



Health & Social Care Diploma Level 3

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Health & Social Care Diploma Level 3

The programme provides a framework to assess the learner's competency relating to the health and social care sector. It has been designed to support the carer's role in the workplace and provides a pathway to higher level qualifications.

The content of this level 3 diploma is regularly updated to reflect the latest Acts of Parliament, government guidelines and Codes of Practice, including:

- ***Care Act (2014) and subsequent amendments***
- ***Fundamental Standards 2015***
- ***Duty of Candour***
- ***New principles of independent advocacy***
- ***Revised Audit Processes, following the publication of the Caldicott Report (2015)***
- ***The General Data Protection Regulations (GDPR)***
- ***Skills for Care's updated CPD guide***
- ***Updates to the requirements for Care and Support Plans***
- ***Updates to definitions of the balance between risk assessment, risk-taking and rights and responsibilities***

The programme contains several different units of assessment, all of which sit within the 'Regulated Qualification Framework' (RQF). Credits are achieved for each unit completed.

Current safeguarding practice is based on six principles. These principles should underpin all aspects of care delivery.

The six principles are:

- **Empowerment**
- **Prevention**
- **Proportionality**
- **Protection**
- **Partnership**
- **Accountability**

Empowerment – this means giving people the tools they need to protect themselves and to challenge abuse and poor practice.

Prevention – it is always better to stop abuse from occurring in the first place rather than trying to deal with it when it has happened. Much of safeguarding work should be proactive

i.e. identifying potential risks and putting safety measures in place. In too many places focus is put on reacting to problems as they occur which means that people have already experienced harm.

Proportionality – the action taken to prevent or deal with suspected abuse must be proportional to the actual risks involved and must be appropriate to the situation. For example, if a new employee makes an error with medication, it may be better to re-train them rather than dismissing them from their position.

Protection – some people will need the support of others to be safe from harm and to have their rights respected

Partnership – agencies and care workers must cooperate with each other, and with individuals at risk of harm. Communities are to be encouraged to develop strategies for preventing, identifying and reporting abuse.

Accountability – those delivering safeguarding must be accountable and practices should be transparent. As a care/ support worker you should support adults with care and support needs to understand safeguarding and the role

that you and others involved with them play in protecting them from harm. You should also ensure that you understand your duties and the limits of your role.

What is Abuse?

Broadly speaking abuse is any action or lack of action which causes, or has the potential to cause, harm. Harm can be physical or psychological / emotional and may be caused by a one-off event or ongoing issues.

For safeguarding purposes there are 12 categories of abuse; they are:

- 1. Physical abuse***
- 2. Domestic violence***
- 3. Modern Slavery***
- 4. Financial/ Material Abuse***
- 5. Sexual Abuse***
- 6. Neglect or acts of omission***
- 7. Self-neglect***
- 8. Psychological/ Emotional Abuse***
- 9. Organisational Abuse***
- 10. Discriminatory Abuse***
- 11. Forced/ arranged marriage***
- 12. FGM (female genital mutilation)***

Physical Abuse

Physical abuse results from any action which can cause physical harm regardless of intention or relationship between abuser and the abused.

Possible incidents may include deliberate assaults where a person is hit, kicked or bitten; poor work practices which result in physical injury e.g. poor manual handling techniques; or the misuse of medicine or restraints to control people's movements and behaviour.

Signs and symptoms of physical abuse could be bruises, bite marks, scratches, broken bones, burns or scalds or any injury or series of injuries which are unexplained and possibly untreated.

If medication and / or restraints are being used without appropriate written policies being available or records being made you would have reason to suspect that they were being used in a way which amounted to physical abuse.

Domestic Violence

Domestic violence or abuse can be defined as follows:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass but is not limited to the following types of abuse:

- ***Psychological***
- ***Physical***
- ***Sexual***
- ***Financial***
- ***Emotional***

Therefore, domestic abuse may occur between:

- ***Sexual partners or ex partners***
- ***Mothers or fathers and adult children***
- ***Siblings***
- ***Grandparents and adult grandchildren***

(Any child under the age of 16 living in a household where domestic abuse occurs will be affected by it in some way. Where you suspect this, you must report your concerns to protect the child.)

Domestic violence also includes so called ‘honour’ based violence, female genital mutilation and forced marriage. These are all serious issues which can affect people of any gender or cultural background. Forced marriage is completely different from an arranged marriage which both partners have consented to.

Domestic violence may be a one-off act such as a punch to the face; or it may involve a person being constantly belittled, controlled and verbally abused over a period of weeks, months, or even years.

The signs and symptoms would be those mentioned under psychological, physical, sexual, financial and emotional abuse. There may also be signs that a person was not being allowed full control over their own lives; examples might include a woman always checking her partner’s reaction before answering a

question or a family talking about their marriage plans for a young man with a learning disability who you suspect lacks the capacity to consent to the arrangement.

Modern Slavery

Across the country people are being abused and taken advantage of in circumstances which amount to slavery. There are domestic servants, sex workers, nail bar technicians, farm workers, car washers, labourers and more working long hours for little or no pay and living in sub-standard conditions.

If you have reason to believe that you have encountered people who are being exploited in this way you can call the police on 111, Crimestoppers on 0800 555111 or the modern slavery helpline on 0800 0121700. You should not alert the person / people being exploited or their employers as you may put people at risk.

If you suspect that a person with care or support needs is being subjected to modern slavery practices you should treat this as a safeguarding concern and follow the advice given in unit 5 to report it.

The website www.modernslavery.co.uk presents the stories of some people who have suffered exploitation and abuse and have been helped to build new lives.

Financial or Material Abuse

People with care and support needs are at increased risk of financial and material abuse for a variety of reasons:

- ***They may lack the competence to manage their own financial affairs so someone else will have to do this for them***
- ***They might be less able to recognise when a request for money or information is fraudulent***
- ***If they are approached by people on their doorstep selling products or services they may feel intimidated into paying for things they don't need***
- ***Older or more physically frail individuals may be at risk of being bullied or coerced into handing over bank cards, money or valuables***
- ***People may feel obliged to pay to keep someone involved in their lives – for example a person who relies on a neighbour for company and occasional***

favours may think that 'lending' them money occasionally is a small price to pay even if they know they will never get it back

As a care/support worker you might notice that someone was worrying about money or the safety of their possessions; you might wonder why someone never seemed to have money to spend even though they should be able to afford things; you could be aware of items going missing or you might see that someone was being sent numerous letters asking for payments for lotteries, charities, 'lifestyle' products or unlikely sounding fees or fines.

People who are dying may be vulnerable to pressure to change the terms of their will; do not get involved in any way, either as a witness or adviser and if you have concerns discuss them with your manager.

Sexual Abuse

Sexual abuse is any activity of a sexual nature which the person either doesn't want or is unable to consent to. This may include exposure to pornography, pressure to perform or watch sexual acts and rape.

If a person is being or has been sexually abused, you may notice the following:

- ***Changes in behaviours; a previously outgoing person becoming quiet and withdrawn or a normally shy person becoming over eager in their interactions with others***
- ***Person not wanting to be left alone with specific individuals or 'types' e.g. showing a dislike of all older men***
- ***Challenging behaviours around bathing, bedtime or other events e.g. getting anxious and 'flinching' or lashing out when clothes are removed***
- ***Injuries to genitalia***
- ***Discomfort when sitting***
- ***STI's or pregnancy***

Neglect or acts of Omission

People have basic needs to maintain physical and mental health; neglect occurs when these needs are not met. A person suffering from neglect may not have adequate or appropriate clothing, their environment may be unclean and poorly maintained, bedding may be soiled, or they may be sleeping on bare

mattresses.

The person may not have access to adequate food or drink – this would include situations where the food or drink was there, but the person was physically unable to eat or drink it.

Signs of neglect or Acts of omission could also include lack of access to health care, unadministered medication, poor hygiene, dental decay, failure to provide care in the way the person wants, refusal of access to visitors, not taking account of individuals' cultural, religious or ethnic needs, not taking account of educational, social and recreational needs, ignoring or isolating the person, failure to allow choice and preventing people from making their own decisions, failure to allow use of glasses, hearing aids, dentures, etc. and failure to ensure appropriate privacy and dignity.

Self-Neglect

The effects of self-neglect are the same as those for neglect, but they are the result of the person themselves acting in ways which will result in harm. A person may self-neglect because they are depressed and lack the motivation to care for themselves; because they have a condition such as dementia and have forgotten what they need to do or how to do it; or perhaps because they are experiencing other forms of abuse and are reacting to their situation by not taking care of their own needs.

Self-neglect may therefore be a symptom of abuse as well as a type. Self-neglect becomes a safeguarding issue when it causes concern about a person's health and wellbeing. So, for example, a person may have been a lifelong hoarder living in conditions which many might consider dirty or unhealthy, but this would only become a safeguarding issue if the person had care or support needs and the conditions they were living in were becoming harmful to health.

Psychological/ Emotional Abuse

Psychological or emotional abuse can have significant effects on a person's physical and mental health. It should be treated as seriously as physical abuse and there should be no attempt to minimise the harm that this type of abuse can cause.

People experiencing this type of abuse may become withdrawn and they may lack confidence. Someone who is used to being belittled and undermined may seek approval from people around them and may be indecisive or overly submissive.

Organisational Abuse

Previously referred to as institutional abuse, organisational abuse occurs when a service provider puts profit and operational needs above those of service users. Organisations which are poorly run, lack strong leadership, are understaffed or seek to operate as cheaply as possible are likely to create cultures of abuse and neglect where people are at risk of harm from incompetence and poor practice as well as deliberate intent.

The following would be indicators of risk:

- ***Regular use of agency staff***
- ***Lack of training and supervision***
- ***“Clique’ working groups of staff who are related to each other or who socialise together***
- ***Lack of management structure***
- ***Rigid routines that are designed to suit staff shifts instead of the needs of people being supported***
- ***An absence of policies and procedures***
- ***Deliberate attempts to isolate people from their families or other visitors***
- ***Poor handling of medication***
- ***Poor care of clothes and personal belongings***
- ***A lack of respect in language used about and around people being supported***

Discriminatory Abuse

If a person experiences abuse or neglect as a result of their race, religion, gender, sexuality or age this is discriminatory abuse. This may be physical, psychological, or organisational. Examples could include providing meals which did not account for different cultural or religious needs; refusing to support someone to access their chosen place of worship; using racist, sexist or homophobic language.

Forced Marriage

Forced marriage is completely different from an arranged marriage which both partners have consented to. Forced marriage can be emotional pressure that is placed upon an individual to marry – examples of this pressure may include violence, threats and shame.

FGM – Female Genital Mutilation

A procedure where the female genitals are deliberately cut out, injured or changed without medical reason. Examples or indicators of this may include: *Mutilated genitals, consistent pain, bleeding, cysts and abscesses, depression, self-harm, infertility and infections.*

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. There are 4 main types of FGM – for further details refer to Safeguarding Children & Young People.

Disclosures

A disclosure of abuse is a person's statement that they are experiencing abuse or neglect. Your reaction to the disclosure will depend on the situation.

Scenario A – a criminal act has occurred, there is an immediate risk. For example, a person has been physically attacked in their room; a person tells you they have just been sexually assaulted.

In these circumstances you should call 999 and ask for the police; you should do your best to keep the individual calm and maintain their safety and you should preserve evidence so do not clean anything up, move anything or bathe

the individual. The police will take charge of the situation and control the investigation, you may have to provide a witness statement and do an incident report for your manager.

Scenario B – a person tells you they are, or have been, experiencing abuse or neglect. There may be criminal offences involved but there is no immediate threat to safety.

Let them know that you are listening to them and taking them seriously. Let them know that you will have to report what they are telling you to your manager / supervisor and ask for their consent to do this. Be clear that you will have to pass on information with or without their consent but that they will be fully involved in any action taken and only appropriate individuals will be made aware of their situation.

Record details of your conversation while they are fresh in your mind, record using the words they used and try not to add bits. If you are unsure about details make this clear. Report to your manager / supervisor and they can take the necessary steps to inform your local safeguarding board and proceed as appropriate. Ensure that you follow your employer's safeguarding policies but act promptly to prevent further harm.

Partial Disclosures

A partial disclosure is when someone tells you something that makes you concerned that they may be experiencing abuse, but they are not completely open about it. So, for example, they might begin to tell you about something which has happened but then change their mind and refuse to say anything further; they may seem to be trying to tell you something but when you ask them a direct question, they insist everything is alright.

In this situation you might take opportunities to try and get more information from the person; you could wait until the two of you were alone and start conversations about how they were feeling, was anything worrying them, were they happy etc. If they then made a disclosure, you could proceed as above; if they do not give any further information discuss your concerns with your manager or supervisor, they can make decisions about how to proceed and can advise you about the best course of action.

Whistleblowing

Your employer should have a whistleblowing policy which will detail the procedures to follow to raise concerns within your organisation. Sometimes it is necessary for employees to 'blow the whistle' to external agencies; you might need to do this if:

- ***You have raised the issue with your employer, given them adequate time to take action but nothing has been done***
- ***You reasonably believe that if you raised your concern internally there would be increased risk of harm***

There is legislation, the Public Interest Disclosure Act 1998, which gives protection to employees who are whistleblowers providing they are acting in good faith to expose issues which put the public at risk. (employee grievances cannot be dealt with in this way).

If you think you may need to raise concerns outside your organisation you should contact the CQC www.cqc.org.uk 03000 616161 for further information and advice.

Information Sharing

Confidentiality is an important principle for the provision of care and the rights of people to have their personal information kept safe is protected by law. However, when there are safeguarding concerns the risk of not sharing information may override a person's right of confidentiality.

As we have seen safeguarding work must be person centred and decisions must be made on an individual basis working with the person. When someone makes a disclosure, or you have concerns about them, you should whenever possible get their consent to discuss their situation with other agencies.

If they do not give consent, you should make clear to them that while you will respect their privacy as far as is possible you may have to share details with appropriate individuals. When doing this consider the following:

- ***Do I have a legal duty to share the information?***
- ***Who should I share the information with?***
- ***How much information should I share?***

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Unit 3: Mental Capacity and Restrictive Practice in Care Settings (A/650/2300)

What is the Mental Capacity Act?

The Mental Capacity Act 2005 was designed to protect the rights of potentially vulnerable adults who might otherwise be prevented from making their own choices and decisions. By the end of this manual, you should understand how the Act will affect your working practices, how by complying with it you are protecting the best interests of your clients and what you will need to do to demonstrate your compliance to the Care Quality Commission.

It is now law that ALL adults must be assumed to have the capacity to make decisions and take actions for themselves unless after being provided with appropriate support and information it can be shown that they do not.

If it is decided that a person lacks capacity, then decisions must be taken in their best interests, and they must be involved in the process as far as possible.

The statutory principles

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

(Mental Capacity Act 2005 Code of Practice)

What decisions are covered by the Mental Capacity Act?

The Act covers all types of decisions that clients may need to make from what to eat for breakfast to whether to have major surgery; however, not all decisions have to be treated the same, the requirements for assessing and recording will depend on the significance of the decision and the nature of the client's difficulty making it.

Be aware that significance must be judged on an individual basis and that while you can never assume that a client lacks capacity care records may include general advice about their 'normal' decision making abilities and preferences.

Certain decisions can never be made on another person's behalf either because they are personal or because other laws apply. These include:

- ***Sexual consent***
- ***Consent to marriage / civil partnership***
- ***Consent to divorce / dissolution***
- ***Consent to put a child up for adoption.***
- ***Discharging parental responsibility***
- ***Voting***

Assessing Capacity

A person must be assumed to have capacity unless it is established that he lacks capacity.

Whenever the term 'a person who lacks capacity' is used it means a person who lacks the ability to make a particular decision or take a particular action for themselves at the time that it needs to be taken.

If you believe that a person may lack capacity to make a decision you should carry out a two-stage assessment. Stage one is known as the diagnostic test, stage two is a functional test.

Diagnostic test

For the Mental Capacity Act to apply to an individual they must have a disturbance of their mind or brain which is affecting their ability to make a decision. This could be permanent or temporary and may a single condition or a combination of factors acting together.

Factors include:

- ***Conditions associated with forms of mental illness***
- ***Dementia***
- ***Significant learning disabilities***
- ***Long term effects of brain damage***
- ***Physical / medical conditions that cause confusion, drowsiness or lack of consciousness***
- ***Delirium***
- ***Concussion following head injury***
- ***Symptoms of alcohol / drug use***
- ***Inability to communicate: Coma Unconsciousness 'locked in' syndrome***

Functional test

Following on from a diagnostic test if you believe that a client has a disturbance of the mind or brain which may affect their ability to make decisions you must then assess whether they actually lack competence by deciding whether they are unable to do one or more of the following:

1. *Understand information given to them about the decision*
2. *Retain the information for long enough to make the decision*
3. *Weigh up the information i.e. consider the pros and cons*
4. *Communicate their decision*

Competence must be assessed properly according to the specific requirements of the diagnostic and functional tests in order to ensure that you are not acting on prejudices or assumptions.

The code of practice accompanying the Act states that ‘A person’s capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour.’

The terms used are carefully chosen to cover a wide range of different interpretations; ‘appearance’ could mean the facial characteristics associated with Down’s syndrome or the presence of multiple facial piercings; ‘condition’ could relate to physical disability, mental health, illness or drunkenness; and ‘aspects of behaviour’ could range from making obscene gestures to refusing to speak.

Bear in mind that the way a person looks, or acts may make them seem more competent, not less. If a person is smartly dressed and speaks politely and correctly, we may believe they are talking sense even if they are not.

Examples of decisions you may need to assess capacity for:

- ***Does the client want a bath***
- ***What will they wear***
- ***What are they going to eat***
- ***Choice between activities***
- ***When they will go to bed***

When assessing a client’s capacity you may need to:

- ***Understand the nature and effect of the decision to be made – this may require access to documents and background information***
- ***Access relevant information to support your assessment e.g. medical records***
- ***Get professional advice regarding an individual’s medical condition or method of communication***

The functional stage of the capacity assessment requires you to judge whether clients are capable of doing four separate things which we will now look at in order.

1. Understand information given to them about the decision

Care plans should include details of any barriers to communication and the type of support that the individual might need to understand information and to communicate their feelings and responses.

2. Retain the information for long enough to make the decision

When you have done all that you can to make sure that your client understands the decision they are making you must then decide whether or not their understanding lasts long enough to make their choice. To find out if they have retained what they have been told you could ask them questions or ask them to put the information into their own words.

The actual length of time the information needs to be retained for will depend on the significance of the decision and the likely consequences if the decision has been forgotten before it has taken effect. For example, if a client is choosing their lunch they don't have to retain the information for long to make their selection but, if by the time food is served they have forgotten they may decide they want something else and become upset if this isn't possible.

In this situation it would be best to either shorten the time between choosing and serving or to provide the client with a memory aid such as a card with their choice printed on it.

3. Weigh up the information i.e. consider the pros and cons

As well as being able to understand the information they are given, individuals must also be able to understand what the consequences of a choice or action will be. The client must have been given all relevant information in an unbiased way in order to choose the course of action that is right for them. They may also want to consider the way that their decision or action may affect those close to them.

Although your focus as a carer must always be on what is best for the client, they will be influenced by their relationships with other people. For example, they may want to do something because it will make their loved ones happy, and it is their right to do this as long as it has been their own free choice.

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