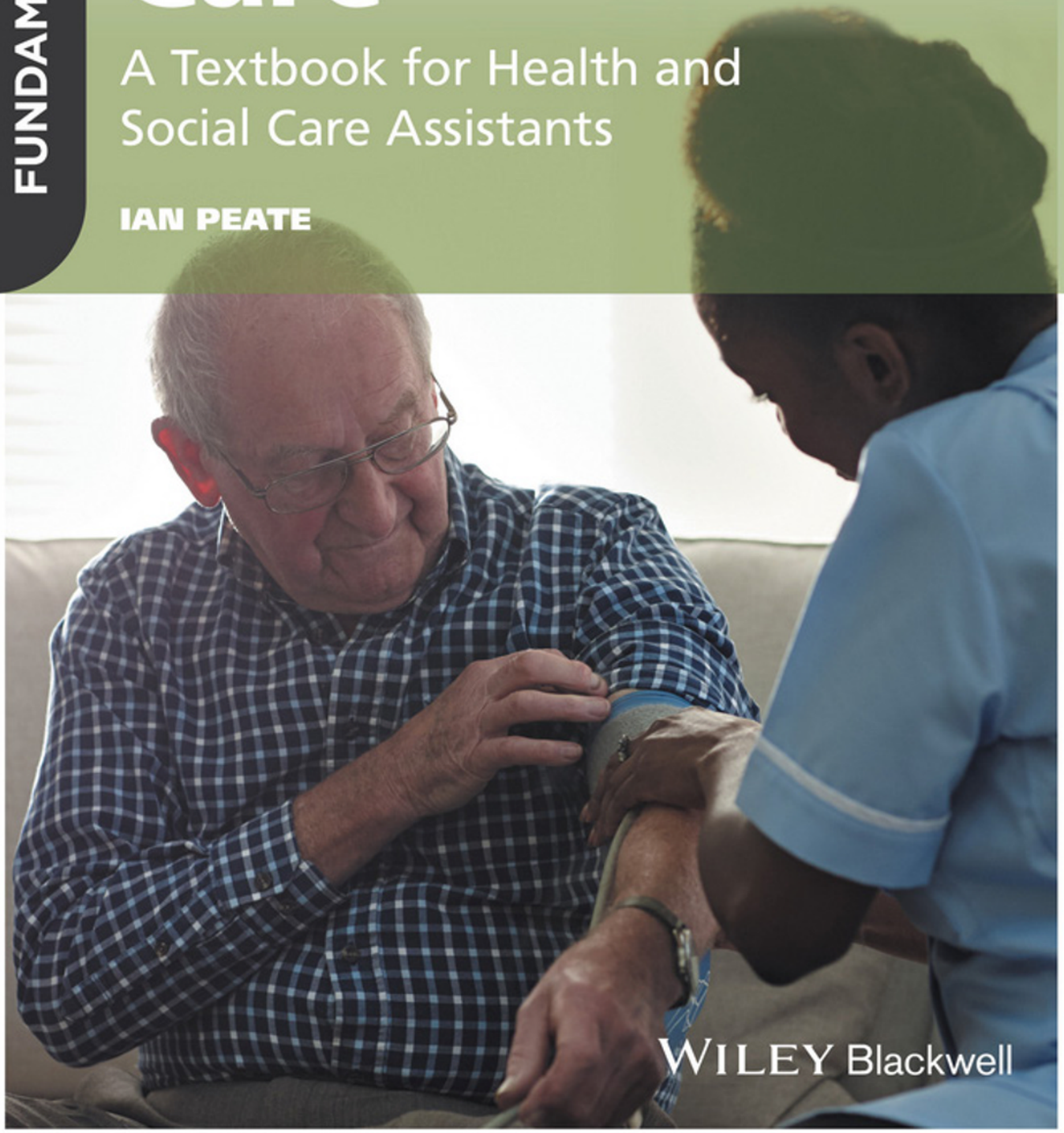
FUNDAMENTALS

Fundamentals of Care

A Textbook for Health and Social Care Assistants

IAN PEATE



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Fundamentals of Care

A Textbook for Health and Social Care Assistants

IAN PEATE OBE

Professor of Nursing, Head of School
School of Health Studies, Gibraltar
Visiting Professor
St George's, University of London; Kingston University, London

WILEY Blackwell

This edition first published 2017 © 2017 by John Wiley & Sons Ltd.

Registered Office
John Wiley & Sons Ltd., The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

Editorial Offices
9600 Garsington Road, Oxford, OX4 2DQ, UK
The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK
111 River Street, Hoboken, NJ 07030-5774, USA

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Library of Congress Cataloging-in-Publication data are available

ISBN: 9781119212201

A catalogue record for this book is available from the British Library.

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Cover image: © Dean Mitchell/Getty Images.

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Preface

The provision of health and social care along with support provided to people is changing and will continue to change. In the healthcare sector in England there is to be a new nursing associate role, to provide greater support for nurses and help to bridge the gap between healthcare support workers and nurses. The nursing associate will be trained through the apprenticeship route. Once trained they will work alongside healthcare support workers to deliver hands-on care, freeing up time for existing nurses so they can use their specialist training to focus on clinical duties and take more of a lead in decisions around patient care.

This text has been written for staff who are new in their role as well as for those who are already employed as a healthcare assistant, assistant practitioner, care support worker or those who provide support where there is direct contact with people receiving services. The book will also be suitable for those who are contemplating undertaking the role of nursing associate. Adult social care workers who provide direct care in residential and nursing homes or a hospice, or home care workers will also find the content of this book applicable to their sphere of work. It is acknowledged that roles undertaken will vary in different health and social care settings.

In England in April 2015, the Care Certificate was introduced. The Government now expects that all those working as healthcare assistants and adult social care workers will undertake learning related to the standards of the Care Certificate as part of their induction programme. The Cavendish Review, published in July 2013, was one of the key drivers for the creation of the Care Certificate.

An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings was undertaken in 2013 (Cavendish, 2013). It was estimated that there are over 1.3 million frontline staff who are not registered with a regulatory authority but who now deliver most of hands-on care in hospitals, care homes and the homes of individuals (Cavendish, 2013). The Cavendish Review (requested by the Secretary of State for Health in the wake of the publication of the Francis Inquiry into Mid-Staffordshire NHS Foundation Trust) examined what could be done to ensure that unregistered staff in the NHS and social care treat all people with care and compassion.

The review revealed how disconnected the systems are that care for the public, and amongst other things proposed new common training standards across health and social care, grounded in what the best employers already do. It proposed a Certificate of Fundamental Care, written in plain English, to make a positive statement about caring necessitating the Care Quality Commission (CQC) to require all workers to have achieved this Certificate prior to working unsupervised.

There are often inconsistent approaches to the training and development of healthcare assistants and adult social care workers, with varying quality. The Care Certificate has been created to address these variances. The Care Certificate consists of 15 standards; these standards address the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England but can also be applied to the three other UK countries.

The Care Certificate applies across the health and social care sectors and is portable between sectors and organisations. The Care Certificate covers the learning outcomes, competencies and standards of behaviour that are expected of support workers in the health and social care sectors.

The Care Certificate defines the required values, behaviours and competencies that carers must demonstrate, aiming to ensure that the care and support offered is caring, compassionate and of a high quality.

Each of the standards related to the Care Certificate has specific outcomes and competencies that are associated with them; these must be achieved in order for one to be eligible for a Care Certificate; assessment of both knowledge and competence is required. It is not the purpose of this book to replace the Care Certificate standards; however, working through the various chapters will enable the reader to develop their knowledge and apply this to their work.

The Care Certificate cannot be completed through completion of e-learning or completing a workbook alone. E-learning or workbooks can support the attainment of knowledge but the assessment of the required skills has to be undertaken in the workplace.

The chapters

There are 18 chapters in the book. The first chapter provides an overview of health and social care provision, and Chapter 2 outlines the importance of working with others as a member of a team. Fifteen chapters are dedicated to the Care Certificate, and the final chapter, Chapter 18, provides support to the health and social care worker in addressing questions, queries and concerns that they may have or have experienced in the workplace.

The text adopts an engaging practical approach, and where appropriate practice exercises have been incorporated encouraging the reader to stop, look, listen and act, to take stock and carry out activities pertinent to the chapter. Where appropriate the student will be encouraged to interact with chapter content by completing activities, engendering curiosity. Reflection comes in the form of thinking activities.

Where appropriate at the beginning of the chapter the outcomes associated with each standard will be reproduced, contextualising and focusing the reader on the chapter content and relevance to the Care Certificate. There is an opportunity for readers to self-assess. Readers can rate their current knowledge and skills prior to reading each chapter in relation to the chapter content. Each chapter ends with a case study reflecting chapter content. A resource file is included, inside which are resources that will help the reader to seek support and access further information should this be needed. These include links to the World Wide Web or references to appropriate literature.

An annotated bibliography has been provided. The purpose is to provide the reader with further information to support their learning.

What's in a name?

The terms used to describe the relationship between those who provide care and offer support and those who are the recipients of those services vary; for example, user, service user, consumer, patient, client, survivor and expert are used. This text uses the terms 'people' or 'person' to describe those who receive or access services.

Terminology, job titles and roles in healthcare also vary; these can include: Assistant Practitioner, Care Assistant, Healthcare Support Worker, Maternity Support Worker, Nursing Assistant, Occupational Therapy Assistant, Physiotherapy Assistant, Radiography Assistant, Speech and Language Therapy Assistant and Senior Care Assistant. In Adult Social Care these roles and titles may include: Activities Worker, Day Care Assistant, Day Care Officer, Domiciliary Care Worker, Home Care Worker, Nursing Home or Hospice Nursing Assistant, Personal Assistant, Reablement Assistant, Residential Care Worker, Senior Home Care Worker and Support Worker.

I have enjoyed writing this text and I sincerely hope that you enjoy reading it and that you are able to apply the content to the care and support that you offer people.

Ian Peate
Gibraltar

Reference

Cavendish, C. (2013) The Cavendish Review. An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf (accessed August 2016).

Acknowledgements

I would like to thank the library staff at Gibraltar Health Authority for their help. My partner, Jussi Lahtinen, for his encouragement, and Mrs Frances Cohen who, without hesitation, provides me with support and inspiration.

How to use your textbook

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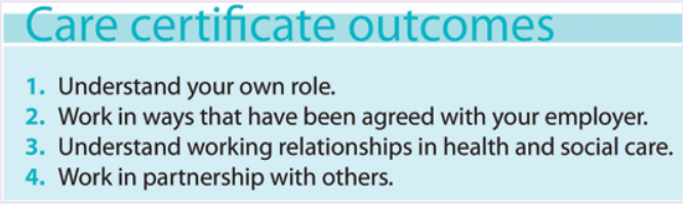
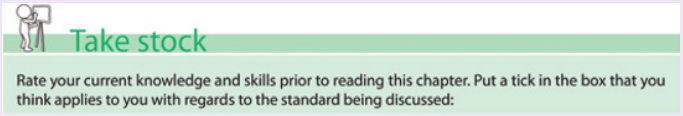
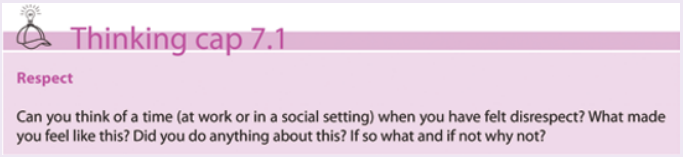
Care certificate outcomes lists the key learning points from the chapter.



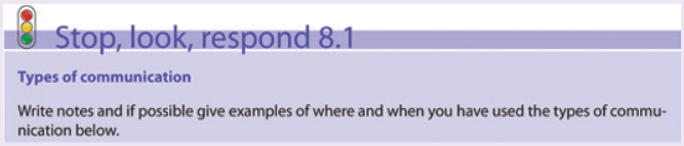
Take stock allows you to rate your current knowledge and skills prior to reading the chapter.



'**Thinking cap' boxes** give further insight into conditions and cases.



'Stop, look, respond' boxes provide exercises to encourage you to think what you might do in a certain situation.

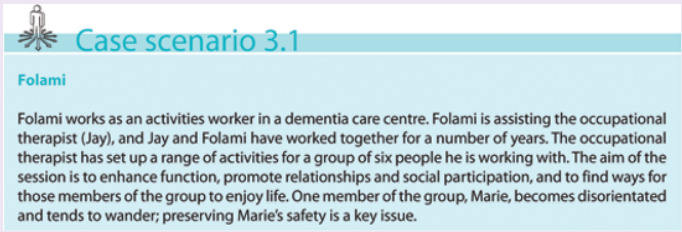


Stop, look, respond 8.1

Types of communication

Write notes and if possible give examples of where and when you have used the types of communication below.

Case scenarios give a real-life case based around the chapter content.



Case scenario 3.1

Folami

Folami works as an activities worker in a dementia care centre. Folami is assisting the occupational therapist (Jay), and Jay and Folami have worked together for a number of years. The occupational therapist has set up a range of activities for a group of six people he is working with. The aim of the session is to enhance function, promote relationships and social participation, and to find ways for those members of the group to enjoy life. One member of the group, Marie, becomes disorientated and tends to wander; preserving Marie's safety is a key issue.

Resource file lists some places you can look for more information.

Resource file

British Institute of Human Rights
An organisation providing people with authoritative and accessible information regarding human rights.
https://www.bihr.org.uk

Stonewall
A lesbian, gay, bisexual and transgender rights charity.
http://www.stonewall.org.uk

The Equality Trust
The Equality Trust works to improve the quality of life in the UK by reducing economic inequality.
https://www.equalitytrust.org.uk/resources

Chapter 1

Health and social care provision in the UK

Care certificate outcomes

There are no care certificate outcomes for this chapter. This chapter aims to:

- Introduce the reader to health and care provision across the UK.
- Emphasise the fact that the four different countries of the UK adopt different approaches to care provision whilst still being a part of the wider National Health Service.
- Offer the reader some insight into past and present issues surrounding health and social care.

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Take stock

Rate your current knowledge and skills prior to reading this chapter. Put a tick in the box that you think applies to you with regards to the standard being discussed.

Key:
I know this I have a good level of knowledge or skills regarding this aspect of the standard. I make use of the knowledge and skills identified on a regular basis, feeling confident in my ability and performance. I do not need a refresher.
Satisfactory My level of knowledge and standard of skills meet the criteria associated with the standard. I use the skills and knowledge from time to time. I might not always feel confident in my capability, I would benefit from a refresher.
I require a review I do not feel that I have the skills and/or the knowledge that would enable me to meet the standard in a confident and competent way. The knowledge and skills I used to have are no longer valid. I will require a refresher.
This is new to me I have never worked in a caring role before or I have never covered this topic before. I will need further training and development in this area.

Standard	Self-assessment			
Understand health and social care provision in the UK	☐ I know this	☐ Satisfactory	☐ I should review this	☐ This is new to me
Discuss the role and function of the NHS nationally and locally	☐ I know this	☐ Satisfactory	☐ I should review this	☐ This is new to me
Describe how health and social care services are regulated and monitored	☐ I know this	☐ Satisfactory	☐ I should review this	☐ This is new to me
Highlight aspects of health and social care offered and provided by the NHS, the private and voluntary sectors	☐ I know this	☐ Satisfactory	☐ I should review this	☐ This is new to me
Differentiate between primary, secondary and tertiary services	☐ I know this	☐ Satisfactory	☐ I should review this	☐ This is new to me
Develop an insight into the assessment of health and social care needs for individuals and communities	☐ I know this	☐ Satisfactory	☐ I should review this	☐ This is new to me

Introduction

The ways in which health and social care provision are provided have changed over the years and it is very likely that they will continue to change. The four countries of the United Kingdom (UK) – Northern Ireland, Wales, England and Scotland – each have devolved responsibilities for the

provision of health and social care service within their borders. This means that each country sets its own priorities for care provision. Often, because of these transferred responsibilities (transferred from central government), discussing the issue in a general manner can become complex. The focus of this chapter will be predominantly on the provision of health and social care service in England.

An historical view

Care, being cared for, providing care is an essential human need in order for the full development, maintenance and sustaining of human beings. The tradition of caring has often been associated with women – a female activity that focuses on the individual, the family and groups of people. Care and cure are two very different entities and it could be implied that throughout history care has not been awarded the same importance as cure. Cure it could be suggested has gained more attention because of the public recognition of a range of supposedly lifesaving and life-sustaining new technologies and, tentatively, because it is very often associated with males, whereas care is seen as a traditional female activity. However, there cannot be any curing without caring, and the notion of care has been rooted in our history through examples such as religious (or spiritual), social, political, educational and economic contexts.

Health and disease are ever-present factors of the human state, and throughout history the need for some kind of support and care of individuals and populations has varied. People have always helped other people during times of need (there is also evidence where people have failed to respond to the needs of others), paving the way for the development of systems of care and the fundamental beginnings of health and social care as we know it today. We are all likely to be recipients of care.

The National Health Service

On 5 July 1948, the National Health Service (NHS) was established with the aim of healthcare being free at the point of delivery. Figure 1.1 provides a timeline concerning the NHS since its inception in 1948.

The NHS in the four countries

There are several differences between NHS services in England and the other three home countries:

- Northern Ireland has a fully integrated health and social care service and Scotland has passed legislation to achieve this goal.
- Scotland and Wales have integrated boards (as opposed to trusts) that commission services at a local level.
- Scotland has the Scottish Intercollegiate Guidelines Network (SIGN) for their clinical guidance as opposed to the National Institute for Health and Care Excellence (NICE).

Scotland

In Scotland health and social care policy and funding are the responsibility of the Health and Social Care Directorates of the Scottish Government. There are over 160,000 staff who work across 14 regional NHS Boards, seven Special NHS Boards and one public health body. Around 12,000 of these healthcare staff are engaged under independent contractor arrangements.

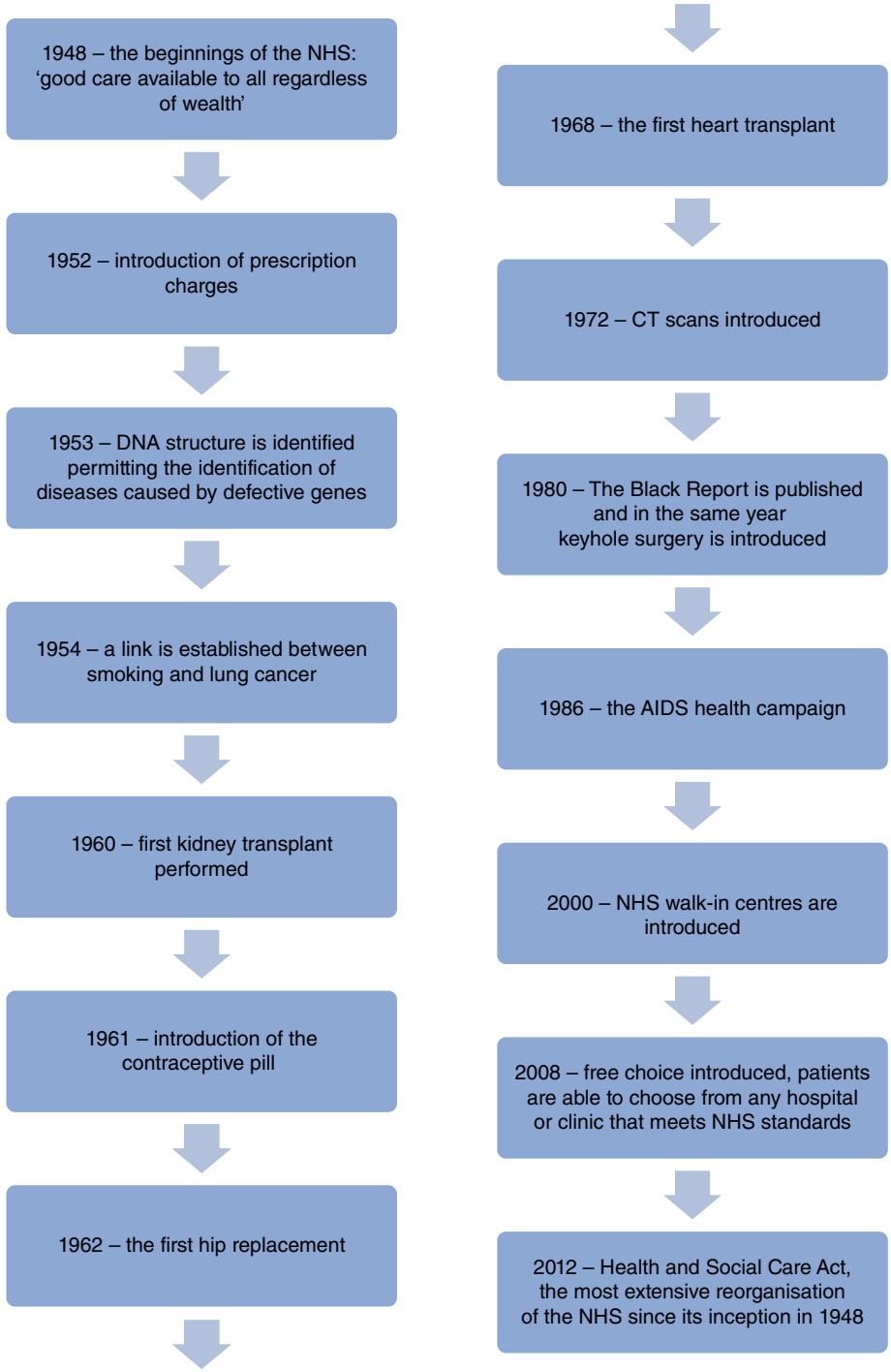

Figure 1.1 Some key dates and events since the inception of the NHS. *Source*: http://www.nhs.uk/Tools/Pages/NHSTimeline.aspx

The NHS in Scotland is completely devolved and responsibility for it lies wholly with the Scottish Government. The Cabinet Secretary for Health and Wellbeing and Scottish Government set out their national objectives and priorities for the NHS that should be delivered and monitored via NHS Boards and Special NHS Boards.

In 2004 the 14 NHS Boards were replaced by trusts, which cover all of Scotland. These are all-purpose organisations that plan, commission and deliver NHS services for their respective area. They take overall responsibility for the health of their communities and commission all services including GP, dental, community care and hospital care. These boards are also required to work together on a regional and national basis ensuring that specialist healthcare – such as neurosurgery – is commissioned in an effective manner. Locally the boards have representation or partnerships with community health and social care teams, and there is also a close involvement of local authorities, patients and the public.

The population of Scotland is estimated to be in the region of 5.3 million, with a healthcare budget of around £13 billion.

Northern Ireland

The healthcare service in Northern Ireland offers health and social care to its population and is administered by the Department of Health, Social Services and Public Safety.

The Health and Social Care Board carries overall responsibility for the commissioning of services and it does this through five Local Commissioning Groups. The five Local Commissioning Groups have a responsibility for commissioning health and social care and do this by addressing the needs of their local population.

There are five Health and Social Care Trusts that have responsibility for providing an integrated health and social care service in their regions. The Northern Ireland Ambulance Service is seen as a sixth trust.

There is a Patient and Client Council that exists to provide an independent voice for patients, carers and communities. An independent organisation, the Regulation and Quality Improvement Authority, encourages continuous improvement through a programme of inspections.

The Public Health Agency is charged with the responsibility to improve health and wellbeing, provide health protection and input directly into commissioning, and does this through the Health and Social Care Board.

The population of Northern Ireland is estimated to be in the region of 1.8 million, with a healthcare budget of around £4.3 billion.

Wales

In Wales the NHS is devolved, and the Welsh Government assumes responsibility. There are seven Local Health Boards that plan, secure and deliver healthcare services for their populations.

There are three national trusts in Wales:

1. The Welsh Ambulance Services
2. Velindre NHS Trust (providing specialist services in cancer and other national support)
3. A Public Health body for Wales

Representing the health and wellbeing interests of the public in their districts are seven Community Health Councils (CHCs). The Board of Community Health Councils in Wales is responsible for monitoring the performance of the CHCs, the conduct of members and performance of

officers as well as operating a Complaints Procedure. It is the aim of the CHC to make sure that when people across Wales speak about their NHS, those responsible for providing health services listen – and act.

The population of Wales is estimated to be in the region of 3.2 million, with a healthcare budget of around £6.5 billion.

England

High-quality care for all, now and for future generations, is the mission of NHS England. NHS England aims to provide everyone with greater control of their health and wellbeing, supporting them to live longer, and enjoy healthier lives by providing high-quality health and care that is compassionate, inclusive and constantly improving. People are said to be at the heart of everything that the NHS does.

The values that underpin the role and function of the NHS are enshrined in the NHS Constitution (Table 1.1).

Stop, look, respond 1.1

The NHS Constitution

In the list below (the values that underpin the NHS) make notes about how, on a daily basis, you make responses to these vales as you offer care to people.

Value	Example
Respect and dignity	
Commitment to the quality of care	
Compassion	
Improving lives	
Working together for patients	

The population of England is estimated to be in the region of 50 million, with a healthcare budget of around £100 billion. The Department of Health (DH) in England provides strategic leadership for public health, the NHS and social care. It is the Secretary of State who has overall responsibility for the work of the DH.

Thinking cap 1.1

Health and social care services

Think about the health and social services in the country where you are working. Compare some of the services that are offered in the other three countries. What are the good things about health and social care services where you work and what could be improved? Do you think any ideas for improvement in services could come from one or more of the other three countries?

Table 1.1 NHS values and the NHS constitution

- Respect and dignity
- Commitment to the quality of care
- Compassion
- Improving lives
- Working together for patients

Provision of services

Various aspects of care are offered and provided by the NHS. However, it must be remembered that it is not just the NHS that provides care; the independent and voluntary sectors also provide care and services to people. The provision of care can take place anywhere where there are people, within the NHS, the private and independent care sector, or in the voluntary care sector. The Health and Social Care Act 2012 provides for fair competition for NHS funding to independent, charity and third-sector healthcare providers; this was introduced with the intention of providing greater choice and control to patients in choosing their care.

The provision of care will be influenced by a number of factors, for example, an ageing population, changing disease patterns, the issue of consumerism and technological advances. Often the provision of care is split between two areas of care:

- acute care;
- chronic care.

The provision of care also takes place within the following settings:

- primary care;
- secondary care;
- tertiary care.

Regulation and monitoring of services

Monitor

To protect the interests of patients in England, Monitor was established as the sector regulator for health services; it is the financial regulator of Foundation Trusts. Monitor issues licences to NHS-funded providers, has responsibility for national pricing (in conjunction with NHS England) and helps commissioners make sure that local services continue if a provider is unable to carry on providing services.

Care Quality Commission

The independent regulator for quality in health and social care in England (including private providers) is the Care Quality Commission (CQC). It registers and inspects:

- hospitals;
- care homes;
- GP surgeries;
- dental practices;
- other healthcare services.

If services are failing to meet fundamental standards of quality and safety, the CQC has the power to:

- issue warnings;
- restrict the service;
- issue a fixed penalty notice;
- suspend or cancel registration;
- prosecute the provider.

Healthwatch

Healthwatch was set up as an independent consumer champion for health and social care. Its function is to represent the public's view on healthcare by gathering views on health and social care locally and nationally. In England every local authority has a Healthwatch. It is anticipated that through the Healthwatch network the voices of those who use the NHS will be heard. Healthwatch gathers these views by undertaking research in local areas, identifying gaps in service provision and feeding into local health commissioning plans.

Professional regulation

The various health and social care professions are regulated by specific regulators (Table 1.2).

Table 1.2 UK professional regulators

Regulator	Profession(s)
General Medical Council (GMC)	The independent regulator of approximately 260,000 doctors in the UK; established to: • Set the standards required of those doctors practising in the UK • Determine which doctors are qualified to work in the UK, oversees their education and training • Ensures doctors continue to meet the standards throughout their careers through a five-yearly cycle of revalidation
Nursing and Midwifery Council (NMC)	The NMC regulates over 670,000 nurses and midwives in the UK. Key responsibilities include: • Setting professional standards of education, training, performance and conduct, and ensuring that these standards are upheld • Investigating nurses and midwives who are thought to fall short of its standards • The ability to take action when a nurse may be putting the safety of patients and others at risk
The General Dental Council (GDC)	The GDC regulates all dental professionals including dentists, dental nurses, technicians and hygienists
The Health and Care Professions Council (HCPC)	Regulates a number of professions including art therapists, biomedical scientists, chiropodists and podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, paramedics, social workers in England, and speech and language therapists
The General Pharmaceutical Council (GPhC)	The independent regulator for more than 70,000 pharmacists, technicians and pharmacy premises in the UK. In Northern Ireland this is the Pharmaceutical Society of Northern Ireland
The General Optical Council (GOC)	Regulates approximately 26,000 optometrists, dispensing opticians, student opticians and optical businesses