

## Revision Booklet

RO21: Essential values of care for  
use with individuals in care settings.

## Learning outcome 1: Understand how to support individuals to maintain their rights

### Equal and fair treatment

- People should be treated/be able to use services for the needs they have
- e.g. children should all have the same chances in school despite their ability
- elderly people should get the same medical treatment as younger people

### Choice

This includes:

- If we want to join in activities or not, e.g. in a nursery or care home
- What food we want to eat, e.g. choosing from a menu in hospital
- Choosing the GP or doctor we want to see
- Where and how we get any treatment we need, e.g. we can now choose which hospital we go to

### Confidentiality

- This is about keeping information about people private
- Examples include: Having personal notes stored securely, e.g. in a filing cabinet that is locked or passwords on computers only for those that need access to information

### Protection from abuse and harm

- We should be safe from abuse and harm at all times, in all places and from all people
- Staff having CRB (Criminal Records Bureau) checks
- Staff to be trained
- CCTV
- Another person being there when an examination takes place, e.g. GP and nurse

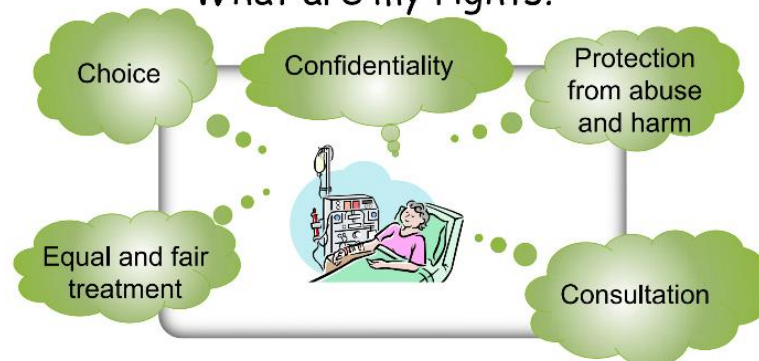
### Consultation

- This means discussing things with people whatever their age
- People should be asked about the care they want
- Peoples opinions and thoughts about different situations should be found out

Why is it important to maintain individuals' rights?

- Raise their **self-esteem**
- **Empower** them and give them control
- Instil confidence and trust
- Feel safe
- Provide equality of access to services and treatment
- Ensure individual needs are met.

### What are my rights?



### Question one

Identify three rights of individuals at Woodbridge.  
(3 marks)

- 1.
- 2.
- 3.

Explain why it is important for patients at Thorpe Hospital that the rights of individuals are maintained. Use examples to support your answer.  
(6 marks)

## Learning outcome 1: Understand how to support individuals to maintain their rights

Using vocabulary that can be understood

- No jargon
- Age appropriate vocabulary
- Using **interpreters** or **translators**

Adapting communication to meet individual needs/situation

- Using specialist communication methods, e.g. Braille or signing
- Using gestures of flash cards/pictures
- Emphasising or stressing important words

Listening to individuals' needs

- Active listening
- Ask the person – do not assume
- Concentrate on what the person is saying.

Not being patronising

- Use positive body language
- No sarcasm
- Being polite
- Being patient/listening to repetitions.

Information about	How it supports rights
<b>Times services open/closed</b>	<ul style="list-style-type: none"> <li>• So that the individual knows when they can access services.</li> <li>• So time is not wasted attending when services are not available.</li> </ul>
<b>Contact details for the service</b>	<ul style="list-style-type: none"> <li>• Phone numbers, email, so service users can communicate with the service provider.</li> </ul>
<b>Type of care provided</b>	<ul style="list-style-type: none"> <li>• The individual can choose what is most appropriate for their circumstances.</li> <li>• Informed choices can be made.</li> <li>• Service users have a say in their treatment or care.</li> </ul>
<b>Location</b>	<ul style="list-style-type: none"> <li>• So service users are aware of where specific services they need are available.</li> </ul>
<b>Alternatives available</b>	<ul style="list-style-type: none"> <li>• Awareness of different options empowers individuals to take control of their own decisions.</li> <li>• The individual can choose what type of care or treatment is most appropriate for themselves.</li> </ul>
<b>Results of tests/treatments</b>	<ul style="list-style-type: none"> <li>• So that individuals are able to choose/know the options/know why they are in need of treatment or care.</li> </ul>
<b>Complaints procedures</b>	<ul style="list-style-type: none"> <li>• Service users will know what to do if their rights are not being met.</li> <li>• Reassures service users that their concerns will be taken seriously.</li> </ul>

### Keywords

**Dynavox:** Speech-generating software. By touching a screen that contains text, pictures of symbols

**Lightwriter:** A text-to-speech device. A message is typed on keyword, is displayed on the screen and then converted into speech.

**PECS:** Stands for 'pictures exchange communication system'. It was developed for use with children who have Autism and helps them learn to start and helps them learn to start communicating.

**Self-esteem:** How much a person values themselves and the life they live. High self-esteem is associated with people who are happy and low-self esteem is associated with unhappy people.

**Empower:** To give someone the authority or control to do something.

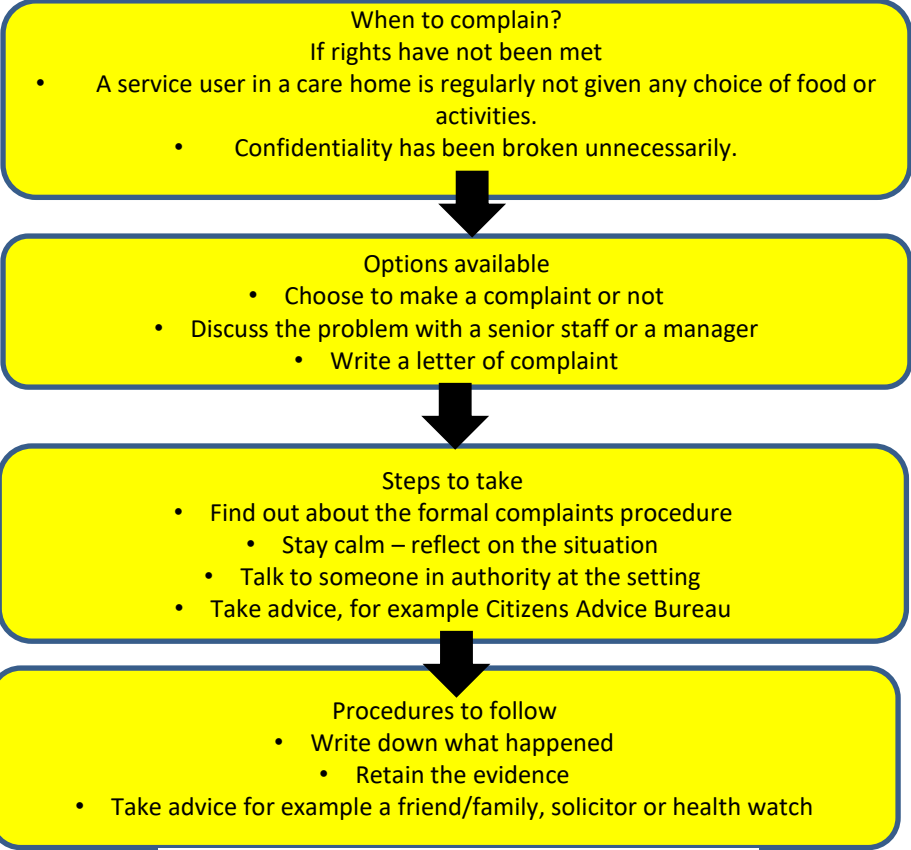
**Learning outcome 1: Understand how to support individuals to maintain their rights**

**Challenging discriminatory behaviour**

Ways to challenge	Action to take
Challenge at the time	<ul style="list-style-type: none"><li>• Explain to the individual how they are being discriminatory, to raise their awareness.</li><li>• Make the person reflect on their actions/what they have done or said.</li><li>• Supervision by senior staff – monitor the person as they carry out their work with the service users.</li></ul>
Challenge afterwards through procedures	<ul style="list-style-type: none"><li>• Refer the person to the setting's policies – e.g. equal opportunities, bullying.</li><li>• Instigate disciplinary action against the person – this makes them aware of the seriousness of the issue and provides a basis for changing their attitudes.</li><li>• Consult with other senior staff to discuss ways the setting can address the issue.</li></ul>
Challenge through long-term proactive campaigning	<ul style="list-style-type: none"><li>• Provide equality and diversity awareness sessions for the person discriminating and the other staff on the values of care.</li><li>• Provide training on effective communication.</li><li>• Send the person who has discriminated on an anger management course.</li><li>• Regular staff training over time – to raise awareness of correct ways of working to address the issue if they observe discriminatory practice.</li></ul>

**By providing information about complaints procedures**

By having this information enables individuals, such as practitioners, service users or their families, to take action about poor care or treatment in health, social care or early years settings. Complaints procedures empower individuals to seek redress and can help to protect them from discrimination, abuse and unfair treatment.



**Learning outcome 2: Understand the importance of values of care and how they are applied**

The values of care in health and social care

The values of care to be applied in health and social care setting are:

- Promoting equality and diversity
- Maintaining confidentiality
- Promoting rights and beliefs

The values of care to be applied in early years care and education settings are:

- Ensuring the welfare of the child is paramount
- Encouraging children’s learning and development
- Valuing diversity
- Ensuring equality of opportunity.

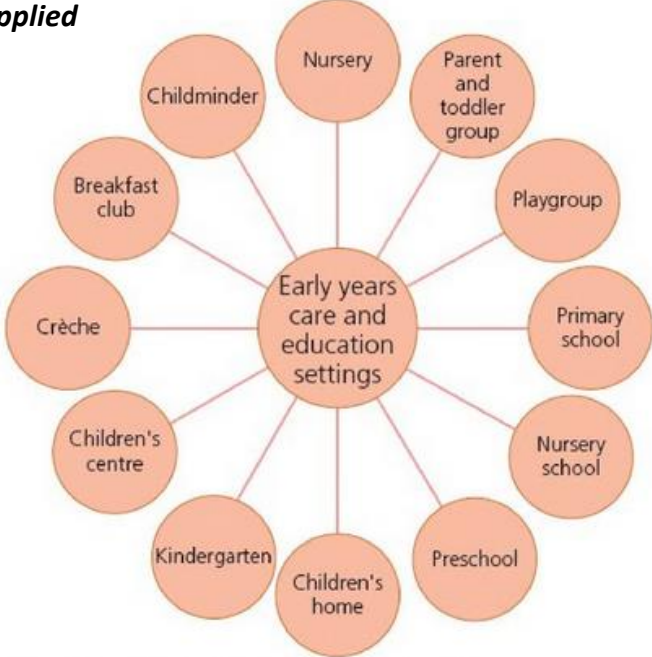


Figure 1.7 Examples of early years care and education settings

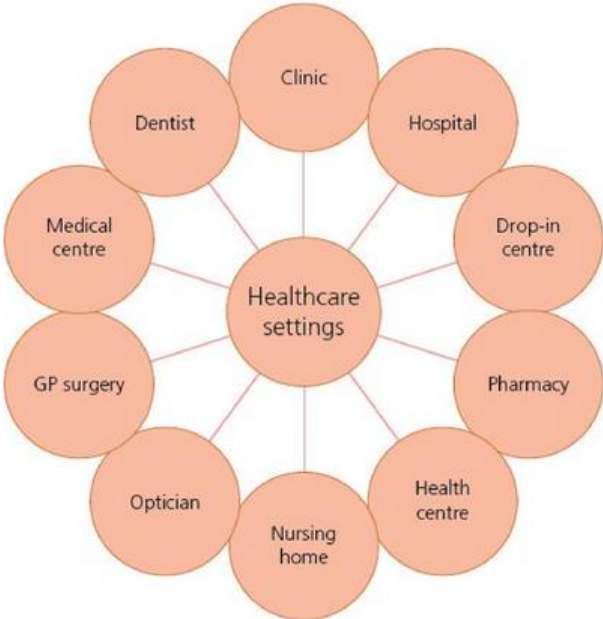


Figure 1.5 Examples of healthcare settings

**Where the values of care are applied?**

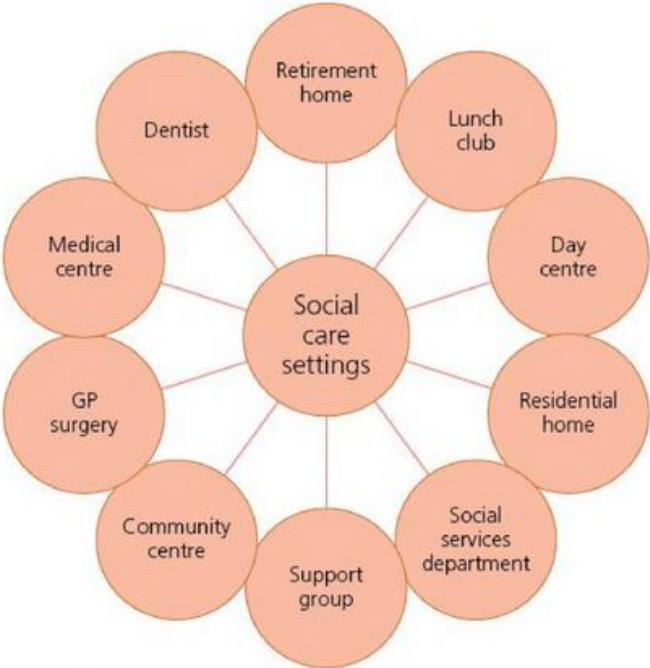


Figure 1.6 Examples of social care settings

**Learning outcome 2: Understand the importance of values of care and how they are applied**

**How the values are applied in health and social settings**

Promoting individual rights and beliefs

- People have the right to refuse treatment
- Service providers not showing prejudice
- Service providers not stereotyping or labelling service users
- Providing somewhere for people to pray
- Not treat people any differently because of their cultural or religious beliefs

Maintaining confidentiality

- This means not passing information to others that should be kept private
- It covers all types of communication
- It helps to build trust
- It shows respect and helps people who use services feel valued/important
- **BUT** if there is a risk of harm to the person or to others it can be broken

Promoting equality and diversity

- Care workers should always use non-discriminatory language
- Avoid patronising language
- They should challenge discrimination if they see or hear it.

**How the values are applied are applied in care and education settings**

Ensuring equality of opportunity

- Activities should be accessible to everyone by using adapted resources if required or providing one-to-one support.
- All children should be treated fairly, with no favourites.

Valuing diversity

Teaching children about **diversity** and discrimination helps them to develop an understanding of individual differences, and encourages acceptance of and respect for others.

The Welfare of the Child is Paramount

- This means that children's rights and needs are the most important
- Nothing should be allowed that would have a bad effect on a child
- Safeguarding and child protection procedures should in all settings, for example **designated child protection officer or DBS.**

Keep children safe, and maintaining a healthy and safe environment

- Staff should wear lanyards for identification
- Health and Safety procedures and legislation should be followed for example regular fire drills and risk assessments
- A bullying policy should be in place

Working in partnership with parents/guardians and families

This is sharing information about the progress children are making and their development It is important to show respect for traditions and values if they are from other cultures or religions

Encouraging children's learning and development

All activities should help children learn new skills and things. They should be offered a range of activities to help with all areas of PIES/development. They should be planned for different stages of development. Activities should be suitable for a child's ability

Practising anti-discrimination

- Anyone showing discrimination towards someone else should be challenged about their behaviour
- All should be treated fairly
- No one should be excluded due to a disability.

Ensuring Confidentiality

- Information about children and their families must not be shared with others except on a need to know basis
- It should be kept in a safe and private place

Working with other families.

- This can be with colleagues or other professionals, e.g. speech therapist. This should only be done with permission from the parent/carers



**Learning outcome 2: Understand the importance of values of care and how they are applied**

**The importance of applying the values of care**

- 1. Applying values of care ensures standardisation of care
- 2. Applying values of care improves the quality of care
- 3. Applying values of care provides clear guidelines to inform and improve practice.
- 4. Applying values of care maintains or improves quality of life

**THESE CAN BE APPLIED TO ANY SETTING BUT MAKE SURE YOU READ THE QUESTION!!!!**

**Being a reflective practitioner**

A reflective practitioner is someone who regularly looks back to work they do and how they do it, to consider how they can improve their practice. There are four main aspects involved in being a reflective practitioner:

- 1. Evaluating specific incidents or activities
- 2. Identifying what might be done better next time
- 3. Identifying what went well
- 4. Exploring training and development needs.

**The effects on people who use services if the values of care are not applied**

Effects on individuals can be **P**hysical, **I**ntellectual, **E**motional and **S**ocial (PIES)

Physical effects

- Pain
- Existing illness getting worse
- Bruising
- Cuts and grazes
- Broken bones
- Dehydration
- Injury
- Malnutrition

For example  
A hospital patient who is not given regular drinks, resulting to them becoming dehydrated.

Intellectual Effects

- Lack of skills development
- Lack of knowledge
- Lack of progress
- Loss of concentration
- Lack of stimulation
- Will not achieve potential

For example  
If a child with learning difficulties is not given support and learning activities matched to their special needs, their learning will not progress.

Emotional Effects

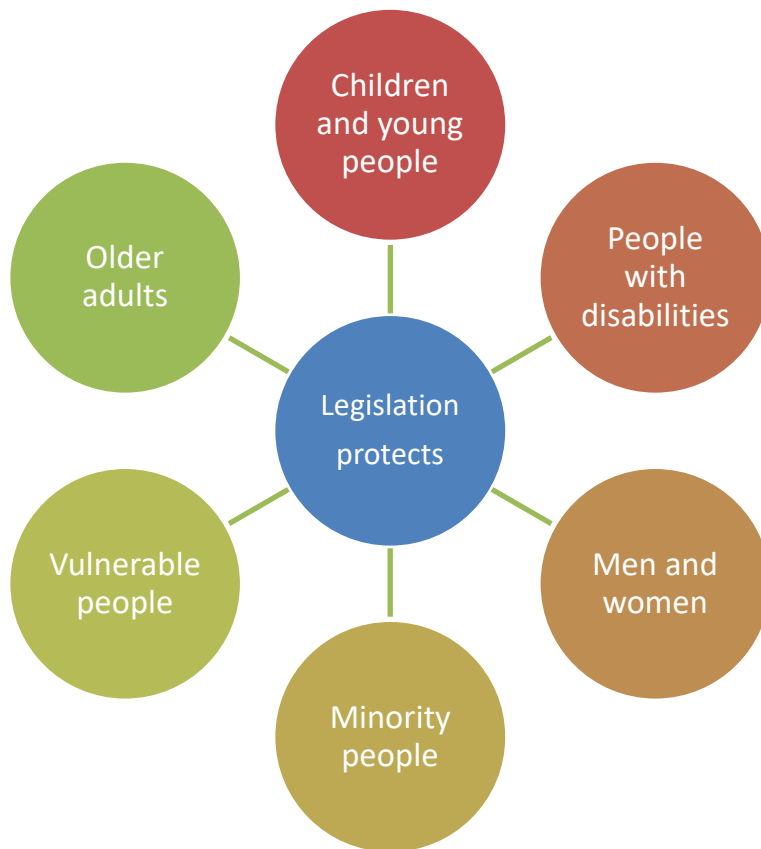
- Low self-esteem
- Low self-confidence
- Angry
- Upset
- Stress
- Depressed
- Self-harm
- Frightened
- Feeling unsafe

For example  
An expectant mum would be upset, angry and frustrated if her midwife told her that she cannot have a home birth.

Social Effects

- Withdrawn
- Isolated
- Excluded
- Become anti-social
- Lack of friends
- Develop behaviour problems
- Refusal to use the service

For example  
If staff at a primary school do nothing about children laughing at a child. The child may lack friends, become isolated and withdrawn.



**Keywords**

**Discrimination:** when people judge others based on their differences and use these differences to create disadvantage and disadvantages

**Vulnerable:** An individual who is unable to take care of themselves against significant harm or exploitation. This may be because of mental or physical disabilities or illness..

**Understand how legislation impacts on care settings**

Legislation protects all groups of people in society, it provides individuals with rights to which they are entitled through laws passed by parliament.

Legislation imposes responsibilities on service providers to promote equal opportunities and to support individual rights.

Legislation:

- Provides a framework to maintain and improve quality of practice
- Provides guidance for those who work in the health, social care and early years sectors.
- Sets out the standard of practice and conduct those who work in the health and social and early years sectors should meet.

**Impact upon service providers**

- \* Dissemination of equality policies
- \* Selection and recruitment of staff
- \* Monitoring of staff
- \* Providing training courses for staff
- \* To have in place disciplinary procedures
- \* To have a whistle blowing policy
- \* To keep up to date with updates re the legislation.

**Protected characteristics**

age;  
disability;  
gender reassignment;  
marriage and civil partnership;  
pregnancy and maternity;  
race;  
religion or belief;  
sex;sexual orientation



**Learning outcome 3: Understanding how legislation impacts on care settings**

**Mental Health Act 2007**

**Key Features**

- Compulsory admissions for people who are thought to be a danger to themselves or to others
- Treatments -sets out processes and safeguards for patients with a mental disorder (sectioning procedures)
- Professional roles – broadens the group of practitioners
- Nearest relative – patients right to have their nearest relative to represent them
- Supervised community treatment (SCT)/aftercare
- Electro convulsive therapy (ECT) – new safeguards for patients
- Provides a duty to provide advocates
- Age appropriate services.

Prohibits discrimination in education, employment, access to goods and services,  
management of premises, housing

**Key Features**

1. Covers direct and indirect discrimination
2. Covers victimisation/harassment
4. Discrimination prohibits discrimination in education, employment, access to goods and services, management of premises, housing
5. Victimisation
6. Covers discrimination on the basis of a protected characteristic.
7. Women have the right to breastfeed in public places
8. Pay secrecy clauses have been made illegal
9. Pre-employment questionnaires
10. Equal pay

**Health & Safety at Work Act 1974**

All employers must ensure the health, safety and welfare of their employees – as far as is reasonable and practical.

Employers must ensure the following:-

1. All entry and exit points must be safe
2. There must be a safe working environment. The working environment must not put anyone at risk
3. There must be adequate facilities (toilets and places to have a drink)
4. The equipment must be safe and maintained & in good working order
5. All items must be stored safely and transported safely
6. Safety clothing must be provided where appropriate Personal Protective Equipment – PPE free of charge to employees.
7. They must provide adequate health and safety training for staff
8. A written health & safety policy should be provided

But ALL EMPLOYEES must also take responsibility for their own health and safety. They must not act in a way that could affect the safety of others. Agree and work within the safe practices of the company.

Impact on staff:

- will have to be Health and Safety trained
- will have to carry out risk assessments
- must wear PPE provided
- staff have responsibility to maintain a safe workplace
- will have responsibility to implement correct procedures
- must ensure the environment does not put anyone at risk
- Must cooperate with their employer by following health and safety regulations in the workplace
- Must report any hazards to the employer
- Not to misuse or tamper with equipment provided that meets health & safety regulations e.g. fire extinguishers

**Learning outcome 3: Understanding how legislation impacts on care settings**

**Data Protection Act 1998**

Key Features Personal Data should be:

1. Secured against accidental loss, damage or unlawful processing; so that no unwanted persons can access ;
2. Adequate and relevant but not excessive in relation to the purposes for which it is processed
3. Kept for no longer than is necessary
4. Accurate and kept up-to-date; inaccurate data should be destroyed or corrected
5. Processed fairly and lawfully;
6. Processed in line with the rights of the individual (this includes the individual's right to be informed about information held on him or her)
7. Used only for the purposes for which it was intended;
8. Not transferred to countries outside the European economic area unless that country ensures an adequate level of protection for the rights and freedoms of data subjects. I.e. only to countries that have data protections laws similar to the UK.

**Children's Act 2004**

Key Features

1. To protect children who are at risk (also known as the paramountcy principle). The parent's wishes can be overridden if these are considered not to be in the best interest of the child.
2. Children have the right to be heard.
3. Children's wishes have to be taken into consideration (they should be informed about what is happening to them, and should participate in decision making when it concerns their future)
4. Support to be provided to keep families together where this is at all possible.
5. Children should be kept safe, to be protected by effective interventions, if they are in danger.
6. Children should be kept safe, to be protected by effective interventions, if they are in danger.
7. Parents will continue to have parental responsibility for their children even when they do not live with them. They should be kept informed about their children and participate in decisions made about the future.

Features of Children Act	Impact on care practitioners
Aims to protect children at risk	Need to be able to make difficult decisions – i.e. taking child away from family Care orders/emergency protection orders Duty of practitioners who work with children to follow safeguarding procedures
Aims to keep children safe	
Paramountcy principle	
Issues have to be determined as soon as possible	Children's needs must come first, i.e.. taking child away from family may adversely affects adults but may be in child's best interests
Children's needs must come first, i.e.. taking child away from family may adversely affects adults but may be in child's best interests	
Children should be consulted	Need to understand how to consult with children – different skills needed – different communication styles
Gives children rights	Children have to be consulted and their wishes taken into consideration
Working with families/carers	Have to ensure children stay within the wider family circle where possible
ECM – 5 outcomes (staying safe, being healthy, enjoying and achieving, make a positive contribution, economic well-being)	Care practitioners must focus on children achieving the 5 ECM outcomes Care practice needs to reflect the Children's Act

**Revision activity**

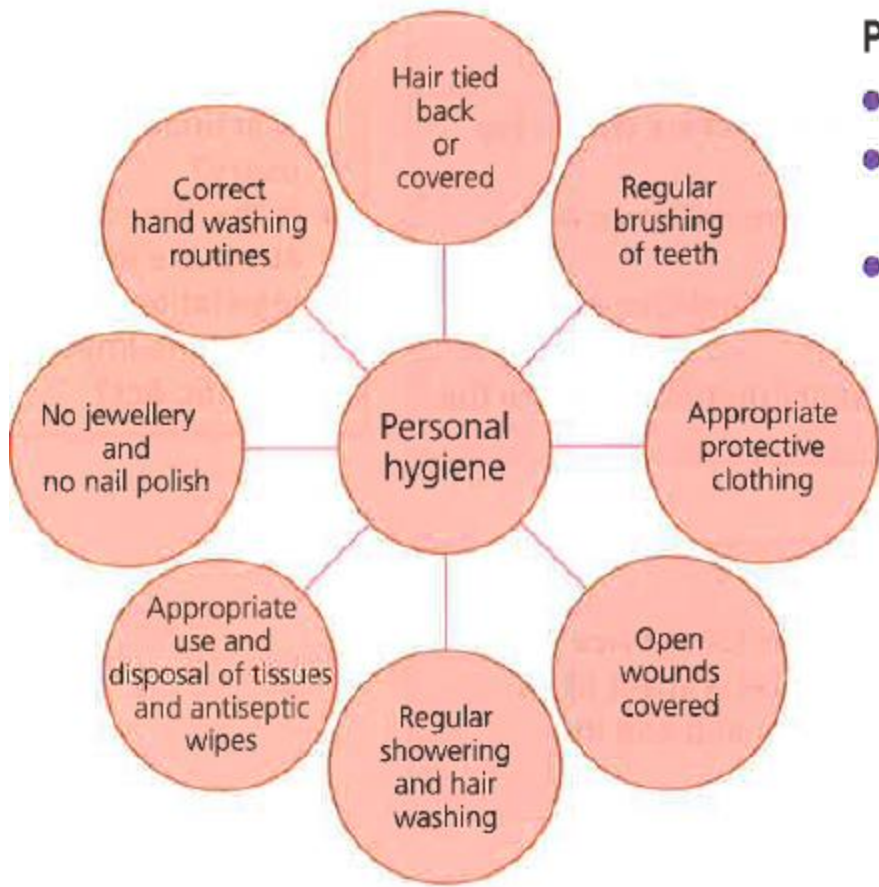
To help you remember the five outcomes of Every Child Matters (ECM), use the acronym: **SHEEP**:

- Staying safe
- Healthy (being)
- Enjoying and achieving
- Economic well-being
- Positive contribution (making a)

There are many opportunities for bacteria to grow and infection to spread in health, social care and early years environments. A large number of individuals may use a care setting over the course of a day and many different activities take place, ranging from physical examinations at a GP surgery, treatments given at a hospital, to meals being prepared and served in a day centre or primary school. To prevent the spread of **infection** it is very important that everyone working in a care setting has a high standard of personal **hygiene**.

**Infection:** when germs and bacteria invade the body and cause a disease or illness.

**Hygiene:** practices that keep you and your surroundings clean in order to prevent illness and the spread of disease.



**Personal hygiene rules when preparing and serving food**

- Wash and dry hands thoroughly before and after touching food.
- Avoid coughing and sneezing near food; use a tissue if you need to cough or sneeze and dispose of it straightaway.
- Wash hands immediately after using a tissue and before touching any food or utensils.
- Food should not be prepared by anyone who is unwell, for example, has diarrhoea or a cough or cold, as bacteria can easily spread to the food.
- Cuts and scratches should be covered with a coloured, waterproof plaster.
- Hair should be tied back or covered with a hairnet or food hygiene hat.
- A clean apron or overall should be worn to prevent bacteria from clothes coming into contact with food.

## **How good personal hygiene protects individuals**

Good personal hygiene ensures a high level of individual cleanliness and helps stop the spread of infection between care workers and service users.

- Good personal hygiene prevents the transfer of **bacteria**.
- Thorough hand washing removes bacteria.
- Individuals who have regular showers (at least every other day) and clean their teeth regularly (every morning and evening) carry fewer bacteria, so reducing the risk of spreading infection.
- Barrier methods (protective clothing and covering wounds) help to reduce and prevent the transfer of bacteria (**cross-contamination**) and so the spread of infection.
- Jewellery can trap bacteria, so not wearing it removes the risk of bacteria being transferred from jewellery on the hands (for example, via rings and bracelets).
- Not wearing nail polish prevents **contamination**, as it could chip or flake off into food or into a patient's wound, for example.
- Tying hair back or covering it prevents it from dropping into food and contaminating it with any bacteria that are present.
- Using and disposing of tissues and antiseptic wipes appropriately prevents the spread of infection; this includes covering your mouth with a tissue when sneezing. Antiseptic wipes or hand gel can be a handy way of sterilising the skin to avoid the spread of infection. Special first aid antiseptic wipes are used for cleaning wounds such as minor cuts and scratches. All used wipes and tissues should be disposed of immediately after use into a covered bin.

### **Exam tip**

**Make sure that you know examples of when it is essential for care workers to wash their hands, as well as the reasons why it is necessary.**

## **When should care workers wash their hands?**

- Before putting on and after removing disposable gloves.
- Before and after treating wounds or caring for a sick or injured person.
- Before and after providing personal care for an individual, such as feeding them or helping them get dressed.
- Before and after changing a nappy or incontinence pad.
- Before and after preparing or handling any food.
- After handling clinical waste.
- After clearing up rubbish and putting it in the bin.
- After clearing up toys or equipment.
- After using a tissue to blow your nose.
- After touching your face or hair.
- After using the toilet.

In an early years setting, staff set a good example for the children when they wash their hands regularly.



## Protective clothing

Wearing protective clothing is a barrier method of preventing the spread of infection. The clothing can prevent the transfer of bacteria from a care worker to a service user and vice versa. (Protective clothing is sometimes referred to as PPE, which stands for 'personal protective equipment'.)

### Appropriate protective clothing can include

- disposable aprons
- disposable gloves
- rubber gloves
- face masks
- hairnets or hygiene hats
- overalls
- overshoes
- surgical garments.

### Wearing disposable aprons

A fresh apron should be used for each new task. Examples of when they should be worn are:

- bathing a service user
- changing soiled bed linen
- dressing wounds
- assisting someone with toileting
- putting on cream for someone who has an infectious skin condition
- dealing with incontinence pads.



Figure 4.3 Examples of protective clothing used in a healthcare setting

### Wearing disposable gloves

A fresh pair of disposable gloves should be used for each new task. Examples of when they should be worn are:

- changing nappies
- changing soiled bed linen
- dressing wounds
- clearing up spillages, such as vomit, blood
- food preparation and serving.

### Wearing hairnets or hygiene hats (or tabards or overalls)

These are particularly important when preparing or serving food.

- If hair is not tied back or covered it is more likely to fall into food and staff are more likely to touch their hair. This can spread bacteria to food.
- Overalls or tabards provide a barrier covering the individual's clothes and so reduce the likelihood of transferring bacteria.

## Safety procedures

A procedure is a process, not a specific action. It is a set of actions that are carried out in a particular order. A procedure informs care workers and service users about what they have to do and how it should be done to ensure everyone's safety; for example, how to arrange a safe school trip. Safety procedures are guidelines about how to deal with emergency situations such as fire.

Table 4.1 Safety procedures and how they protect individuals

Examples of safety procedures	How individuals are protected
<ul style="list-style-type: none"><li>• Emergency evacuation procedure, practised with regular fire drills.</li><li>• 'Run, Hide, Tell' procedure for a terrorist attack.</li></ul>	<ul style="list-style-type: none"><li>• ensures staff know their responsibilities in an emergency, enables them to take quick and efficient action</li><li>• provides guidance for staff and service users to help keep them safe</li></ul>
<ul style="list-style-type: none"><li>• DBS checks for all staff.</li><li>• Safeguarding policy and procedures.</li></ul>	<ul style="list-style-type: none"><li>• ensures checks are carried out so staff are safe to work with, for example, children and vulnerable adults, in care settings</li><li>• staff are aware of safeguarding issues and what action to take</li></ul>
<ul style="list-style-type: none"><li>• First aid policy and procedures.</li></ul>	<ul style="list-style-type: none"><li>• appropriate treatment by trained staff</li></ul>
<ul style="list-style-type: none"><li>• Food safety policy and procedures.</li></ul>	<ul style="list-style-type: none"><li>• promotes good food hygiene practice</li><li>• reduces the risk of food poisoning</li></ul>
<ul style="list-style-type: none"><li>• Carrying out risk assessments for activities, outings and trips, equipment.</li></ul>	<ul style="list-style-type: none"><li>• individuals are protected from avoidable injuries</li><li>• equipment will be fit for purpose, no worn out or damaged equipment will be in use</li></ul>
<ul style="list-style-type: none"><li>• Complying with the requirements of legislation – such as the Health and Safety at Work Act.</li></ul>	<ul style="list-style-type: none"><li>• promotes good practice</li><li>• ensures a safe environment for individuals in the care setting</li></ul>
<ul style="list-style-type: none"><li>• Staff training – safeguarding, manual handling, first aid, etc.</li></ul>	<ul style="list-style-type: none"><li>• alerts staff to potential dangers</li><li>• enables staff to do their job safely</li><li>• reduces risks and ensures a safer environment</li></ul>
<ul style="list-style-type: none"><li>• Ensuring an appropriate staff to child ratio (or resident, patient etc.).</li></ul>	<ul style="list-style-type: none"><li>• the level of supervision will be related to individual needs</li><li>• improves the standard of care and safety levels</li></ul>

### Safety measures

A safety measure is a specific action, such as:

- putting up a fire safety notice
- using a 'wet floor' sign after mopping the floor,





**Moving and handling techniques**

Care workers often have to move items of equipment, trolleys, boxes of toys, tables and chairs, and sometimes have to physically assist individuals to move. It is essential that anyone who has to move or handle as part of their job role is trained to do so properly. Individuals receiving care or the care worker may be injured if the care worker attempts manual handling incorrectly.

The Manual Handling Operations Regulations (1992) define manual handling as ‘any transporting of a load including lifting, putting down, pushing, pulling, carrying or moving’ of the load. A load can be a person or an object.

**Situations when moving and handling might be necessary**

- Transferring a patient from a hospital bed to a chair.
- Assisting an elderly person with their mobility; for example, helping them to get out of a chair or into a bath or shower.
- Arranging tables and chairs in a nursery.
- Carrying boxes of toys.
- Pushing trolleys, drip stands, wheelchairs and so on.
- Moving a commode into an elderly person’s bedroom.
- A home care assistant carrying shopping bags.

**Moving people**

It is important to use effective communication skills to tell the person what you are going to do in a way that they will understand. Always ask the person for their permission to carry out the move.

When moving people:

- bend your knees not your back
- avoid twisting the back, as this can cause damage to the spine
- use the specialist equipment provided.

**Exam tip**

You need to be able to give examples of correct moving and handling techniques and how these protect care workers and service users.

**Common mistake**

**Not mentioning that moving and handling has to be risk assessed and that two people who are both trained are often needed to carry out the move.**

**Moving objects**

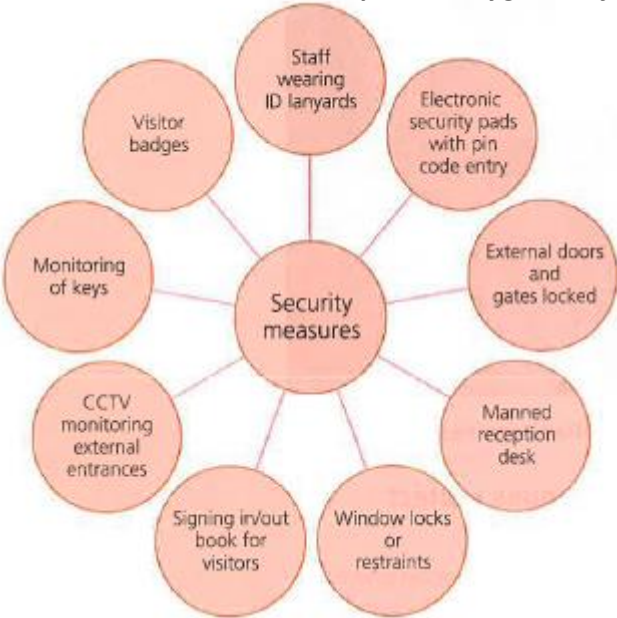
- Only move objects if really necessary.
- Only lift as much as can be easily carried – do not lift as much as you can, as this can cause injury much more easily.
- Check that there are no dangers in the environment, such as an uneven or slippery floor, and that there is enough space to carry out the move.
- Bend the knees and avoid twisting the back or moving sideways.
- Keep feet wide apart for stability.
- Hold the item being lifted close to the body.
- Move smoothly not jerkily; this reduces the risk of injury.
- Use appropriate equipment, such as a trolley or a box on wheels.
- Shopping should be split between two bags and carried one in each hand to spread the load.

**Safe manual handling**

- Always check whether the move or lift is really necessary. Do not carry out a move unless it is unavoidable.
- Identify any risks involved in carrying out the move and take steps to avoid or minimise the risks identified.

**How correct moving and handling techniques protect individuals**

- Manual handling training provides staff with guidance on good practice so they know how to lift and move individuals safely and with confidence.
- Risks to service users and staff will be assessed and minimised.
- Staff will know if a second person is needed for the manual handling task.
- Staff will do their job correctly, so ensuring a safer working environment.
- Service users will have more confidence in staff who have been trained in manual handling, which will help them relax when being moved because they trust the staff to do their job well.
- It prevents injuries to both service users and care workers.
- Being trained protects staff from accusations of abuse, as when correct techniques are used, service users will feel comfortable and that they are being treated with dignity and respect.



Examples of security measures	How individuals are protected
<ul style="list-style-type: none"><li>• Staff on duty at the reception desk.</li><li>• Signing in and out book for visitors.</li><li>• Escorting visitors into and off the premises.</li></ul>	<ul style="list-style-type: none"><li>• Individuals must register before being allowed into the setting; this identifies who they are.</li><li>• Controls access to the setting – only authorised people allowed in.</li><li>• Staff know who is in the care setting and why they are there and where they are at all times.</li><li>• In a nursery, children will only be released to authorised people, for example, those with a password.</li></ul>
<ul style="list-style-type: none"><li>• Issuing visitor badges.</li><li>• Staff wearing ID lanyards.</li><li>• Staff uniform.</li></ul>	<ul style="list-style-type: none"><li>• Easy to spot unauthorised people as lanyards and/or uniforms quickly identify staff.</li><li>• Easy to identify visitors.</li></ul>
<ul style="list-style-type: none"><li>• Reporting of concerns to managers.</li></ul>	<ul style="list-style-type: none"><li>• Raises management awareness of security breaches.</li><li>• Appropriate action can be initiated by senior staff to address security issues.</li></ul>

### Security measures

Security measures in health, social care and early years settings are necessary to keep staff and service users safe; for example, by stopping unauthorised individuals from entering the care setting. They are also necessary to prevent vulnerable individuals, such as young children or adults with dementia, from leaving the care setting unsupervised.

Examples of security measures	How individuals are protected
<ul style="list-style-type: none"><li>• Having a staff member with responsibility for monitoring and checking external entrances.</li><li>• Having a member of staff on duty at the reception desk.</li></ul>	<ul style="list-style-type: none"><li>• Controls access to the building.</li><li>• Only allows authorised individuals to enter the care setting.</li><li>• Prevents residents, patients, toddlers or children wandering out of the care setting.</li></ul>
<ul style="list-style-type: none"><li>• Locks on external doors.</li><li>• Monitoring of keys.</li></ul>	<ul style="list-style-type: none"><li>• A limited number of people will have keys so access is controlled.</li><li>• Having a list of key holders means the whereabouts of all sets of keys is known at all times.</li><li>• Prevents intruders from entering the building.</li></ul>
<ul style="list-style-type: none"><li>• Security pads with pin codes.</li><li>• Electronic swipe card entry system.</li><li>• Buzzer entry system.</li></ul>	<ul style="list-style-type: none"><li>• Restricts access to authorised people.</li><li>• Prevents vulnerable service users wandering out of the care setting.</li><li>• Prevents strangers and intruders from gaining access to the setting.</li></ul>
<ul style="list-style-type: none"><li>• CCTV monitoring exits and entrances.</li><li>• Alarms on external doors that are not in regular use.</li></ul>	<ul style="list-style-type: none"><li>• Monitors staff and visitors accessing the building.</li><li>• Alarms identify if anyone is going in or out unannounced.</li></ul>
<ul style="list-style-type: none"><li>• Window locks and window restraints.</li></ul>	<ul style="list-style-type: none"><li>• Prevents unwanted visitors getting into the setting.</li><li>• Keeps vulnerable individuals safe by preventing them from, for example, falling through an open window or leaving the care setting unattended.</li></ul>

## How individuals are protected

### Methods for reducing spread of infection: General cleanliness

Different care settings will have different types of furniture and equipment, and the methods of maintaining general cleanliness will vary, depending on the setting and the type of care services provided. Some examples of how to maintain a high standard of general cleanliness are listed below.

#### General cleanliness in healthcare settings

- Clear spillages, for example, vomit, urine, blood, straightaway then clean and disinfect the area.
- Sterilise surgical equipment after use.
- Dispose of hazardous waste following correct procedures; for example, dispose of hospital **sharps** (needles, **cannulas**) in a hard yellow sharps box.
- Provide specialist disposal methods, such as red laundry bags for soiled bed linen and yellow bags for used dressings, disposable gloves and other clinical waste.
- Clean and disinfect bathrooms and toilets frequently (at least once daily).
- All used antiseptic wipes and tissues should be disposed of immediately after use into a covered bin.

### Methods for reducing spread of infection: Food hygiene in care settings

Many care settings such as hospitals, nursing and retirement homes, day centres and nurseries, prepare and provide meals for their service users.

Following correct food hygiene procedures can help to prevent cross-contamination and outbreaks of food poisoning. For some groups of individuals who use care services, food poisoning can be very serious. These 'at risk' groups are:

- babies and young children
- pregnant women
- elderly people
- people with reduced immunity.

There are many ways food can become contaminated. Bacteria can enter food during:

- storage
- preparation
- cooking
- serving.

Figure 4.14 shows some of the main causes of food contamination.





**Learning outcome 4: Understand how personal hygiene safety and security measures protects individuals**

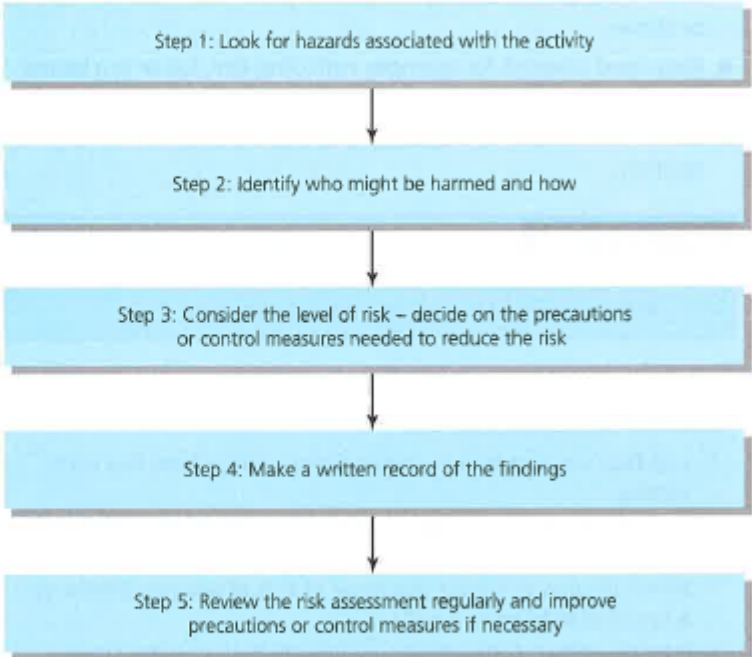
**Reasons for carrying out risk assessments**

- It is a legal requirement under the Health and Safety at Work Act. The written record provides evidence that the **risk assessments** have been carried out.
- Staff, service users and visitors have a right to be protected and kept safe from harm.
- To identify any **hazards** that could cause harm to people using the care setting.
- To prevent accidents, illness and danger.
- Staff, service users and visitors will feel confident using the service knowing that risk assessments are carried out.

**Types of hazards in care settings**

- Trip hazards such as rugs, trailing cables, toys on the floor, wet floors.
- Blocked fire exits.
- Lack of security.
- Unsafe storage of hazardous substances, for example, cleaning materials, chemicals and medication should all be kept locked away.
- Inadequate supervision.
- Unsafe, faulty or worn out equipment, such as a hoist that has not been serviced or maintained for a couple of years, or toys that have small, loose parts.
- Unsafe soft furnishings or furniture, such as a frayed rug or wobbly table.

that can be taken to reduce the risks posed by hazards or to remove hazards altogether.



**Figure 4.16** Carrying out a risk assessment involves the five steps shown

**reducing risk/danger: Risk assessment**  
**Carrying out risk assessments**

equipment is safe and fit for purpose.

- ✓ To ensure that the care setting building is safe.
- ✓ To identify potential dangers, such as trip hazards, risky activities.
- ✓ To work out what could go wrong with an activity.
- ✓ To assess how much supervision is needed.
- ✓ To identify ways of controlling and minimising **risks**.
- ✓ To ensure any planned trips or visits are safe to proceed.