessments
 ▪ Staff training programmes for
    o Equipment use
    o Moving and handling techniques
    o First aid
 ▪ Emergency procedures
    o Fire drill
    o Evacuation
 ▪ Equipment considerations
    o Fit for purpose
    o Safety checked
    o Reporting system for damage
    o Risk assessed
 	
 ☐ Safety measures
 	
 ▪ Displaying a fire safety notice
 ▪ Using warning signs
    o A 'wet floor' sign
    o 'No entry' sign
	• The importance of the procedures and measures.
	
	 • How they protect service providers and service users in different types of health and social care settings.
	
	 • Know the difference between a 'procedure' and a 'measure'
	    o A procedure is set process that is followed such as a fire drill or carrying out risk assessments.
	    o A measure is a particular action such as putting up a wet floor sign.
	
	 Does not include:
	
	 • Full details of how to carry out a risk assessment.
	
	 • First aid practice.

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4.4 How security measures protect service users and staff

Security measures	To include:
□ Identifying staff ▪ ID lanyards ▪ Staff uniform □ Monitoring of keys ▪ Limits number of people with access to keys ▪ List of keyholders – know who has the keys □ Receiving and monitoring visitors ▪ Staff on duty at entrance monitors access ▪ Signing in and out book for visitors, know who is there and who has left ▪ Issuing visitor badges □ Reporting of concerns to line managers ▪ Appropriate action can be taken by senior staff □ External doors, restricting access ▪ Electronic swipe card entry system ▪ Buzzer entry system ▪ Security pad with pin code □ Window locks and restraints ▪ Keeps vulnerable service users safe – prevents falling out of open window or strangers entering	Reasons for security measures in different types of health and social care settings. • How they protect the health and wellbeing of service users and service providers in different types of health and social care settings.

Assessment guidance

This unit is assessed by an exam. The exam is 1 hour and 15 minutes and has 70 marks in total.

The exam will have 6 compulsory questions. Question types include:
• short and medium answer
• extended response.

These allow us to assess the following Performance Objectives:
o PO1 – Recall knowledge and show understanding
o PO2 – Apply knowledge and understanding
o PO3 – Analyse and evaluate knowledge, understanding and performance.

Three questions will be set with a situation or scenario.

There will always be up to two 6 mark extended response questions that will require students to provide an extended answer when showing their knowledge and understanding.

There will always be one 8 mark extended response question which will assess Performance Objective 3. Responses will need to include discussion or evaluation. The question topic may be drawn from any relevant aspect of the unit teaching content.

This will be conducted under examination conditions. For more details refer to the Administration area.

The Health and Social Care: Exploring our exams: a guide to our Sample Assessment Material gives more information about the layout and expectations of the exam.