

# The rights of individuals and the importance of maintaining

## The rights of

### Joining in activities

Different people will have different opinions about how they would like to spend their time. Individuals should be offered a range of activities, and their opinions regarding activity choice must be sought. This also helps to avoid social exclusion.

**Social exclusion** – being prevented from accessing or participating in society

### Selection of general practitioner

Individuals should have choice over who acts as their general practitioner (GP). As of 2015, many GP surgeries will consider registering new patients from outside their usual boundary area. This means that people can choose a GP more convenient to them, perhaps closer to their workplace or school.

**General practitioner** – a primary care doctor who typically treats common medical issues

### Protection from abuse and harm

Users of health, social care and early years services are entitled to protection from harm and abuse. To uphold these rights, staff are required to follow safeguarding procedures and be aware of the indicators of abuse. The Safeguarding Vulnerable Groups Act 2006 sets out the offences that would bar someone from working with vulnerable groups. Carrying out DBS checks during recruitment helps to screen out those who are barred, and thus protect

**DBS checks** – the 'Disclosure and Barring Service' shows whether someone has a criminal record preventing them from working with at-risk groups

### Food options

Some individuals have specific dietary requirements and preferences; for example, they may have intolerances or allergies, or they may be vegetarian. Their diet may also be influenced by their culture and religious beliefs, which must be respected.

**Intolerance** – non-allergic reaction or hypersensitivity to some food types

### Where and how to receive treatment

Choice should also be offered regarding the service which provides treatment. For instance, patients can use the NHS website to browse the different hospitals, and compare them on statistics such as ratings and waiting times.

**Protected characteristics** – nine attributes (e.g. age, sexuality, race) covered by the Equality Act 2010

The Equality Act 2010 gives legal protection against discrimination on the grounds of 'protected characteristics' in many circumstances.

Every person has a set of rights which should be upheld when coming into contact with health, social care or early years services.

### Confidentiality

Individuals have a right to confidentiality of their personal and private information. Their information must be protected; for example, by storing it in a locked cabinet and/or a locked room. Electronic documents should be protected by a password.

Information must only be shared on a need-to-know basis, and care should be taken to ensure that unauthorised persons do not gain access to this information. For instance, staff should not speak about confidential matters relating to service users in a place where they could be overheard.

### Consultation

The opinions and views of service users must be sought and taken into account when planning service delivery. This can help to plan care and support which is more acceptable to the individual.

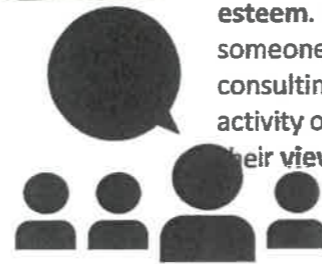
To ensure this happens, it may be necessary to involve advocates or seek the views of family members and/or carers. This is particularly the case if the individual has communication difficulties or would otherwise struggle to express their views and opinions to professionals.

**Advocate** – someone who represents the views and interests of someone else

### To make people feel valued and raise self-esteem

Upholding someone's rights sends the message that they are worthy of respect and could help to boost self-esteem. For example, respecting someone's dietary preferences and consulting them on their preferred activity options makes it apparent that their views and opinions matter.

**Self-esteem** – the degree to which someone feels they are worthy and valued



### To meet individuals' needs

Each user of health, social care and early years services is an individual. They will have unique preferences, circumstances and needs which staff should endeavour to meet. Providing choice and consulting service users about their preferences helps to ensure that everyone is treated as an individual. This leads to more

### Equality of access to services/ treatments

Services and treatments should be accessible to all. Giving choice over where and how to receive treatment can help to uphold this right. The Equality Act 2010 requires services to make 'reasonable adjustments' to ensure that people with additional needs can access them.



**Reasonable adjustments** – modifications made to procedures or to the physical environment to increase accessibility, e.g. wheelchair ramps

### To empower

**Empowerment** means to increase the level of choice and control someone has over their life. Giving someone control over how they receive treatment, or their choice of GP, are good examples of ways in which service users can be empowered with regard to their treatment.

### To feel safe

Service users should not feel that they are at risk of harm or abuse when in contact with services. If they do not feel safe, this could lead to issues such as stress, anxiety and depression, which may further impact the needs they already have.



### To instil confidence and trust

It is important that service users trust services to uphold their rights and provide safe, effective services. Treating people fairly and protecting them from harm or abuse is a key part of ensuring that trust is maintained. In turn, this leads to better engagement from service users and upholds the reputation of the health



Health, social care and early years workers have a duty to uphold service users' rights. There are many different ways this can be achieved throughout their day-to-day work.

### Effective communication

This is key to ensuring someone's right to express their needs, opinions and preferences. Below are some strategies for achieving effective communication.

**USING Vocabulary that can be understood**  
 Avoid **jargon** and ensure that any **specialist terminology** is explained in an accessible way. Vocabulary used should be **age-** and **ability-appropriate**. If necessary, **translators** and/or **advocates** should also be used in order to aid communication.

**DON'T BE patronising**  
 Workers should show that they are **taking someone's concerns seriously** and show that the person is worthy of **respect**. For example, you should not speak to an adult as though they are a child, or act in a **dismissive** manner towards someone.

**Adapt communication to meet individual or situational needs**  
 For instance, if someone uses a **specialised** communication method, such as **Makaton**, this should be used by workers too. Ensure that you are speaking at the **right volume** and at the **right pace** to ensure that the person has enough time to **process** what has been said.

**Listen to individuals' needs**  
**Active listening** techniques (e.g. **body language** that shows interest) should be used, as this demonstrates respect and that you are interested in what someone is saying. Workers should **not assume** they know what the service user wants to say – they should ask **open questions** and ensure the person has sufficient **time** to answer fully.

**Jargon – professional terms that are not easily understood by others**

**Makaton – a communication system based on gesture used by some people with learning disabilities**

**Active listening – involves fully processing what is being said and showing interest**

### Providing up-to-date information

Without accurate information, it would be extremely difficult for service users and their families to know what kind of help and support is available. The following should be provided:

- **Service opening times and location** – this allows individuals to plan their journey and choose a service which is convenient.
- **Type of care provided and alternatives available** – individuals have a right to make treatment/service choices about what would be best for meeting their individual needs.

Provision of this information will empower people to make the right choice of treatment/service for them, as well as when, where and how this will be used.



### Challenging discriminatory behavior

**Discrimination** means to treat someone (or a group) **differently** on the basis of their **characteristics**, such as their race, marital status, ability level or age. For example, **excluding** someone from participation in activities at a **residential home** because they are in a wheelchair is discrimination. Other examples of discrimination include using **racist, sexist or homophobic** language.

Workers have a **duty** to work in a way that **challenges** discrimination – to do so is to **uphold the law**. There are several ways that discrimination can be challenged:

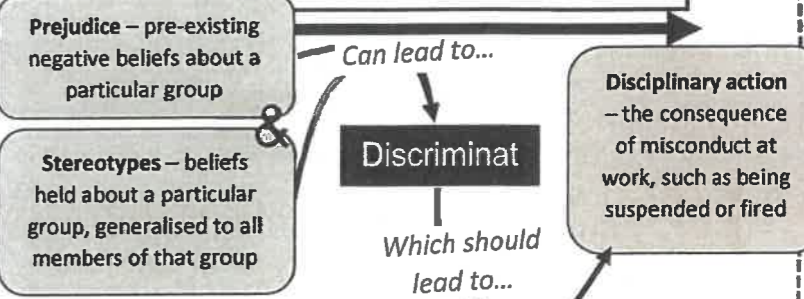
**Residential home** – also known as a care home. Service users live here full-time.



At the time	Afterwards	Long-term proactive campaigning
Workers should <b>speak</b> to someone who has behaved in a discriminatory manner, and let them know that what they have said or done is <b>unacceptable</b> (as long as it is <b>safe</b> to do so). This can help to raise <b>awareness</b> . <b>Ignoring</b> discriminatory behaviour sends the wider message that discrimination is <b>acceptable</b> .	The person who behaved in a discriminatory way could face <b>disciplinary action</b> . This helps to reinforce the seriousness of their actions and shows other staff that such behaviour will not be tolerated. This could also help to give the victim a sense of justice and maintain their trust in a service.	<b>Anti-discriminatory practice</b> should form a key part of <b>training</b> , especially for staff new to health, social care and early years services. <b>Awareness campaigns</b> can also be an effective way of ensuring that an <b>anti-discriminatory culture</b> persists throughout organisations, beyond specific incidents.

Victims of discrimination should be offered the appropriate **support**, including how to make a **complaint** or involve other agencies (e.g. the police) if necessary.

It is important to note that **discriminatory behaviour** should be **challenged** when it comes from **service users** as well as staff. This is particularly important in an early years context since this could help to prevent the development of **prejudice** and negative **stereotypes** in later life.



### Complaints

Service users (and their families or carers) have a **right** to make **complaints**, and should be made aware of this right.

If necessary, **workers** should **assist** them to make the complaint. Workers should be **aware** of their organisation's complaints **procedures**, and ensure these **steps** are **followed** when assisting a service user to complain. Steps may include:

- Recording information about the complaint **factually** and in **detail**.
- Involving an **external agency** who can give **specialist** advice.
- Providing a **time frame** by which they can expect a

Service users should be made aware of their **options** when making a complaint. For instance:

- Would they like to make the complaint **now** or **later**?
- Would they like to complain **verbally** or in **writing**?
- Should the complaint be handled **internally**, or is there a need to involve an **external agency** (e.g. the **Citizens Advice Bureau**)?

Complaints procedures are **empowering** for service users. This is because making a complaint allows for **poor practice** to be **challenged** and **motivates** organisations to **improve** or correct problems.

**Citizens Advice Bureau** – charitable organisation that gives free advice on issues such as financial or legal problems

### Advocacy

An advocate is someone who **speaks on behalf** of someone else. They can help someone by:

- **assisting** in the understanding and navigating of organisational **procedures**, which can be very complex
- **attending meetings** with them
- ensuring their views are **heard**
- **writing letters** on their behalf

Therefore, advocates help to uphold an individual's rights by ensuring that their **interests** are **represented**. As a result, services received are more likely to meet the individual's needs. Advocacy also helps to **reduce** the risk of **discrimination** and increase **empowerment**.

A **friend** or **family member** could act as a service user's advocate. Alternatively, an **independent** person can act as an advocate, such as someone provided free by the **council**.

# 3 Values of health and social care: where and how are they

Workers in all settings have a duty to apply the core values of care. These values relate to individuals' rights and, therefore, must be upheld wherever possible. Page 4 gives details about the importance of applying the values of care and the effects of not applying these values.

## How are care values applied?

Throughout their day-to-day roles, workers in healthcare, social care and early years services have many opportunities to promote the key values of care. All induction training programmes for new staff should cover how to apply the core care values.

### Promoting equality and diversity

Care workers should strive to reduce discrimination and ensure that service users are treated fairly. Promoting diversity involves recognising each person's

### Promoting individuals' rights and beliefs

Workers should ensure that service users are treated as individuals. This involves tailoring care to each person's specific needs, and ensuring people have opportunities to express their views and opinions on services.

### Maintaining confidentiality

Service users have a right to privacy of their sensitive information. Workers must endeavour to maintain confidentiality and ensure that records are stored securely.

VALUES OF CARE

### Where care values are applied

The same core values of care apply regardless of the setting. Specifically how these are upheld will, however, differ depending on the setting and the

### Promoting individuals' rights and beliefs

Providing choice to service users is a key part of this. For instance, individuals should be given options relating to activities, how care is carried out, and given a choice of meal options which suit their unique needs. Service users should be consulted when developing care plans as each individual has a right to have a say about how a treatment or service is provided. Note also that individuals with capacity have a right to refuse treatment.

Capacity – being able to understand, process and communicate a decision

### Being a reflective practitioner

Being 'reflective' means to look back over one's own practice in order to learn and improve in the future. For instance, you could reflect on a scenario and consider what went well and what could have gone better. Additionally, you could seek feedback from service users, colleagues and supervisors on your performance. You could use these reflections and feedback to create an 'action plan' for the future, meaning you will be better equipped to uphold the values of care if the scenario arises again. This will also support your own professional development.



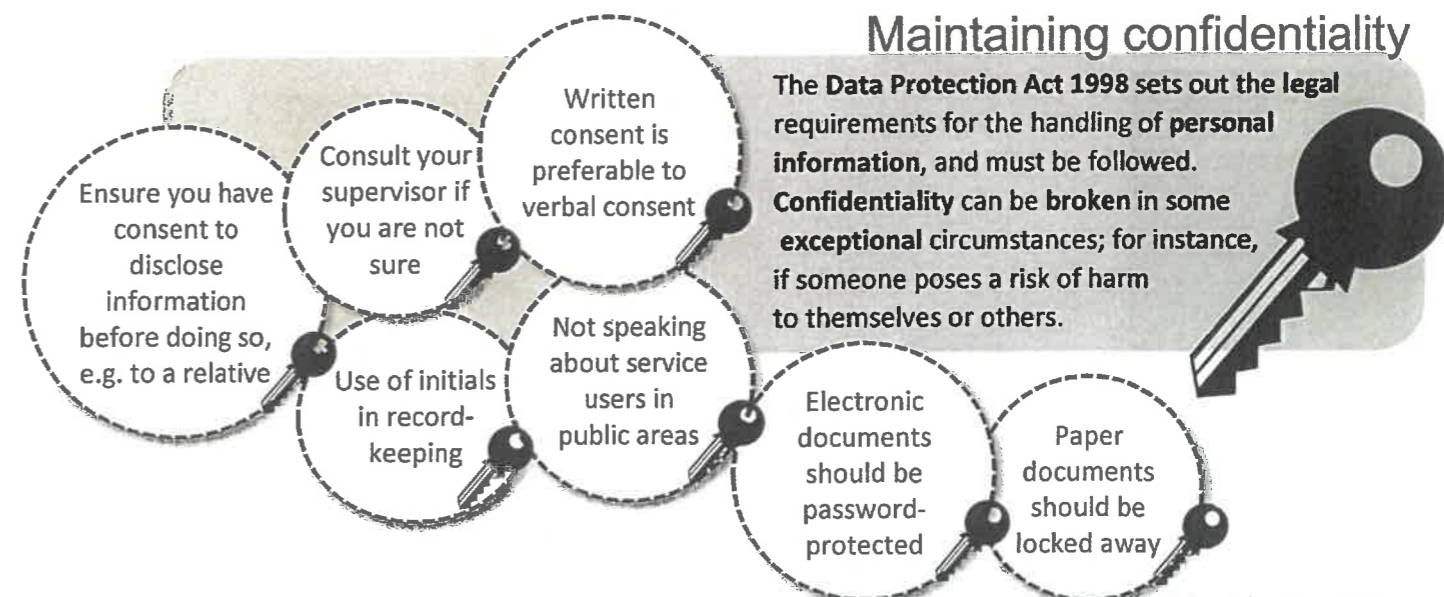
Cultural traditions – rituals, customs, norms and events shared by a particular community or society

### Promoting equality and diversity

Workers should ensure that individuals' beliefs are respected and promoted. For example, efforts should be made to ensure that service users' cultural traditions are honoured and celebrated. Awareness should be raised about different groups' needs and experiences. A further part of promoting equality and diversity is challenging instances of discriminatory behaviour (see Page 2 for details).

### Maintaining confidentiality

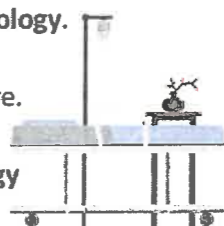
The Data Protection Act 1998 sets out the legal requirements for the handling of personal information, and must be followed. Confidentiality can be broken in some exceptional circumstances; for instance, if someone poses a risk of harm to themselves or others.



Here are some examples of the three different types of service settings where the values are applied.

#### HealthCare Settings

- Primary care:** services for common health needs. Examples include GP surgeries, dental surgeries and pharmacies.
- Secondary care:** healthcare for more specific problems, such as psychology services and dermatology.
- Tertiary care:** highly specialised healthcare. Examples include intensive neonatology and hospice care.



#### Social Care Settings

Social care services give support that helps people to live safely and/or promote healthy development. Examples include residential services, domiciliary

**Domiciliary care** – providing care to someone in their own home, e.g. assistance with personal care and meals

#### Early years and education

These are services which provide care and education for young children. Examples include nurseries, registered childminders and breakfast clubs.



**Dermatology** – concerned with the treatment of skin conditions

**Neonatology** – caring for newborns, especially those who are premature or unwell

**Hospice care** – provides care to people at the end of life

Note that there is often a crossover between healthcare, social care and early years roles. Many service users will have multiple needs that cross these 'boundaries'. For instance, someone living in a residential care home for people with learning disabilities may also have healthcare needs.

# The importance of applying the values of

There are clear benefits to service users and service providers of applying the values of care. This is because the services provided will be of a higher quality and more effective, with clear guidance provided on how to achieve these aims. Refer to Page 3 to learn about the values of care, and how/where these are applied.



## Standardisation of care

Applying the same values of care in all instances means that no one in receipt of services is **disadvantaged**. This is not to say that everyone should receive exactly the same treatment, but it means that care is given in a way that **meets everyone's unique needs**.

Expectations about the **standard of care delivery** should be made **clear in training**. This ensures that all staff are working in the same way to uphold the core values of care.

## Improvement of care quality

Application of care values helps to ensure that the care and support given is **safe and effective**. This also facilitates **better relationships** between service users and staff, in which service users feel **respected**.

The provision of high-quality care also upholds the **reputation** of the healthcare, social care and early years industries. Providing a high-quality and safe service is critical, as service users have a right to be



## The provision of clear guidelines which inform and improve practice

Services should have **written policies and procedures** which outline specifically how things should be done in order to uphold the values of care. Having these **clear guidelines** also helps to provide more **standardised care**, as well as setting clear **expectations** for staff **conduct and behaviour**. This can be particularly useful for staff **new to a service**, or

## To maintain or improve quality of life

Applying the values of care has clear, **positive effects** on the lives of service users. For instance, by **respecting individuals' rights and preferences**, service users are given more **choice and control** over their lives. Treating service users with respect also increases **self-esteem** and **well-being**. Ensuring that service users are protected from **harm and abuse** is also a key part of maintaining someone's **quality of life**.



Quality of life – how comfortable, happy and satisfied someone is

Policy – written document that outlines an organisation's core principles and procedures

# The effects on service users if the values of care

The values of care can be considered using the acronym 'PIES', standing for *physical, intellectual, emotional* and *social*. There will be effects on service user well-being across these dimensions when the care values are not applied. Note that all four aspects of well-being are interrelated – one aspect will often affect another.

There is a wide range of possible effects on a service user's **health** if the care values are not applied.

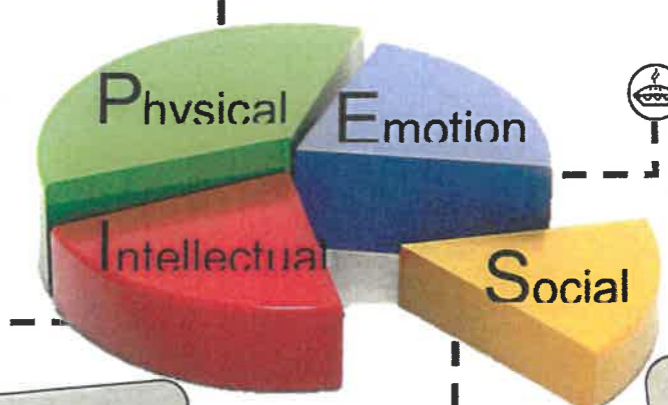
For example:

- pain
- persistence of medical issues
- injuries
- allergic reactions (i.e. if dietary requirements are not respected)
- **malnutrition**, including weight gain or weight loss
- infections
- poor personal hygiene



Malnutrition – the effects of a diet which does not meet one's nutritional needs

These could come about as a result of not providing treatment which meets an individual's needs, or **failure to protect** someone from harm and/or abuse.



Self-esteem – the degree to which someone feels they are worthy and valued

Cognitive skills – abilities relating to the processing of information

Social exclusion – denying someone the opportunity to socialise or participate in society

Intellectual needs relate to someone's requirements for **mental stimulation** or tasks which involve **cognitive skills**. If service users are not given sufficient opportunities to engage in **intellectually stimulating** opportunities, they may become **bored and disempowered**. Their concentration, **focus** and **motivation** may also suffer. For example, if a residential care home does not provide any mentally stimulating activities, this will negatively affect service users' well-being.

Failing to meet intellectual needs is particularly **severe** in the case of **early years services**. This is because there is likely to be a **long-term effect** on a child's **intellectual development** and later **occupational attainment** as an adult.

Not applying the values of care can also have profound effects on an individual's **emotional well-being**. For instance, failing to maintain **confidentiality** could result in **stress and anxiety** for someone if very sensitive information has been released. Failing to **respect someone's rights and beliefs** could also lead to a **negative impact on self-esteem and depression**, if the person feels that they are not being valued. Service users may also feel angry and **betrayed** if the values of care have not been applied.

Social effects of failing to apply the values of care can also be considerable. For instance, not offering a **choice of activities** to an individual – and thus, not upholding their **rights** – can result in **social exclusion**. People with communication difficulties are also at a higher risk of becoming socially excluded, particularly if staff do not endeavour to use **specialist communication** appropriate for that individual.

Service users have a **right to friendships and relationships**. Supporting service users to establish and maintain these is a key part of **respecting individual rights**. Failing to do so can result in **isolation**.

If **equality and diversity** are not promoted, **discriminatory behaviour and/or bullying** could develop.

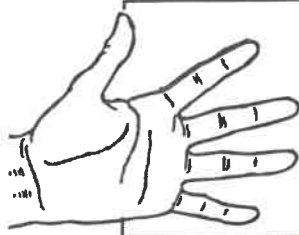
## Ensuring the child's welfare is paramount

**Positive expectations** of children, their abilities and the learning environment should always be **encouraged**. When staff hold low expectations of children, these can end up being realised as a result of a **self-fulfilling prophecy**. This is because children will start to **internalise** these negative expectations and become more likely to **behave accordingly**. This leads to others' low expectations of them being confirmed, thus

**Self-fulfilling prophecy** – a prediction that later becomes true, as the person acts in line with others' expectations

**Internalise** – take on others' beliefs as your own

Additionally, children must **never be smacked or humiliated**. It would be considered **abuse** if carried out by early years service staff, and could have a profound **negative effect** on a child's **well-being and development**.



## Keeping children safe and maintaining a safe and healthy environment

Early years services must endeavour to protect

- Recruitment** procedures which screen out those barred from working with children
- Training** on safeguarding procedures and spotting **abuse indicators**
- Raising awareness of **whistle-blowing** procedures

The early years environment should also have hazards and risks minimised. Staff should follow health and safety and infection control procedures. For example, any spillages or trip hazards must be cleaned up immediately.

**Whistle-blowing** – raising concerns about care standards or conduct at your workplace

## Working in partnership with parents/guardians and families

Service staff should aim to work with children's **families** to achieve the **best outcomes** for them. Any potential issues can be highlighted much more easily with this kind of approach.



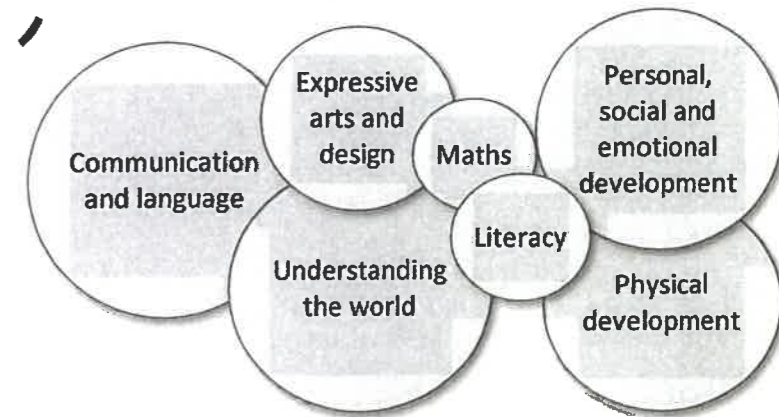
Feedback can be received **informally**, such as during a casual chat between parents and staff to update on a child's progress. It can also be given **formally**, in terms of official

## Encouraging learning and Development

Children should be given **choice** in the early years setting, with the aim of making learning **interesting and engaging**. Service staff should also be mindful of the **different abilities** of individual children in the service, and make **accommodations** for these. This helps to ensure that some children are not **disadvantaged**, which could **negatively affect development**.

All **Ofsted**-registered early years providers in England are required to follow the **Early Years Foundation Stage** curriculum for children aged 0–5 years. This covers **seven domains of learning**:

**Ofsted** – a public body responsible for regulating education and early years providers in England



## Working with others

The best services are based on **strong partnership working** – not only between **colleagues**, but also with **other agencies**. For some children, there may be a need to take a **multidisciplinary approach** to ensure that all their **needs are met**. It is crucial that everyone working with a child **communicates effectively** – this ensures that potential **problems are highlighted, acted upon, and followed-up** in a way that promotes the child's **well-being, development and safety**.



## Practising anti-discrimination

Working in an **anti-discriminatory** way is critical in early years services. Doing so may prevent the development of later **prejudice**, as well as promoting the confidence and well-being of children from **minority or socially disadvantaged backgrounds**. This also links to the duty of early years staff to promote **positive expectations**.

See Page 2 for more detail on how discrimination can be challenged by service

**Prejudice** – pre-existing negative beliefs about a particular group, which are not based on factual evidence or reasoning

## Ensuring equality of opportunity

Each child in an early years service must be given chances to **work towards their full potential**.

For instance, **adaptations** should be made to the **learning environment** to avoid disadvantaging children with additional needs. For example, some children with **autism spectrum disorders** may experience **sensory sensitivity** and find the learning environment very difficult as a result. Efforts should be made to **mitigate** this, such as by offering the child more **opportunities** to spend time in **low-stimulus environments**.

**Sensory sensitivity** – finding sensory input (e.g. lights or noise) overwhelming

**Autism-spectrum disorders** – these are characterised by social communication difficulties and repetitive interests

## Valuing diversity

This could involve **providing information** about, and **celebrating**, different cultures' **customs, festivals and traditions**. Valuing diversity is also a key part of **anti-discriminatory practice**, and could help to **prevent** the development of **prejudicial attitudes** in later life. Additional **support** should be provided to children who speak **English as a second language** to ensure that they are not disadvantaged or excluded.

**Discrimination** – treating someone differently on the basis of their characteristics, such as their age, gender and/or race

**Ensuring Confidentiality**

See also Page 3 for more suggestions on how to maintain confidentiality.

Information about children should only be shared on a **need-to-know** basis. As with information for adult service users, it should be stored **securely** – either locked away or protected with a **password** (in the case of **electronic documents**). Staff should not speak about confidential matters in front of other children or parents, or in **public areas** where they could be **overheard**.

## The key

Below shows key details about several laws which are central to the practice of healthcare, social care and early years services.

### Equality Act (2010)

This law sets out nine 'protected characteristics' which it is illegal to discriminate against someone on the basis of (e.g. age, race, sexual orientation, or disability). This Act applies in settings including the workplace, education providers, public services and transport.

There are different kinds of discrimination; for example:

**Direct discrimination:** Being treated differently because of a protected characteristic.

**Indirect discrimination:** The same rule is applied to everyone, but this rule disadvantages certain groups.

**Victimisation:** Being disadvantaged as a result of speaking out against discrimination.

Under the Act, institutions must make 'reasonable adjustments' to reduce the risk of someone being disadvantaged or unable to participate. For instance, an employer is not allowed to discriminate against job applicants because they are from an ethnic minority group.

### Data Protection Act (2018)

The core principles underlying this law concern the use of information lawfully and fairly, and only for a clear and specified purpose. Information must not be held for longer than is necessary, and must be held accurately and kept up to date. No more information than is needed should be taken, and adequate security measures must be taken to protect data against loss, unauthorised access, etc. Therefore, the Data Protection Act upholds people's right to confidentiality.

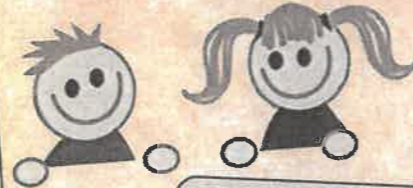
Particularly sensitive information – for example, relating to people's healthcare needs – is also subject to further protection.

The Act was updated in 2018 to reflect the new General Data Processing Regulations (GDPR), which were brought in to give

### Children Act (2004)

This law aims to ensure that the United Nations' Convention on the Rights of the Child is implemented. It also works to increase the degree to which children's and young people's views are taken into account. The guiding principles of this Act include allowing children to be healthy, protected from harm and helped to succeed and enjoy life.

A key part of upholding the Children Act is collaboration between different agencies. This is because effective communication can help to identify the mistreatment of children at an earlier stage. The Act also led to the introduction of Local Safeguarding Children Boards. These bring together different professionals who deal with safeguarding matters relating to children, and every local authority is required to have one.



**Safeguarding** – protecting vulnerable groups from harm/abuse

**Local authority** – a branch of government concerned with a specified area

### Mental Health Act (2007)

This Act was originally introduced in 1983, and outlines the legal basis for compulsory detention for mental health assessment and treatment (also known as being 'sectioned'). It was updated in 2007 to provide a simpler definition of mental disorder to be 'any disorder or disability of the mind'. However, someone can only be assessed for compulsory treatment if their disorder poses a risk to the person's own health and safety, or that of other people. Therefore, the Act helps to uphold people's right to be safe from harm.

Only 'approved mental health professionals' can apply for detention under the Act – this includes appropriately trained social workers, nurses and psychologists. The update to the Act also introduced a children's safeguarding part, which states that children must be treated in age-appropriate settings. There are several categories of 'section' that someone may be placed under, such as:

- Section 2: Being detained for assessment, for a maximum of 28 days.
- Section 3: Being detained for up to six months for treatment.
- Section 4: Also known as an emergency section, this detains someone for up to 72 hours for assessment, giving time for a further section to be arranged if necessary.

There are many different groups that the legislation outlined on this page is relevant to. Some laws are more applicable to certain groups than others – for instance, the Equality Act outlines legal protection against discrimination on the basis of sex, age, race and disability. This means that services should not treat older adults, ethnic minorities, or men and women differently (without a justifiable reason). Legislation such as the Mental Health Act ensures that compulsory detention is not used inappropriately, which helps to protect the rights of vulnerable adults and those with mental disabilities. The rights of children and young people also receive particular protection as a result of the Children Act 2004.

Overall, these laws work together to protect the rights and interests of those vulnerable to harm. When applied to healthcare, social care and early years services, they help to ensure that good-quality and effective care is provided.

## The impact of legislation

These laws have a real-world impact on healthcare, social care and early years services. They directly impact service users, the way that workers carry out their roles, and the

### People who use services

These key pieces of legislation have a considerable impact on service users. For instance, these laws help to ensure that people's rights are met and that people can exercise their rights (e.g. the right to confidentiality and protection from harm). Laws such as the Equality Act 2010 also ensure that people (especially protected groups, such as ethnic minorities and those with disabilities) are not discriminated against by services. If services fail to uphold their legal obligations, service users can pursue legal action.

### Care practitioners

These laws directly impact the practice of care professionals, and gives them guidance on the standard of practice and conduct expected. They will have to undergo training on how to implement these legal obligations in their role, e.g. health and safety training to ensure any moving and handling equipment is used safely.

Workers must also ensure they are upholding their legal responsibilities relating to data protection, including maintaining service user confidentiality and practising good record-keeping. If they do not uphold their legal responsibilities, workers are likely to be subject to disciplinary action.

### Service providers

These laws provide organisations with a framework that can be used as a basis for maintaining and improving the quality of practice. Organisations must ensure safe working environments that meet legal obligations. They must produce policies and procedures which clearly outline staff responsibilities and expectations of standards of conduct.

They must also ensure adequate training opportunities are provided to staff, as well as the relevant equipment (e.g. PPE) to do their jobs safely. If staff fail to uphold their legal obligations, their employers have a duty to correct the problem, e.g. via disciplinarys or by introducing new training.

### Health and Safety at Work Act (1974)

This sets out the responsibilities of employers with regard to reducing risks in the workplace. For instance, they must provide:

- training
- personal protective equipment (PPE)
- adequate first-aid provision
- appropriate signage

Employers should also provide written procedures which outline the health and safety guidance relating to that workplace. For instance, a residential care home may have an infection control policy.

Under this Act, employees also have responsibilities to ensure that the workplace is safe. For instance, they must follow health and safety regulations and use the provided PPE. They must also report hazards and avoid tampering with safety equipment.

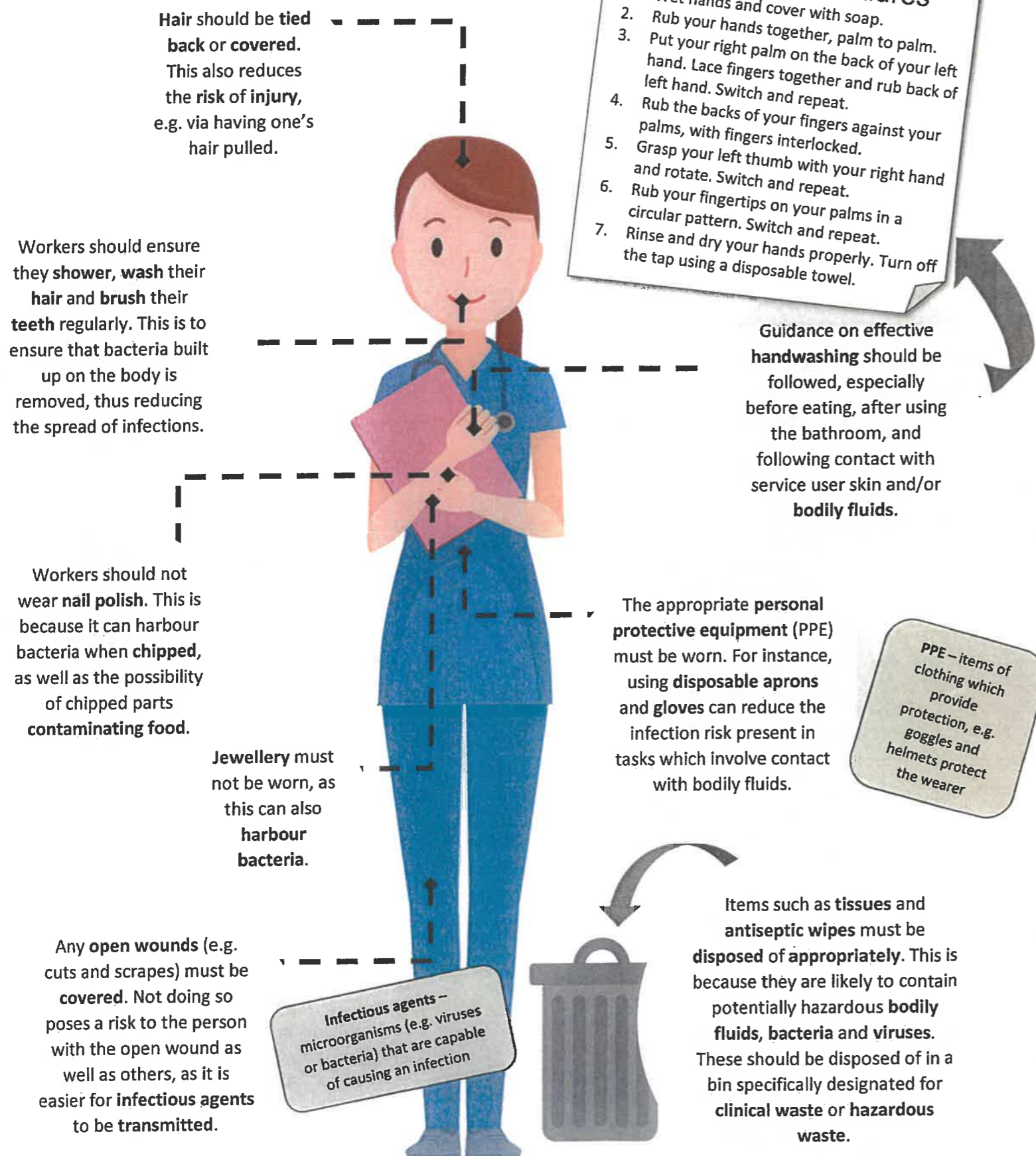
The Health and Safety Executive is a regulatory body that is responsible for ensuring that the Health and Safety at Work Act (HASAWA) is implemented. It carries out inspections and deals with breaches of the Act. Following the HASAWA is a critical part of upholding someone's rights, as service users have a right to be protected from harm.

**Moving and handling** – transporting loads, including moving people

**PPE** – items of clothing which provide protection, e.g. goggles and helmets

# 7 PERSONAL

Maintaining good personal hygiene plays a key role in the reduction of the risk of infectious diseases spreading. This is particularly important if you work with vulnerable groups, such as children or those with existing health problems. The diagram below outlines some ways that personal hygiene should be maintained.



# SAFETY

A key part of protecting individuals involves being aware of the various safety procedures that must be followed as part of that service. All workplaces should have policies that outline workers' responsibilities clearly and in detail, and training on them should be carried out for new workers.



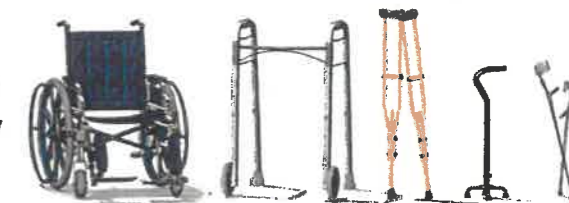
Services should outline the procedures that must be followed in the event of an emergency such as a fire and/or evacuation of the building. Fire procedures should ensure that everyone knows where to assemble following evacuation, and where the fire exits are in the building. Employers should ensure that the appropriate signage is posted and that an adequate number of fire extinguishers, blankets, etc. are available.

Signing-in and signing-out procedures must also be followed, as this is an effective way of knowing who was in the building in the event of a fire or an evacuation. Fire doors must always stay closed. Being trained in the organisation's emergency procedures helps to protect yourself as a worker, colleagues, and service users.



## Equipment

Depending on the needs of the service users you work with, you may need to use specialist equipment as part of your role. For instance, you may have to use mobility aids such as wheelchairs and frames to assist service users to move around safely.



When using such equipment, workers should ensure they have made the following considerations:

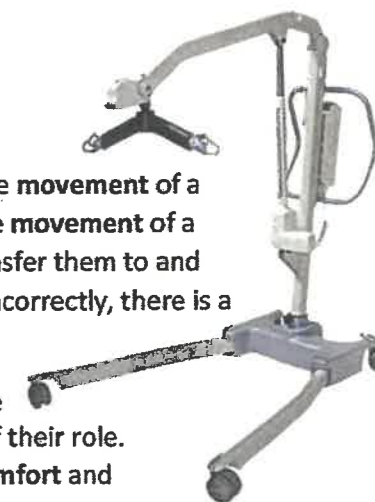
- Do I know how to use this piece of equipment safely and effectively?
- Have I had the necessary training to use this piece of equipment?
- Is this piece of equipment fit for purpose?
- Is this piece of equipment broken or otherwise compromised?
- Is this piece of equipment comfortable for the service user?

If a problem is noticed with a piece of equipment, a worker must report this immediately to their supervisor. Organisations are then required to replace the equipment. If a service user's needs change (e.g. a change in mobility) and they now require new equipment in order to have their needs met, this must be arranged as soon as possible.

## Moving and handling techniques

'Moving and handling' is a general term used to refer to any task involving the movement of a load. In healthcare, social care and early years services, this often involves the movement of a service user. For example, someone may need assistance using a hoist to transfer them to and from a wheelchair, or in and out of bed. If these procedures are carried out incorrectly, there is a serious risk of injury to the service user and to the worker (e.g. back injuries).

- As service users have a right to be protected from harm, workers must be appropriately trained on moving and handling techniques if this is part of their role.
- Carrying out moving and handling procedures correctly also promotes comfort and respect towards the service user.



# Security

Taking appropriate security measures reduces the likelihood of unauthorised persons entering a service, and reduces the risk of unauthorised leavings. It may not be safe for some service users to leave the premises without supervision; for example, due to vulnerability to assault or limited awareness of hazards. Security measures help to uphold service users' rights to be protected from harm.

## Checking external entrances

The presence of a **receptionist** helps to ensure that all people on the premises are **accounted for**, and that anyone leaving has also been signed out. **CCTV** can also be used to monitor who has **left and entered** a building, and acts as a **deterrent** to potential intruders.



## Monitoring of keys

The whereabouts of keys used on the premises should be **logged** and accounted for. Ensuring that only **authorised** persons have **access** to keys also helps to protect **confidentiality**, since an unauthorised person would be unable to gain access to the **locked room or cabinet** that contains confidential information. Allocating keys to the correct people also helps to ensure **staff safety**, especially when working in **high-risk settings**.

## Identifying staff and monitoring visitors

Staff may be required to show **badges** when arriving on the premises, particularly if they are **agency staff**. **Signing-in/out books** should also be used for **visitors** to **monitor** who is on the premises. Staff should always be careful not to give out **confidential** information to visitors, without being absolutely sure that they have **consent** to do so.



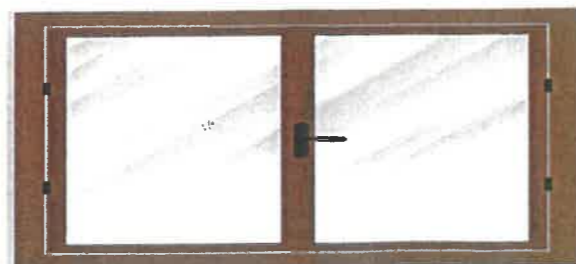
## Security pads on doors

Electronic **code** systems can be used on **doors** in a service, so that only **authorised** people can enter or leave. Depending on the service setting, service users may also know this code so that they can leave when they please, without the risk of **intruders**.



## Window locks

Some services may have **locks** on the **windows** – especially those at higher levels of the building. This helps to prevent **injury** from **accidental falls** as well as **unauthorised leaving** by service users (e.g. in secure inpatient settings).



## Reporting concerns to line managers

Any **concerns** regarding **security breaches**, or insufficient security measures, should immediately be taken up with your **line manager**. They should then investigate your concern or ensure that the **correct security measures** are added to promote service user **safety**. This is a key part of **safeguarding**.

**Line manager** – a worker's immediate supervisor

**Agency staff** – employees who work for an external organisation, on flexible/temporary

# How individuals are

In healthcare, social care and early years services, much can be done to protect the health and well-being of individuals that you are working with. Staff have a duty to follow these procedures and report any issues that they encounter to their line managers as soon as possible. Following these procedures also protects the health and well-being of staff and visitors.

## Procedures to prevent accidents and promote good practice

All **procedures** in healthcare, social care and early years environments will have been designed with the ultimate aim of promoting **good practice** within the **service**. **Health and safety** (e.g. moving and handling) procedures will particularly help with the **prevention** of **accidents**. For example, these procedures will outline the **safe** ways that **loads** should be **transported** so that a worker does not accidentally **injure** themselves by lifting something **unsafely**.

Other procedures which promote good practice include **safeguarding**, **fire evacuation** and **infection control** procedures.

As well as providing the correct **training**, services must also ensure that they are **sufficiently-staffed** in order to uphold these procedures. It can be very **difficult** for staff to meet the standards needed to provide the **best quality** care when staffing numbers are **too low**.

## Methods for reducing risk/danger

**Risk assessments** are a **systematic** method for **identifying** potential **hazards** or **dangerous** occurrences in a workplace. They indicate how **likely** a **risk** is to occur, and how **serious** the impact would be if it were to occur. Strategies to **reduce** or **remove** the risk entirely are then put in place, which must be followed by staff.

The **Health and Safety at Work Act 1974** sets out the **legal requirements** regarding the completion of risk assessments, since these protect **service users** and **workers**.

The Act states that risk assessments must be regularly **reviewed** and put in **writing**.



## Methods for reducing the spread of infection

**Infections** can easily be **spread** if standards of **hygiene** at the service are not **well maintained**. There are many different ways that a worker's day-to-day role includes **infection control** procedures. Ways that infection risk can be **reduced** include:

- Good personal **hygiene** of **workers**, especially effective handwashing techniques
- Good personal **hygiene** of **service users**, by providing high-quality **personal care** (where required)
- Using **personal protective equipment**, such as gloves and disposable aprons
- Following **food hygiene** procedures; for example, raw and cooked food should be kept separate, and use-by dates should be monitored
- Following **risk assessments** and **waste disposal** procedures
- Ensuring **cleanliness** of the service **environment**, e.g. regular **cleaning** of the floors, surfaces, door handles, etc.
- Utilising services such as **pest control**, if required

**Personal care** – attending to someone's intimate hygiene, e.g. washing and dressing

**Food hygiene** – the safe preparation, cooking and storing of food

