

LEGISLATION



Level 3 Diploma in Health and Social Care
LEGISLATION – England

Assignment task – LEGISLATION – England



Legislation: aims

This unit is aimed at those working in a wide range of settings. It covers the knowledge needed to raise awareness of the importance and relevance of the legal framework to practice within all units Level 3 Diploma in Health and Social Care; to understand the mechanisms and process of an act; to develop ways of working with and using the legal framework to inform your practice; how to help develop confidence in decision making and safe practice.





1 What is an act of parliament and explain what function legislation has within the care industry?



2 What are the regulations contained within an act of parliament?



3. A. What is a policy?



3. B. What is a procedure and what do procedures provide you?



3. C. Explain the responsibility you have to get to know and implement policies and procedures within the workplace.



4 Why is it important to update policies and procedures and explain how you keep yourself up to date with any changes?



5 Explain the role and function of the Care Quality Commission (CQC)



6 Explain the role and function of the Skills for Care Organisation



7 Explain the role of the Health Care Profession Council (HCPC)



8 Explain the role of the Social Care Institute of Excellence (SCIE)



9 What are the National Service Frameworks? Which framework(s) is/are relevant to your care service?



10 What 5 principles are contained within the Mental Capacity Act 2005 and what is the main function of this act?



11 Within the Mental Capacity Act are the DOLS; what is DOLS and what does DOLS provide for individuals.



12 What systems are in place in your work setting that ensures clients Human Rights are upheld and how any infringements are recorded?



13. A. When did the Adult Care Bill come into force?



13. B. Give a brief outline of how this is impacting on delivery of services.

Assignment task – Legislation Answers



1 What is an act of parliament and explain what function legislation has within the care industry?

→ An act of parliament is a piece of law that gives you legal framework. Within the care industry, legislation provides a legal framework for your practice and ensures you and others remain safe and comply with legal all requirements. Legislation is derived from an Act of Parliament (The Laws of the Land).



2 What are the regulations contained within an act of parliament?

→ The regulations contained within an act of parliament are the following: Manual Handling Operations Regulations 1992 (2002); Control of Substances Hazardous to Health Regulations 2002 (COSHH); Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR); Health and Safety (First Aid) Regulations 1981; Management of Health and Safety at Work Regulations 1999.

An Act of Parliament contains Regulations. Each act has the provision to add new regulations as determined by the secretary of state. Regulations provide the legal regulatory framework for practice. Regulations inform a services policy which detail the agreed ways of working and are enforceable in law under the terms of the act. In the health and social care sectors, do not follow poor ways of working by others, to follow the guidelines that are in place.



Manual Handling Operations Regulations 1992 (2002) (See page 5)



Control of Substances Hazardous to Health Regulations 2002 (COSHH) (See page 5)



Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR) (See page 6)



Health and Safety (First Aid) Regulations 1981 (See page 6)



Management of Health and Safety at Work Regulations 1999 (See page 6)

 Manual Handling Operations Regulations 1992 (2002)

The government recognised that too many working days were lost because of musculoskeletal injuries and for people working in the health and social care sectors, the risks are very high, this led to the amended regulations. The regulations provide a systematic approach to manual handling. Manual handling should be avoided, so far as it reasonably practicable, by redesigning the task or by automating the process. Suitable and sufficient assessment of any task should be carried out; this will reduce the risk of injury from any tasks that cannot be avoided. The employer must provide equipment to avoid the hazardous manual handling of loads. The regulations apply whatever objects or people are moved by hand or bodily force.

Employer’s duties are to:

Avoid – as far as is reasonably practicable, the need for hazardous manual handling.

Assess – the risk of injury from any hazardous manual handling that cannot be avoided.

Reduce – as far as is reasonably practical, the risk of injury from hazardous manual handling.

Employee’s duties are to:

Follow – the systems of work that have been devised to protect safety.

Make use of the equipment provided, to minimise the risk of injury.

Support employer to achieve their obligations by using prompts listed in the employers’ duties when carrying out manual handling tasks. So wherever possible:

Avoid, Assess, Reduce the amount of manual handling necessary.

Cooperate with your employer on all health and safety matters.

Ensure that your activities do not put others at risk.

 Control of Substances Hazardous to Health Regulations 2002 (COSHH)



Every workplace must have a COSHH file. This file lists all the hazardous substances used in the workplace. It should detail: where they are kept; how they are labelled; their effects; the maximum amount of time it is safe to be exposed to them; how to deal with an emergency involving one of them. (Below – COSHH symbols).





Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR)

Reporting accidents and ill health at work is a legal requirement. Your employer needs to report: Deaths, Major Injuries, Accidents resulting in more than three days off work, Diseases, Dangerous Occurrences.

The following injuries need to be reported: Fracture other than to fingers, thumbs and toes, Amputation, Dislocation of the shoulder, hip, knee or spine, Loss of sight (temporary or permanent), Chemical or hot metal burn to the eye or any penetrating injury to the eye, Injury resulting from an electric shock or electrical burn leading to unconsciousness; requires resuscitation or admittance to hospital for more than 24 hours, Unconsciousness caused by asphyxia (suffocation) or exposure to a harmful substance or biological agent, Acute illness requiring medical treatment where there is reason to believe that this has resulted from exposure to a biological agent or its toxins or infected material.

Reportable illnesses include: Certain poisonings, Some skin disease such as occupational dermatitis; skin cancer, Lung diseases including occupational asthma, Infections such as hepatitis; tuberculosis; anthrax; legionellosis and tetanus, Others conditions such as occupational cancer; certain musculoskeletal disorders; hand-arm vibration syndrome.

If something happens which does not result in a reportable illness, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately. If accidents or injuries occur at work then the details must be recorded. Your employer should have procedures in place for making a record of accidents. This is not only required by RIDDOR regulations, but also by the Care Standards Inspections in Wales.



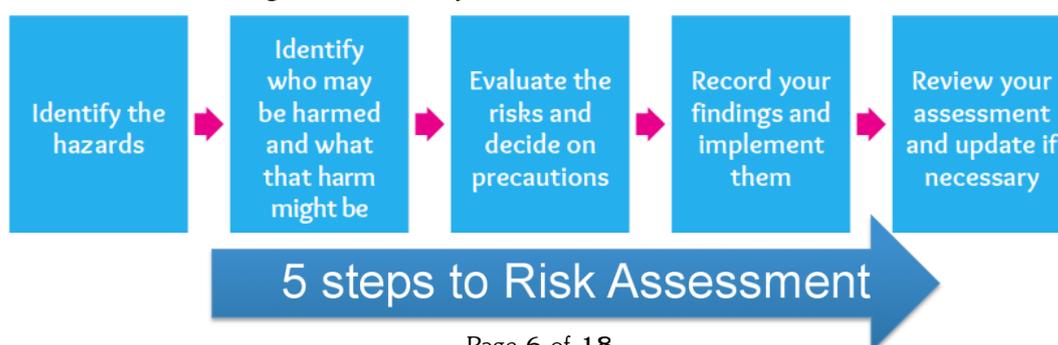
Health and Safety (First Aid) Regulations 1981

These regulations require employers to provide adequate equipment, facilities and personnel to enable first aid to be given to employees if they become ill or injured at work. The employer needs to carry out a risk assessment to decide how many first aiders are required on site at any one time. Staffs that are named as first aiders for this purpose should hold a current First Aid Certificate (usually a four day course run by a training provider approved by the Health and Safety Executive). (Page 7 – Poster of the Health and Safety Executive. Page 8 – Poster of Workplace First Aid Guide).



Management of Health and Safety at Work Regulations 1999

These regulations state that employers have to assess any risks which are associated with the workplace and work activities. Having carried out a risk assessment, the employer must then apply risk control measures. (Page 9 – Example of Risk Assessment. Page 11 – Hierarchy of Hazard Controls related to risk control measures).



Health & Safety Executive



Health and Safety Law

All workers have a right to work in places where risks to their health and safety are properly controlled.

Health and safety is about stopping you getting hurt at work or ill through work. Your employer is responsible for health and safety, but you must help.



What employers must do for you

- 1 Decide what could harm you in your job and the precautions to stop it. This is part of risk assessment.
- 2 In a way you can understand, explain how risks will be controlled and tell you who is responsible for this.
- 3 Consult and work with you and your health and safety representatives in protecting everyone from harm in the workplace.
- 4 Free of charge, give you the health and safety training you need to do your job.
- 5 Free of charge, provide you with any equipment and protective clothing you need, and ensure it is properly looked after.
- 6 Provide toilets, washing facilities and drinking water.
- 7 Provide adequate first-aid facilities.
- 8 Report major injuries and fatalities at work to our Incident Contact Centre: **0845 300 9923**. Report other injuries, diseases and dangerous incidents online at **www.hse.gov.uk**
- 9 Have insurance that covers you in case you get hurt at work or ill through work. Display a hard copy or electronic copy of the current insurance certificate where you can easily read it.
- 10 Work with any other employers or contractors sharing the workplace or providing employees (such as agency workers), so that everyone's health and safety is protected.

What you must do

- 1 Follow the training you have received when using any work items your employer has given you.
- 2 Take reasonable care of your own and other people's health and safety.
- 3 Co-operate with your employer on health and safety.
- 4 Tell someone (your employer, supervisor or health and safety representative) if you think the work or inadequate precautions are putting anyone's health and safety at serious risk.

If there's a problem

- 1 If you are worried about health and safety in your workplace, talk to your employer, supervisor, or health and safety representative.
- 2 You can also look at our website for general information about health and safety at work.
- 3 If, after talking with your employer, you are still worried, you can find the address of your local enforcing authority for health and safety and the Employment Medical Advisory Service via HSE's website: **www.hse.gov.uk**

Fire safety

You can get advice on fire safety from the Fire and Rescue Services or your workplace fire officer.

Employment rights

Find out more about your employment rights at: **www.direct.gov.uk**

Workplace First Aid Guide

1. READ ME FIRST

This guide is designed to help you and your colleagues to administer life saving first aid until trained help is at hand. Do not wait until you are faced with an emergency, read the guide now and often.

Find out who is the nominated first aider or appointed person within your workplace. If there is a procedure in force for calling out an ambulance find out what it is now!

Occupational Health..... Page:.....
 First Aider / Appointed Person's extension.....
 The nearest First Aid Box is located at.....
 The nearest Eyewash Station is located at.....
 Useful numbers:



2. DANGER

- + ELECTRICITY
- + FUMES/GASES
- + TRAFFIC
- + MOVING MACHINERY
- + FALLING DEBRIS
- + FIRE

Whenever you approach an incident always ensure that the environment is safe for you to administer First Aid, and secondly that the casualty is safe.

If the situation is not safe you must neutralise or control any hazards. You must only move your casualty as a last resort.

EXAMPLE: BUILDING ON FIRE

ACTION

01. Ensure that you are aware of the number of casualties involved.
02. Find out if anyone has any FIRST AID knowledge.
03. Utilise bystanders to: call THE EMS, comfort the casualty(ies).
04. Above all, stay calm.

4. GETTING HELP

Lift the receiver and wait for a ringing tone. Dial 999 / 112. The Operator will ask you which service you require. Once you have stated 'Ambulance' you will be connected to ambulance control. The operator will ask you a set list of questions.

NB If no-one responds, **DO NOT leave the casualty but go on to assess the airway and breathing.**

BE PREPARED TO:

01. Confirm your telephone number
02. Give an accurate description of the incident and casualty's condition. Inform them if casualty is breathing or not.
03. Give your exact location and inform of any hazards.
04. Assist the ambulance crew by arranging for a colleague to meet them outside your place of work.

DO NOT Hang up at any stage of the conversation. The operator will terminate the call when appropriate.

CALL FOR HELP

If alone, call for help. If someone responds to your call, ask them to stay with you whilst you assess the Airway and Breathing. One of you should wait with the casualty whilst the other calls the Emergency Medical Services (EMS).

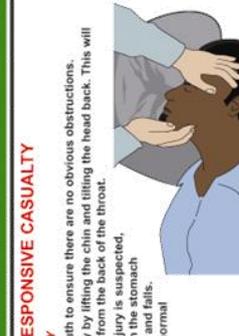


5. AIRWAY

FOR AN UNRESPONSIVE CASUALTY

OPEN THE AIRWAY

01. Look in the mouth to ensure there are no obvious obstructions.
02. Open the airway by tilting the chin and tilting the head back. This will free the tongue from the back of the throat.
03. If neck/spinal injury is suspected, put one hand on the stomach and feel if it rises and falls. This indicates normal breathing.



7. CIRCULATION

TO COMMENCE CPR:

FOR AN UNRESPONSIVE CASUALTY

01. Ensure the casualty is on a firm, flat surface.
02. Give 2 rescue breaths.
03. Place the heel of one hand on top of the other in the centre of the casualty's chest. (Fig 1)
04. Compress the chest (maximum depth of approximately 5-6cm) 30 times at a rate of 100-120 compressions per minute. The compressions should take an equal amount of time.
05. After 30 compressions, open the airway again using head tilt/chin lift.
06. Seal the nostrils with your thumb and forefinger. (Fig 2)
07. Blow steadily into the mouth until you see the chest rise, 2 rescue breaths, blow in for 1 second, 2 breaths within 5 seconds. (Fig 2)
08. Remove your mouth to the side and let chest fall. Inhale some fresh air, when breathing for the casualty.
09. Repeat so you have given 2 effective rescue breaths in total within 5 seconds.
10. If chest does not rise after the second breath, go back to 30 compressions then try again with 2 breaths.
11. Return your hands to the correct position on the chest and give a further 30 chest compressions.

CONTINUE WITH CPR UNTIL:

- + The casualty shows signs of recovery.
- + Emergency services arrive.
- + You become exhausted and unable to continue.
- + The situation changes and you are now in immediate danger.
- + An person pronounces life extinct.



8. DEFIBRILLATION

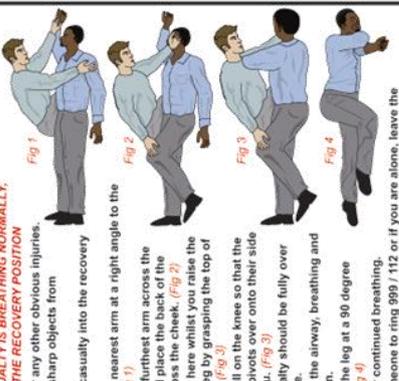
Use an AED (Automated External Defibrillator) if available and follow prompts.



9. UNCONSCIOUS

IF THE CASUALTY IS BREATHING NORMALLY, TURN INTO THE RECOVERY POSITION

01. Check for any other obvious injuries.
02. Remove sharp objects from pockets.
03. Turn the casualty into the recovery position.
04. Place the nearest arm at a right angle to the body. (Fig 1)
05. Draw the furthest arm across the chest. (Fig 2)
06. Keep this hand whilst you raise the furthest leg by grasping the top of the knee. (Fig 3)
07. Gently pull on the knee so that the casualty pivots onto onto their side facing you. (Fig 3)
08. The casualty should be fully over and stable.
09. Re-check the airway, breathing and circulation.
10. Draw up the leg at a 90 degree angle. (Fig 4)
11. Check for continued breathing.
12. Send someone to ring 999 / 112 or if you are alone, leave the casualty and call 999 / 112.



10. BLEEDING

01. Put on gloves.
02. Sit them down.
03. Expose the wound and elevate the area if possible.
04. Examine the injury - if any foreign objects are present leave them in place and dress around the bleeding.
05. Apply direct pressure over the wound to stop the bleeding.
06. Open a dressing (Fig 1) and place it firmly over the injury.
07. Apply firm pressure.
08. Secure the dressing.
09. Apply 1 dressing at a time up to a maximum of 2, if blood seeps through both dressings, remove them and apply a new dressing.
10. If dealing with a limb, keep the affected part elevated. (Fig 2)
11. If your casualty has lost a considerable amount of blood they may start to exhibit signs of shock.
12. Lay your conscious casualty down, conserve casualty and raise the legs. (Fig 3)
13. Reassure.



11. FRACTURES

01. Instruct the casualty to remain still, support the area and keep it still.
02. Do not attempt to move the affected part.
03. Examine the injury for any blood loss - treat this first.
04. If any bone protrudes from the injury do not touch it, if blood loss is evident build your dressings up around it rather than over it.
05. The casualty will find the most comfortable position and will not be seen to have the injury touched.
06. If the casualty cannot maintain a stable condition for themselves you may provide assistance or stabilise the injury with your hands.
07. Call the 999 / 112.

Steady the injured part



12. BURNS

01. Ensure the situation presents no hazard. If it does, contain or neutralise the hazard.
02. If dealing with a chemical burn wash the affected area with plenty of water consult COSHH, ensuring you do not wash the chemical onto unaffected parts - seek medical aid.
03. Non-chemical burns should be immersed in cold running water for a minimum of 10 minutes (any constricting items such as watches should be removed).
04. Once cooled the burn should be covered with a sterile dressing (non-fluffy).
05. Refer to medical aid.

DO NOT:

- + Apply tight 'fluffy' dressings.
- + Apply lotions, ointments or creams.
- + Remove damaged skin or burst blisters.
- + Apply butter, margarine or fats.



6. BREATHING

ASSESS FOR BREATHING

01. LOOK for the rise and fall of the chest.
02. LISTEN for sounds of breathing near to the face.
03. FEEL for breath on your cheek.
04. Carry this out for up to 10 seconds.

BREATHING NORMALLY

- + If breathing is present go straight to the Unconscious section.

NOT BREATHING

- + If the casualty is not breathing normally, call for the Emergency Medical Services (EMS) or ask people nearby to call. Commence full Cardio Pulmonary Resuscitation (CPR). Plus ask for a DEFIB.



3. RESPONSE

To give the casualty the optimum chances of survival you must quickly assess the levels of response. A rapid assessment will allow effective treatment to be administered and will also allow for accurate information to be passed on to the ambulance service.

CHECK WHETHER THE CASUALTY IS CONSCIOUS

01. Ask "Open your eyes if you can hear me" and call their name if known.
02. Ask in both the casualty's ears to open their eyes.
03. Offer a mild stimulus by shaking casualty's shoulders.
04. **DO NOT** move the casualty unless the environment or situation is dangerous.

"Open your eyes if you can hear me?"



What are risk control measures?



Risk control measures include actions that can be taken to reduce the potential of exposure to the hazard, or the risk control measure could be to remove the hazard or to reduce the likelihood of the risk of the exposure to that hazard being realised. A simple risk control measure would be the secure guarding of moving parts of machinery eliminating the potential for contact. When we look at risk control measures we often refer to the Hierarchy of Hazard Controls. (Page 11 – Hierarchy of Hazard Controls related to risk control measures).

Risk control measures obey to a hierarchy known as the Hierarchy of Hazard Controls.

Hierarchy of Hazard Controls is composed of 6 steps: Eliminate the hazard; Substitute the hazard with a lesser risk; Isolate the hazard; Use engineering controls; Use administrative controls; Use of personal protective equipment.

Eliminate the hazard: Elimination of the hazard is not always achievable though it does totally remove the hazard and thereby eliminates the risk of exposure. An example of this would be that petrol station attendants in Ireland are no longer exposed to the risk of chronic lead poisoning following the removal of lead from petrol products sold at forecourts.

Substitute the hazard with a lesser risk: Substituting the hazard may not remove all of the hazards associated with the process or activity and may introduce different hazards but the overall harm or health effects will be lessened. In laboratory research, toluene is now often used as a substitute for benzene. The solvent-properties of the two are similar but toluene is less toxic and is not categorised as a carcinogen although toluene can cause severe neurological harm.

Isolate the hazard: Isolating the hazard is achieved by restricting access to plant and equipment or in the case of substances locking them away under strict controls. When using certain chemicals then a fume cupboard can isolate the hazard from the person, similarly placing noisy equipment in a non-accessible enclosure or room isolates the hazard from the person(s).

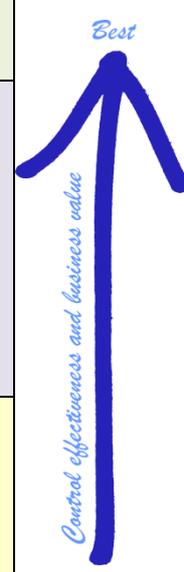
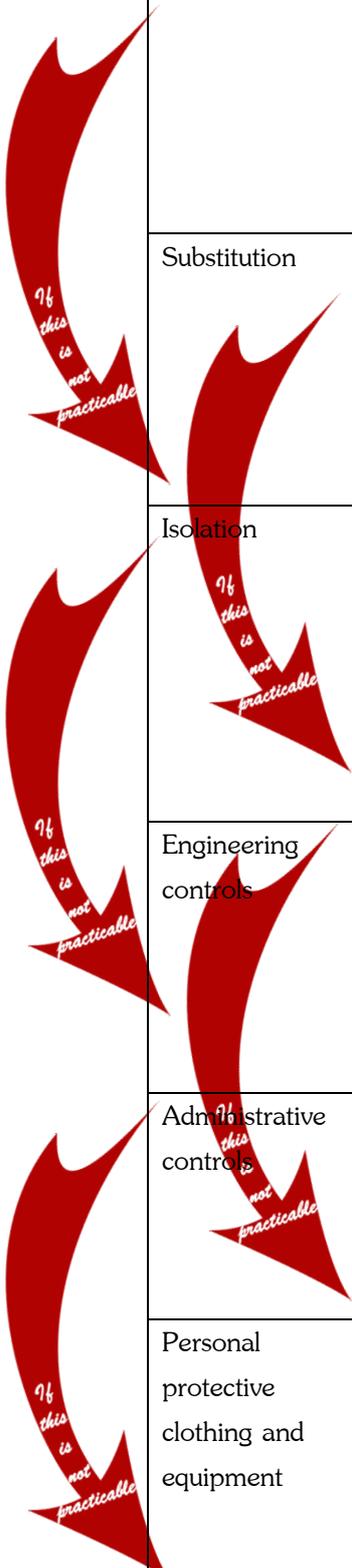
Use engineering controls: Engineering Controls involve redesigning a process to place a barrier between the person and the hazard or remove the hazard from the person, such as machinery guarding, proximity guarding, extraction systems or removing the operator to a remote location away from the hazard.

Use administrative controls: Administrative controls include adopting standard operating procedures or safe work practices or providing appropriate training, instruction or information to reduce the potential for harm and/or adverse health effects to person(s). Isolation and permit to work procedures are examples of administrative controls.

Use of personal protective equipment: Personal protective equipment (PPE) include gloves, glasses, earmuffs, aprons, safety footwear, dust masks which are designed to reduce exposure to the hazard. PPE is usually seen as the last line of defence and is usually used in conjunction with one or more of the other control measures. An example of the weakness of this control measure is that it is widely recognised that single-use dust masks cannot consistently achieve and maintain an effective face piece-to-face seal, and cannot be adequately fit tested and do not offer much, if any real protection against small particulates and may lead to a false sense of security and increase risk. In such instances an extraction system with fitted respirators may be preferable where the hazard may have significant health effects from low levels of exposure such as using isocyanate containing chemicals.

Hierarchy of Hazard Controls

	Effectiveness	Description	Example	Effort
Elimination	100% Hazard removed	Remove, redesign the process or plant so the hazard does not exit	Repair damaged equipment, dispose of unwanted chemicals. Do mists or fumes drift into other areas due to the design of the extraction system?	Good housekeeping practices remove hazards from the workplace. Consider the layout of the workplace
Substitution	75% You are reducing the hazard	Hazard substituted with something of a lesser risk	Lift smaller package, use a less toxic chemical, use red ratting chemical with amber ratting chemical	Replace a manual process with an automatic process
Isolation	50% You are reducing and you are controlling the hazard	Hazard controlled through isolation using an engineering measure	Place barriers around a spill until cleaned up, locate the photocopier in a separate, well ventilated room	Install guards on machines where there is risk of a person being trapped in machine. Enclose machinery with machine guarding
Engineering controls	50% You are reducing and you are controlling the hazard	Hazard controlled through isolation using an engineering measure	Provide a trolley to move heavy loads, place guards on moving machinery parts	Redesign the task
Administrative controls	25% You are now putting soft controls which rely on people	Hazard controlled by influencing people	Introduce job rotation and signage, ensure equipment is regularly maintained, use safety procedures	Implement policies, procedures and training for people to follow when working with a hazard
Personal protective clothing and equipment	5% You are now limiting the damage	Hazard controlled by the use of personal protective equipment	Provide hearing and eye protection, hard hat, gloves, masks and respirators, protection from exposure	Provide people with safety glasses, gloves or footwear when working with a hazard and provide training in the use of these





3. A. What is a policy?



A policy is the official statement and prescribed plan of how an organisation will comply with the legal requirements of an Act of Parliament and associated regulations. In the health and social care sectors, a policy is the organisation guideline statements.



3. B. What is a procedure and what do procedures provide you?



The procedures contained within a policy provide the guiding principles or framework for practice. This guides staff on how to meet both the organisational policy and legal requirements. In the health and social care sectors, a procedure is a step by step guide, written as a friendly document.



3. C. Explain the responsibility you have to get to know and implement policies and procedures within the workplace.



The responsibility I have to get to know and implement policies and procedures within my health and social care workplace, mean; to get to know the procedures contained within the policy, they will help inform my practice and help to learn the legal requirements; I make sure I read and understand the context of a policy or procedure before to sign; ensure I keep up to date with any changes to policies and procedures; they will help me to remain safe and will help me to don't break the laws.



4 Why is it important to update policies and procedures and explain how you keep yourself up to date with any changes?



It is important to update policies and procedures because the world is permanently changing due of new technologies that led to new ways of working within the health and social care sectors. This is particularly true regarding the manual handling and use of hazardous substances. I keep myself up to date with any changes by participating to the training that my employer provides; by searching for information using the internet; by asking my line manager for one-on-one supervision.



5 Explain the role and function of the Care Quality Commission (CQC)



The role and function of the Care Quality Commission (CQC) are to expect health and care standards are met within the health and social care sectors. The inspectorate carries out inspections of all health and social care organisations, public, private and voluntary, against national standards and publishes reports of their findings which indicates how the organisation are performing. The inspectorate registers services that meet national minimum standards and report on their findings to Parliament each year. Care Quality Commission is charged with implementing the new joint regulatory and inspection standards for both Health & Social Care Act 2008. Care Quality Commission also register, approve and if need be prosecute any new and falling care services. Since 2008, Care Quality Commission now oversee local authority compliance inspections ensuring the services they commission meet the new 16 Essential Standards framework for all care services – replacing the old National Minimum Standards.



6 Explain the role and function of the Skills for Care Organisation



The role and function of the Skills for Care Organisation are to provide training; they monitor what trainings are needed within the health and social care sectors. This organisation is responsible for improving the quality and effectiveness of care provided by the social care workforce. They are responsible for developing high quality professional training and own the National Occupational Standards – current diploma awards. They are developing the National register of social care workers and the new Data Set information bank on the social care workforce as part of the new Workforce Development Plan.

Skills for Care Organisation, is the employer-led workforce development body for adult social care in England. Home of the National Skills Academy for Social Care, they offer workforce learning and development support and practical resources from entry level right through to those in leadership and management roles. By working with employers and sharing best practice, Skills for Care help raise quality and standards across the whole sector and ensure dignity and respect are at the heart of service delivery. Skills for Care Organisation have developed a new workforce strategy for adult social care, to fit in with the government's development of adult care policy based on the Green Paper, "Independence, Wellbeing and Choice". This Green Paper has now become a White Paper and includes health but still follows on from the vision set out in the social care Green Paper "Independence, Wellbeing and Choice", and is based on four key themes for transforming services, which are; Better prevention services with earlier interventions for improved health, independence and wellbeing; More choice and a louder voice for individuals and communities; To do more on tackling inequalities and improving access to community services; More support for people with long term needs.



7 Explain the role of the Health Care Profession Council (HCPC)

→ The role and function of the Health Care Profession Council (HCPC) are to monitor and regulate the social care workforce. The Health Care Profession Council is also developing a revised Code of Practice as a tool for regulating and developing a quality care workforce. The Health Care Profession Council has the power to discipline and or deregister any social care worker that is found to be guilty of misconduct, neglect or abuse.



8 Explain the role of the Social Care Institute of Excellence (SCIE)

→ The role and function of the Social Care Institute of Excellence is to be responsible for improving the quality and effectiveness of all social care provision. They are responsible for reviewing, analysing, researching and promoting best practice initiatives within the health and social care sectors – sharing knowledge and information on “what works” best. They also provide information, guidance and research facilities to the social care workforce. They help to improve the quality of services and share good working practices.

The Social Care Institute of Excellence was launched in October 2001 as part of the Care Standards Act and government’s drive to improve the quality of social care delivery, its role is to develop and promote knowledge and good practices in social care. The Social Care Institute of Excellence’s work covers the breadth of social care, including services for adults, children and families and includes; Human resource development; Social work education; E-learning and the use of knowledge in social care.

KNOWLEDGE
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9 What are the National Service Frameworks? Which framework(s) is/are relevant to your care service?

→ I am working as a senior care assistant for older people living with early dementia. Dementia is a term used to describe the deterioration of brain function that results in loss of memory, reduced language skills, impaired reasoning and loss of daily living skills. The National Service Frameworks which are relevant to my care service are the following: Older People 2001; Mental Health 1999.

The National Service Framework for Older People was published in March 2001. It set new standards and expectations for the care of older people. In essence everyone should be entitled to high quality care and treatment irrespective of age and recognised as individuals and treated with respect and dignity. It promoted investment in those medical conditions which may have been previously underfunded because they tend to affect older people most such as dementia, and a need to ease the financial pressures of long term residential care.

The National Service Framework for Mental Health sets quality standards for mental health services. It says what they aim to achieve, how they should be developed and put into practice and how they should be measured. The National Service Framework for mental health will; combat discrimination against individuals and groups with mental health problems; make it easier for anyone who may have a mental health problem to access services; create a range of mental health services to prevent or anticipate crises where possible.



10 What 5 principles are contained within the Mental Capacity Act 2005 and what is the main function of this act?

→ The main function of the Mental Capacity Act 2005 is to provide a statutory framework to empower and protect vulnerable people who are not able to make their own decisions e.g. individuals living with dementia that lack mental capacity. It makes it clear who can take decisions, in which situations and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. Human rights don't stop when dementia comes.

Guidance on the Act will be provided in a Code of Practice. People who are placed under a duty to have regard to the Code include those working in a professional capacity e.g. doctors and social workers. The 5 principles that are contained within the Mental Capacity Act 2005 are; A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise; The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions; That individuals must retain the right to make what might be seen as eccentric or unwise decisions; Best interests – anything done for or on behalf of people without capacity must be in their best interests; Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic right and freedoms.



11 Within the Mental Capacity Act are the DOLS; what is DOLS and what does DOLS provide for individuals.

→ DOLS stands for Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DOLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. In my workplace setting, I am working as a senior care assistant for older people living with early dementia; some of my residents are on DOLS. That mean their live under Deprivation of Liberty Safeguards because they are no longer able to make decisions regarding their care planning process due of living with advanced dementia. DOLS act in their best interests.



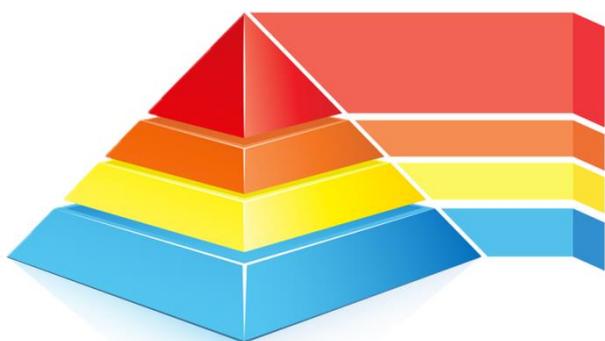
12 What systems are in place in your work setting that ensures clients Human Rights are upheld and how any infringements are recorded?

→ I am working as a senior care assistant for older people living with early dementia. Systems that are in place in my work setting that ensures clients Human Rights are upheld goes through the process of DOLS. The Deprivation of Liberty Safeguards (DOLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. In my work setting, each individual living with dementia gets a person care plan named My Day My Life care plan.

My Day My Life care plan is aims to work in a person centred approach that includes the individual in the centre of the care planning process. This will promote active participation by enhancing the individual's wellbeing by feeling valued as part of the care team. All the information regarding the resident's communication needs can be found in the resident's My Day My Life care plan folder. The resident's My Day My Life care plan folder is giving up to date and relevant information regarding the resident's senses and communication; choices and decisions over care; resident's lifestyle; what make the resident a healthier and happier life; to ensure the resident's safety when moving around, the resident's skin care, the resident's washing and dressing preferences; the resident personal hygiene, the resident's eating and drinking preferences, any resident's breathing and circulation problems, the resident's mental health and wellbeing; and the resident's future decisions. All those information are about two main questions. What can the person do for them self? What support does the person need from you?

From A to Z, My Day My Life care plan folder is person centred approach. Some of my residents are on DOLS. That mean their live under Deprivation of Liberty Safeguards because they are no longer able to make decisions regarding their care planning process due of living with advanced dementia. DOLS act in their best interests.

Other systems that are in place in my work setting that ensures clients Human Rights are upheld goes through policy, standards, guidelines and procedures that are in relation to Human Rights Act 1998; Mental Health Act 1983 (amended 2007); Care Standards Act 2000; Mental Capacity Act 2005; Manual Handling Operations Regulations 1992 (2002); Control of Substances Hazardous to Health Regulations 2002 (COSHH); Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR); Health and Safety (First Aid) Regulations 1981; Management of Health and Safety at Work Regulations 1999; Health and Safety at Work Act 1974; The Food Standards Act 1999; Infection Control; The Adult Care Act 2014.



A Green Paper may result in the production of a White Paper.

Act of parliament is a piece of law that gives you legal framework.

A policy is the organisation guideline statements.

A procedure is a step by step guide, written as a friendly document.



In my work setting, any infringements relating to clients Human Rights are recorded using the incident report folder; complaint forms; complaint statements. If one individual is no longer able to take decision regarding his or her own cares, staffs to set up a meeting with the best interest people that will assess the individual and decide if the individual needs to be on DOLS in his or her best interest.



13. A. When did the Adult Care Bill come into force?



The Adult Care Bill received Royal Assent on the 16th May 2014 and become The Care Act 2014.



13. B. Give a brief outline of how this is impacting on delivery of services.



The Care Act 2014 is impacting on delivery of services by promoting a working person centred approach that puts the individual at the heart of the care planning process. The person centred approach is a way of working developed from the work of the psychologist Dr Carl Rogers (1902 – 1987). In health and social care settings, the person centred approach is a way of working that put the individual at the heart of the care planning process. This will provide a framework for the individual to plan and set a direction of their care planning process according to the individual's physical and psychological needs, spiritual beliefs, culture, likes and dislikes, family and friends. The person centred approach method is linked with the active participation method, which is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient. Person centred approach include values such are: individuality; rights; choice; privacy; independence; dignity; respect; partnership.

What The Care Act 2014 Provides?

The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people first and their care workers in control of their care and support. For the first time, the Care Act will limit the amount anyone will have to pay towards the cost of their care. The Care Act 2014 has created a single, modern law that makes it clear what kind of care people should expect through a set of criteria that states when local authorities will have to provide support to people. Central to the Care Act is the concept of wellbeing; council's duty to consider the physical, mental and emotional, wellbeing of the individual needing care. A Person Centred Approach sets the structure of the Care Act; care workers must involve the individuals in deciding what they need, how they can best be cared for and what they want to achieve. By providing and legislating for Personal Budgets in the Care Act, power is given to the people to spend money on adapted care that fits their individual needs as part of their support plan. The individuals will pay up to £72.000; once that amount on care is reached the state will pay the costs. The Care Act stress the need of equality by entitling through assessment all care workers that are eligible for support for particular needs, they will have a legal right to receive support for those needs, just like the people they care for.

