

RO32 Principles of care in Health and Social Care - Topic Area 1

1.1 Types of Care

Health care settings	Dental practice, GP surgery, Health centre, Hospital, Nursing home, Optician, Pharmacy, Walk-in centre
Health Care Examples	<ul style="list-style-type: none"> Visiting the dentist twice a year for a check-up Pregnant woman visiting the hospital for an ultrasound scan on her unborn baby Visiting Accident and Emergency (A and E) at hospital for a sports injury
Social care settings	Residential home, Retirement home, social services department, support group, community centre, day centre, food bank, homeless shelter
Social Care Examples	<ul style="list-style-type: none"> An individual staying at a homeless shelter Dementia resident cannot care for themselves in their own home, now living in a residential care home A family struggling to cope with the demands of caring for their physically disabled child

1.2 The rights of service users

Choice	<ul style="list-style-type: none"> Choosing which activities they participate in Choosing what to eat Choosing the type of treatment
Confidentiality	<ul style="list-style-type: none"> Service users have a duty of care to protect service users' personal information (verbal and written) Service providers cannot discuss service users care with their family and friends not directly involved in their care. Conversations should be in a private room (cannot overhear) Keep personal information secure in a locked cupboard or filing cabinet. Computers should be password protected Providers would need a log in with a secure email and password to access data and wear a security badge
Consultation	<ul style="list-style-type: none"> Service users should be involved in all decisions that are made about them. Service providers must find out and respect the service users' opinions, beliefs and concerns to build trust. Service users involved in decision-making will feel more in control reducing fears or worries they have.
Equal and Fair treatment	<ul style="list-style-type: none"> Every service user can access health and social care services, regardless of who they are (not unfairly because of their colour, age, gender, money available or ability to care for themselves. Misconception – we should treat everyone in the same way, but this means some will be disadvantaged. E.g., providing information in large print, different language, braille.
Protection from abuse and Harm	Includes health and safety, safe working practices and knowledge of what to do if you have concerns. Service providers have a duty to prevent harm and abuse – have a clear complaints procedure. Staff should monitor behaviour, be vigilant and receive the correct training to be able to recognise signs of abuse and how to report them.
Harm	Can occur in unsafe or inaccessible to service users (inadequate lighting, slippery floors, missing handrails, equipment not checked regularly, procedures not followed)
Abuse	Can occur deliberately or accidentally (racism, lack of training, sexual orientation) it could be cruel comments, physical action or isolation.

Key terms	
Consultation	Service providers share information with service users and vice versa, so care decisions can be made together.
Physical harm	Includes smacking, hitting, kicking, shaking and biting. This type of harm can lead to physical injuries such as bruises, burns, bite marks or broken bones.
Emotional harm	Includes shouting or swearing at a service user, insulting them or ignoring them completely.
Empowerment	Relates to the control or 'power' a service user feels they have over their life
Holistic approach	Consider the emotional and psychological needs as well as the physical health

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

Empowerment - Control or 'power' will support the resident to feel stronger and more confident therefore more independent and self-reliant	
Independence and self-reliance	Encourage service users to remain independent for as long as possible promoting self-worth and self-confidence. Provide physical and intellectual stimulation so the service users life remains interesting and has value. Maintain a service user right to choose leading to self-reliance (involved in all decisions about their care) and contributing to self-esteem.
Feelings of control	Empower service users by ensuring their rights are met giving them a sense of control e.g., Am I okay to listen to your chest?
Choice	Involved in their own care to increase their understanding and increase their self-esteem. A sense of control results in them being likely to agree to care.
High self-esteem – if rights are maintained they will feel valued and respected increasing their self-esteem	
Feeling valued	The right of choice will help service users feel valued and worthy of care. More likely to ask for additional support in the future.
Feeling respected	Gain respect by introducing themselves, asking their preferred name and listening to them properly. Will develop a partnership and an understanding based on honesty and trust. Health and wellbeing will improve because of the high standards of care. E.g. correct manual handling techniques used.
Positive mental health	This contributes to a person's self-esteem and self-worth. Good mental health allows people to cope with change better and identify the benefits of care. Take a holistic approach considering how the person feels about their care.
Service users' needs are not met – care should be specific and well planned to the service user	
Appropriate care or treatment	Service users receive care that is appropriate to their needs showing they are respected and worthy of support. They are more likely to use the service again. Settings should be accessible e.g. lifts, wide doorways and ramps. Enough time
Improvements in physical or mental health	If services are appropriate to their needs their health and wellbeing will benefit for example, hunger leads to tiredness and dizziness, lack of focus at school. Appropriate care improves self-esteem and self-respect.
Trust – service users will feel safe and confident with the care provided.	
Safety from harm	Trusting relationships will allow confidence to develop because they feel safe. Settings should be secure (locks and keypads working, intruders cannot enter) Staff should wear identification to keep service users safe.
Best interests	Care should have their best interest at heart. Gives reassurance and confidence in their care. Staff training makes service users safe.
Confidence in the care received	Trust gives service users confidence in their care and to ask questions. They will feel worthy, valued, respected and safe. Trust is linked to confidentiality where conversations are not overheard. This creates confidence.