

CARE

CERTIFICATE



INDUCTION PROGRAMME

CARE ASSISTANT / SUPPORT WORKER

Name:

.....

Date Commenced:

.....

Date Completed:

.....

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INTRODUCTION

Welcome to Frimley Health NHS Foundation Trust. Care services are delivered from three hospital sites Frimley Park, Heatherwood and Wexham Park Hospital.

The trust is committed to encourage and support appointed staff members who are new to the organization or clinical environment.

The aim of the Care Certificate Induction Programme is to provide support and guidance for new Care Assistants enabling them to make the transition from supervised carer to competent carer within their designated organisation.

The programme runs once a month and the candidates must attend the first programme available to them when they start work within the trust. Candidates may have experienced supernumerary shifts clinically prior to attending the programme; others may attend immediately after their corporate induction.

We do acknowledge that each candidate brings with them their own prior learning and experiences. The aim of this programme is to provide training, education and assessment to a specific set of standards set by the chief nursing officer and covers specific care competencies as set by the Trust.

The standards of behaviour expected of you, are underpinned by the Chief Nursing Officers 6'Cs...Care, Compassion, Commitment, Courage, Communication and Competence.

All learning is down to the individual. The trust envisages that the Care Certificate Standards will be completed within a 12 week period.

The Care Certificate programme is not an extension to formal training, but a period during which knowledge, skills and attitudes acquired during training are applied to practice.



Care Certificate Workbook

Background

The Care Certificate was introduced in April 2015 and it is now the expectation of all those working as healthcare assistants and adult social care workers to undertake this learning as part of their induction programme. The Care Certificate was created as a result of the Cavendish Review which was published in July 2013. This review was part of the response to the Francis Inquiry into the failings of care at the Mid-Staffordshire NHS Trust.

The Cavendish Review found that the training and development of healthcare assistants and adult social care workers was often not consistent or good enough. Cavendish proposed that a new 'Certificate of Fundamental Care' be created to improve this and this resulted in the 'Care Certificate'. The Care Certificate covers the learning outcomes, competencies and standards of behaviour that must be expected of support workers in the health and social care sectors. It aims to make sure that you are caring, compassionate and provide quality care in your work. The certificate builds on and replaces the earlier induction programmes: Common Induction Standards (CIS) and National Minimum Training Standards (NMTS).

There are 15 standards that make up the Care Certificate. The standards take account of:

- The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England
- The Social Care Commitment, which is the social care sector's promise to provide people who need care and support with high-quality services
- The Chief Nursing Officer for England's '6Cs'. These are care, compassion, competence, communication, courage and commitment.

Who does the Care Certificate apply to?

You will be expected to undertake the Care Certificate if you are 'new staff, new to care' employed as:

- A healthcare assistant, assistant practitioner, care support worker or you support clinical roles where there is direct contact with patients
- An adult social care worker, providing direct care in residential and nursing homes or a hospice, or you are a home care worker.

Other roles may be included where achievement of all of the standards is possible.

As some of these roles would be very different in health and social care it is up to the employer to decide whether the Care Certificate is appropriate. However, to be awarded the Care Certificate you must meet all of the outcomes and assessment requirements.

The Care Certificate:

- Applies across the health and social care sectors
- Portable between sectors and organisations
- Assessment of both knowledge and competence.

This means that you will cover the same learning as all the workers who undertake the Care Certificate. You will be assessed on what you know and what you do to show you understand and can carry out the standards in your role. You could use the learning towards some existing qualifications in the sector and you will be able to take your certificate with you if you move to another role in health or social care.

Teaching the Care Certificate

Your employer has a responsibility to provide and induction to ensure that you have the skills, knowledge and understanding you need to do your job. The Care Certificate may be used as part of your induction as it sets out basic skills that you will need to be competent when working in health and social care.

Each standard must be completed and assessed before you can work without direct supervision in any setting. This should happen at the beginning of your employment and can be done in a phased way. As you meet each individual standard, you could be allowed to work without direct supervision against that standard.

The Care Certificate is not a replacement for the induction and training which is specific to the job you are employed to do and the employer you work for.

After completing the Care Certificate

The Care Certificate is not a licence to practice. It could provide evidence towards some regulated qualifications and apprenticeships in health or social care.

It is your employer's responsibility for awarding the Care Certificate to you. Whilst your employer should record your achievement, they should also provide you with a certificate. It is recommended that you keep the certificate as evidence of completion, as well as any additional documentation you believe would be beneficial to other employers. This will help avoid the need to repeat learning if you move to other health and social care roles, though periodic refreshers on some content may always be required.

This workbook

The workbook covers what you need to know and understand for each standard in the Care Certificate. It has questions and activities for you to complete to show that you have understood the information and how it applies to your work. Your employer may adapt the activities to make them relevant to your work. Your assessor will use your answers to decide whether you have the knowledge to meet that standard. Your employer will then need to assess your competence around some parts of the Care Certificate, where needed in the standard, by observing you in your workplace. It is important that this is undertaken before you are expected to work alone on the tasks being assessed.

Once all parts of the practical assessment are achieved and the assessor is satisfied you have the knowledge required for each standard, you will be awarded the Care Certificate.

ROLES and RESPONSIBILITIES

Line Manager:

- The line manager will identify the appropriate person to be a Care Assistant Buddy
- Honours Off Duty requests to attend programme
- Review competency progress
- Follow up discussion on individual Personal Development
- Six month probationary period review
- Twelve month appraisal and personal development review

Care Assistant Buddy:

- Attend Care Assistant Buddy training dates
- Facilitate orientation and induction to the clinical environment
- Identify and organise the individual with ward procedure
- Act as a role model and resource person within the clinical setting
- Report any concerns to a Senior member of staff
- Provide support and feedback to the candidate

The Candidate:

- Practice in accordance with their professional code
- Familiarise themselves with the standards
- Ensure all study days are requested on the off duty in a timely manner
- Identify any issue that may prevent them completing the programme
- Maintain a portfolio providing evidence of on – going development knowledge and skills.

The Practice Development Team:

- Each Directorate has a designated Practice Development team who will be aware of all the new Care Assistants within their clinical environment.
- They will liaise with the Candidate and Ward manager to give additional support throughout the duration of the programme.
- A support worker will work alongside the candidate in the clinical area to assist in the completion of their care standards
- Additional training will be provided at 3 weeks, 6 weeks and 12 weeks from commencement of training.



Our values guide Everything We do

Our values reflect the commitments we make to people who use our services and to each other. Here are just a few examples:

Committed to Excellence

- ✓ We make safety and quality a priority for ourselves and others
- ✓ We go the extra mile
- ✓ We strive to achieve our goals consistently to the highest quality standard, getting the basics right every time
- ✓ We have a positive attitude
- ✓ We set ambitious goals for ourselves
- ✓ We deliver what we promise
- ✓ We work hard to solve problems if things go wrong and make them right
- ✓ We take responsibility for our own performance and for bringing our values to life

“**We are committed to excellence in everything we do, striving to be one of the best acute Trusts in the country.**”

Working Together

- ✓ We are friendly, welcoming, courteous and caring
- ✓ We act fairly and compassionately
- ✓ We are open, honest and candid with others
- ✓ We treat other people as individuals and respond to their needs
- ✓ We respect others' privacy and dignity
- ✓ We listen and ensure we understand
- ✓ We encourage and support colleagues
- ✓ We work as part of one team with colleagues within and outside the Trust in support of patient needs

“**We are working together as one team dedicated to meeting patient needs.**”

Facing the Future

- ✓ We challenge poor performance in others and expect to be challenged if our own performance is poor
- ✓ We are open to developing ourselves and constructive feedback
- ✓ We change things for the better
- ✓ We make best use of public money by being as efficient as possible
- ✓ We engage with others to improve how things are done
- ✓ We speak up if things could be done in a better way
- ✓ We see change as an opportunity not as a problem

“**We are facing the future, continuously improving our performance and adapting services to meet demands.**”

Our values will be embedded in everything we do

These values apply to every one of us, in everything we do for our patients and with our colleagues. Our values are incorporated into all aspects of our work from recruitment, appraisal, training and development and staff awards to strategy and business planning.

Our values in action

This is what our patients say when we get it right:

“I literally cannot fault any of the wards and services we received. They were thorough, staff all showed empathy and were all very patient and helpful with all our questions.”

“The courtesy, care and compassion we received was exemplary and we were kept fully informed - it was clearly a team effort.”

“Every single member of staff was polite and sympathetic and conducted themselves in a professional manner- from the cleaners to the surgical staff and everyone in between.”

“The nurses and all staff looked after us as if we were the most important people in the world, despite being incredibly busy.”

“All members of staff I encountered were wonderful, kind, friendly and informative and made me feel well cared for. I felt safe in their hands.”

“We were blown away with the quality of care in A&E and how staff put the patient first. Everyone was friendly and helpful and did what they said they would do.”

Message from the Chief Executive

Our shared values will help guide us on our journey to create one of the best NHS trusts in the country.

We want to ensure that our patients and service users have the best possible experience of receiving care wherever it is provided within Frimley Health NHS Foundation Trust. By being committed to excellence and working together, we will face the future with a focus on efficiency and improvement to ensure our success as a leading healthcare provider.

We also want our staff to have a great experience working with us so they are truly happy to recommend Frimley Health as a good place to work. We expect all staff to treat colleagues as they would wish to be treated themselves.

Our values set out what we expect of our staff in the way they treat patients, visitors, service users and each other.

So let us praise good practice and encourage initiative while challenging poor practice and unacceptable behaviour when we find it.

These values will shape everything we do, how we make our decisions, and will help to make everyone's experience of Frimley Health NHS Foundation Trust the best it can be.



Andrew Morris

WORKBOOK GUIDELINES

This workbook is a record of your clinical and professional skills supported by a body of evidence

It also serves as a record of your clinical experience and journey from a supervised role to a competent health care worker

Evidence Guidance:

For each section of the portfolio please collate the evidence to demonstrate how you have met the bench mark Evidence may be:

- Personal and Professional feedback
- Defining moments – reflection
- Making a difference – reflection
- Formal training
- Meetings
- Service users feed back
- Critical review / Analysis
- Action plan for developing skills and knowledge
- Certificates of training / E-Learning



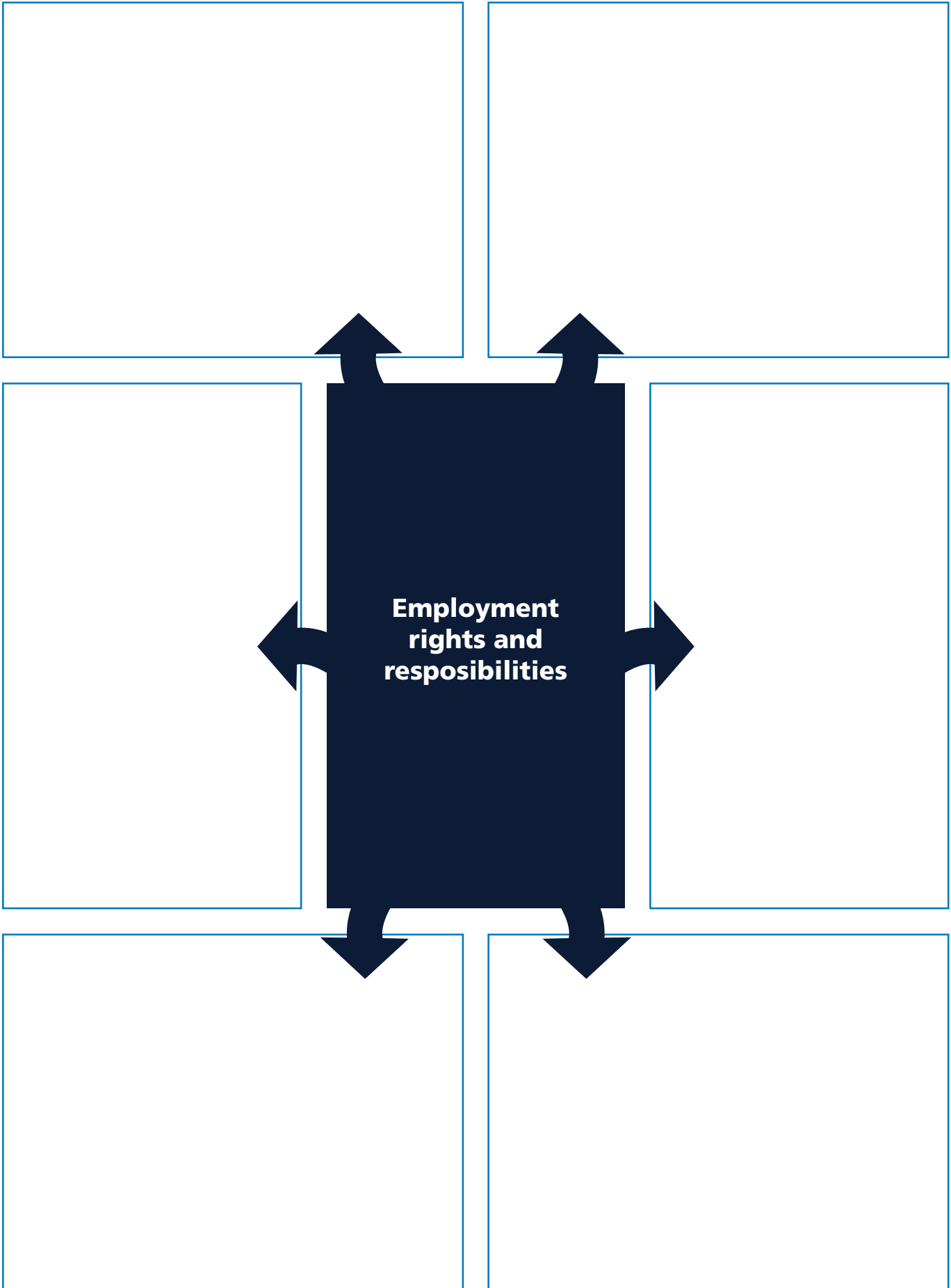
Activities for CC Standard 1

Understanding your role

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



1.2 a In the chart below list your employment rights and responsibilities



1.3 b in the boxes below, explain how a working relationship is different to a personal relationship. Use examples from your service to help you explain your points:

| A WORKING RELATIONSHIP IS | A PERSONAL RELATIONSHIP IS |
|----------------------------------|-----------------------------------|
| | |
| EXAMPLE IS | EXAMPLE IS |
| | |

| Observed in normal work duties | Date | Assessors Signature |
|---|------|---------------------|
| <p>1.1 c Demonstrate that you are working in accordance with the ways agreed by your employer</p> <p>Example :- time keeping, correct uniform</p> | | |
| <p>1.2 d Demonstrate how to access full and up-to-date details of agreed ways of working that are relevant to your role</p> | | |
| <p>1.4 c Demonstrate ways of working that can help improve partnership working.</p> <p>Example :- Handing over information</p> | | |
| <p>1.4 d Demonstrate how and when to access support and advice about:</p> <ul style="list-style-type: none"> • partnership working • resolving conflicts <p>E-Learning – Conflict Resolution</p> | | |

Activities for CC Standard 2

Your Personal development

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



2.1 Agree a personal development plan

2.1 a List sources of support available for your own learning and development

2.1 b What is the process for agreeing a personal development plan and who should be involved in it ?

2.1 c Why is feedback from others important in helping to develop and improve the way you work

2.1 d Contribute to drawing up a personal development plan.

| STRENGTHS | WEAKNESSES |
|---------------|------------|
| | |
| OPPORTUNITIES | THREATS |
| | |

| Observed in normal work duties | Date | Assessors Signature |
|---|------|---------------------|
| 2.1d, 2.1e Contribute to drawing up your own personal development plan and agree on your development plan | | |
| 2.2a Discuss the functional level of literacy, numeracy and communication skills necessary to carry out your role | | |

Activities for CC Standard 3

Duty of care

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



3.1 Understand how duty of care contributes to safe practice

3.1 a Define "duty of care"

3.1 b Thinking about your own work role, complete the sentences below to describe how the duty of care affects you in practice. The first example has been completed for you:

I have certain responsibilities to the individuals I provide care and support to and to my colleagues; this includes working safely and with the interests and wishes of the individual at heart.

The code of conduct means that...

The organisational policies and procedures are...

I must report unsafe practices because...

3.2 Understand support available for addressing dilemmas that may arise about duty of care

3.2 a Describe 2 dilemmas that may arise between duty of care and an individual's rights

1.

2.

3.2 b,c For the two dilemmas that you have described in 3.2a, complete the table below to explain what you must and must not do within your role for each dilemma and where you would get additional support and advice to help you resolve the dilemma.

| | What you must do within your role | What you must not do within your role | Where would you get additional support and advice to resolve the dilemma and why |
|------------------|--|--|---|
| Dilemma 1 | | | |
| Dilemma 2 | | | |

3.4 a What is an:

Adverse event

Serious Event

Error or Near Miss

| | Decide whether this is an example of an adverse event, incident, error or near miss | Describe how you recognise this as an example of an adverse event, incident, error or near miss | Explain what you must do and must not do in relation to each example |
|---|---|---|--|
| <p>3.4 b</p> <p>When serving lunch, an individual who has a nut allergy was given a peanut butter sandwich by mistake. You notice this just in time to change the sandwich.</p> | <p>Adverse event</p> | <p>Incident</p> | <p>Must do:</p> |
| | <p>Error</p> | <p>Near miss</p> | <p>Must not do:</p> |
| <p>An individual in the bathroom area slips on the wet floor. When investigating you notice that a wet floor sign has not been used.</p> | <p>Adverse event</p> | <p>Incident</p> | <p>Must not do:</p> |

3.4 c List the legislation and agreed ways of working in relation to reporting any adverse events, incidents, errors and near misses.

3.5 Dealing with confrontation and difficult situations

3.5 a List factors and difficult situations that may cause confrontation

3.5 b How can communication be used to solve problems and reduce the likelihood or impact of confrontation

3.5 c How would you assess and reduce risks in confrontational situations

| Observed in normal work duties | Date | Assessors Signature |
|--|-------------|----------------------------|
| 3.3 a Demonstrate how to respond to comments and complaints in line with legislation and agreed ways of working | | |
| 3.5 b Demonstrate how and when to access support and advice about resolving conflicts | | |

Activities for CC Standard 4

Equality and Diversity

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



4.1 Understand the importance of equality and inclusion

4.1 a Explain what is meant by:

Diversity

Equality

Inclusion

Discrimination

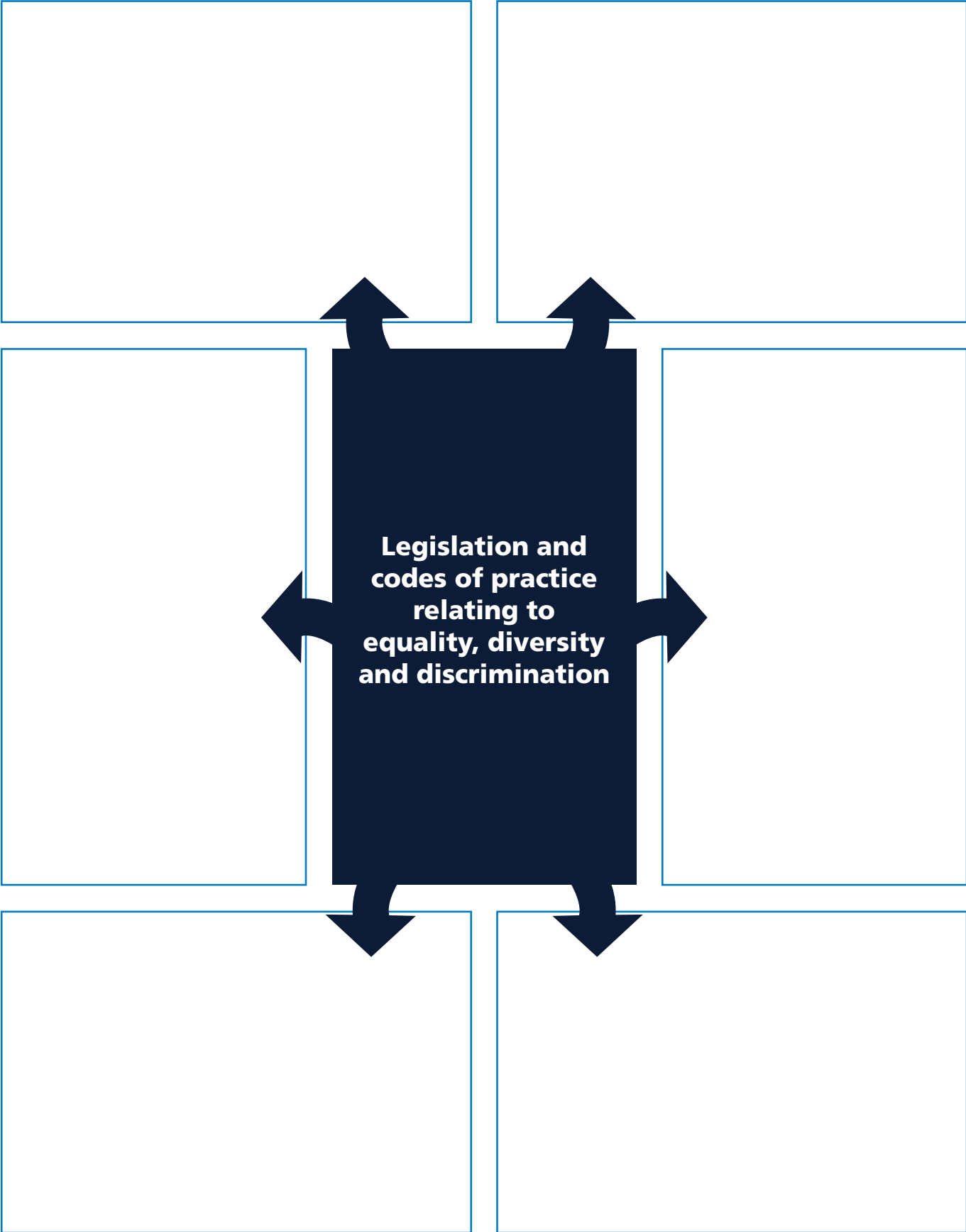
4.1 b How can discrimination deliberately or inadvertently occur in your work setting

4.1 b Discrimination may happen deliberately or by mistake within social care settings. For each of the examples below, describe the discrimination that is happening including whether it is deliberate or inadvertent (by mistake).

| Example | Deliberate | Inadvertent |
|---|------------|-------------|
| <p>A community group organises activities in a village hall that does not have access that is suitable for individuals who are wheelchair users.</p> | | |
| <p>In a hospital a volunteer gives smaller portions of food to women than men because they believe that men have bigger appetites.</p> | | |
| <p>A care home has a policy that limits kitchen hours from 8am to 5pm. A new resident follows Ramadan, meaning they can eat only before sunrise and after sunset. As a result of the policy they are not able to eat proper meals for the month of Ramadan.</p> | | |
| <p>A home care worker stays longer at the home of an individual than they should because they are fond of the individual which means that the next person has less time for their care and support.</p> | | |

4.2 Work in an inclusive way

4.2 a Can you identify which legislation and codes of practice relating to equality, diversity and discrimination apply to your own role.



4.3 Access information, advice and support about diversity, equality and inclusion

4.3 a List a range of sources of information, advice and support about diversity, equality and inclusion



4.3 b,c Think about situations when you may need additional information, advice and support. Fill in the table below to demonstrate how you would try to find additional information, advice and support about diversity, equality and inclusion. One example situation has been done for you. For the second example think of a situation that can happen in your own work:

| | When would you access information, advice and support? | How would you access information, advice and support? | Whom would you ask for advice and support in relation to this and why? |
|--|--|---|--|
| <p>Describe how and when to access information, advice and support about diversity, equality and inclusion?</p> | | | |
| <p>Who would you ask for advice and support about equality and inclusion?</p> | | | |

| Observed in normal work duties | Date | Assessors Signature |
|--|-------------|----------------------------|
| 4.2 b Demonstrate interaction with individuals that respects their beliefs, culture, values and preferences | | |

Activities for CC Standard 5

Work in a person Centred way

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |

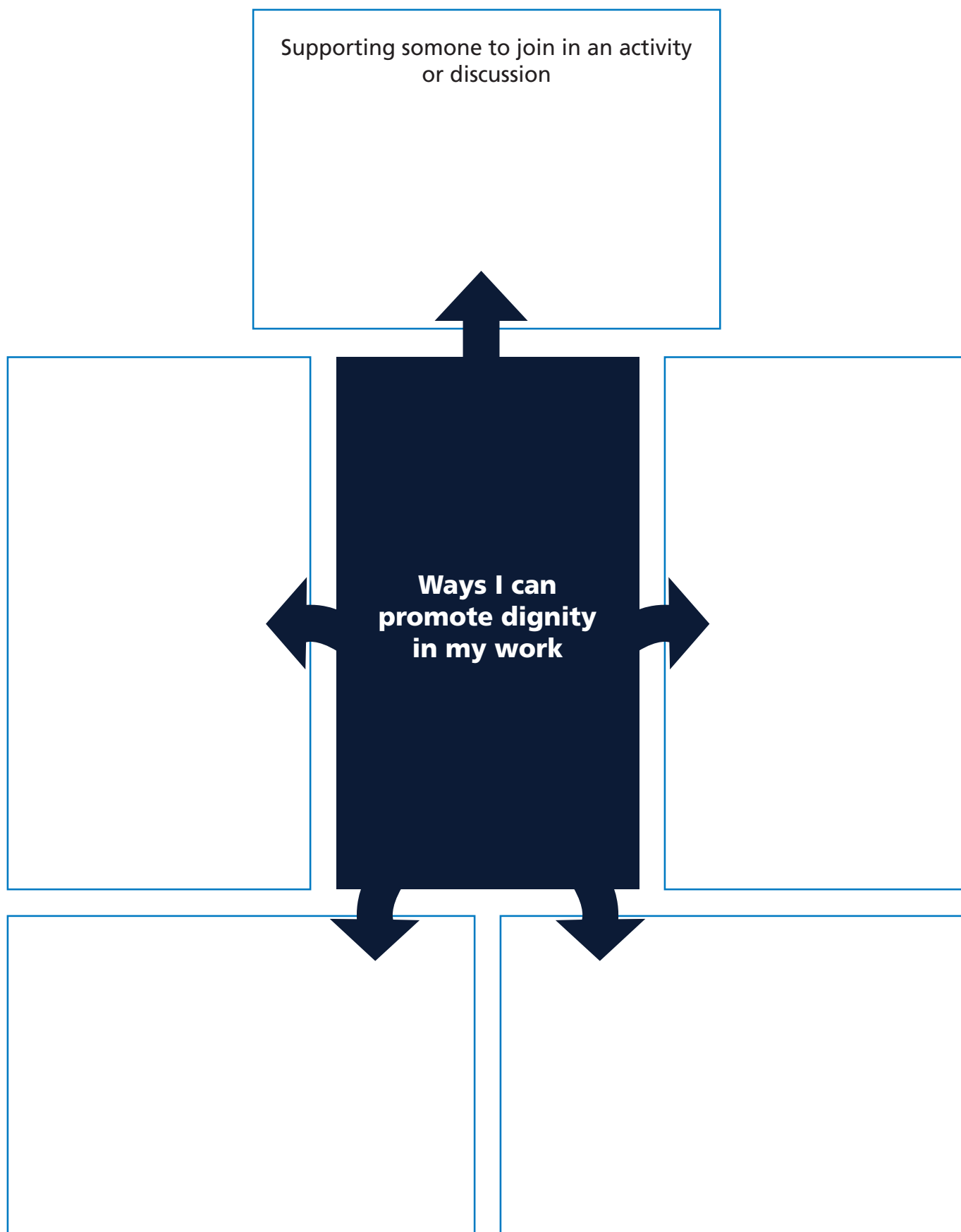


5.1 b Complete the table to describe why it is important to work in a way that promotes person centred values when supporting individuals

1. What does the value mean?
2. How would you put the value into practice in your day-to-day work?
3. Why is it important to work in a way that promotes this value when supporting an individual?

| Person centred value | 1. What is it? | 2. How would you put this into practice? | 3. Why is it important to work in a way that promotes this when supporting an individual? |
|----------------------|----------------|--|---|
| Individuality | | | |
| Rights | | | |
| Choice | | | |
| Privacy | | | |
| Independence | | | |
| Dignity | | | |
| Respect | | | |
| Partnership | | | |

5.1 c Providing person centred care or support that is specific to the individual's needs, wishes and preferences will ensure that the individual is always at the centre of their care. Dignity is one of the values included in person centred care. Complete the diagram to show how you can promote dignity in your day to day role



5.2 Understand working in a person centred way

5.2 a Describe the importance of finding out the history, preferences, wishes and needs of the individuals.

5.2 b Explain why the changing needs of an individual must be reflected in your care and practice

Give one example of when someone's care plan would need to be changed or adjusted:

5.2 c Explain the importance of supporting individuals to plan for their future wellbeing and fulfilment, including end of life care

5.3 Demonstrate awareness of the individuals immediate environment and make changes to address factors that may be causing discomfort or distress

5.4 Make others aware of any actions they may be undertaking that are causing discomfort or distress to individuals

5.5 Support individuals to minimise pain or discomfort

5.6 Support the individual to maintain their identity and self-esteem

5.7 Support the individual using person centred values

| Observed in normal work duties | Date | Assessors Signature |
|--|-------------|----------------------------|
| 5.3 a Take appropriate steps to remove or minimise the environmental factors causing the discomfort or distress. This could include: Lighting | | |
| Noise | | |
| Temperature | | |
| Unpleasant Odour | | |
| 5.3 b Report any concerns you have to the relevant person. This could include: <ul style="list-style-type: none">• Senior member of staff• Carer• Family member | | |
| 5.4 a Raise any concerns directly with the individual concerned | | |
| 5.4 b Raise any concerns you have with your supervisor/ manager | | |
| 5.4 c Raise any concerns via other channels or systems e.g. at team meetings | | |

| Observed in normal work duties | Date | Assessors Signature |
|--|------|---------------------|
| <p>5.5 a Check where individuals have restricted movement or mobility that they are comfortable.</p> | | |
| <p>5.5 b Recognise the signs that an individual is in pain or discomfort. This could include:</p> <ul style="list-style-type: none"> • Verbal reporting from the individual | | |
| <ul style="list-style-type: none"> • Non-verbal communication | | |
| <ul style="list-style-type: none"> • Changes in behaviour | | |
| <p>5.5 c Take appropriate action where there is pain or discomfort. This could include:</p> <ul style="list-style-type: none"> • Repositioning | | |
| <ul style="list-style-type: none"> • Reporting to a more senior member of staff | | |
| <ul style="list-style-type: none"> • Giving prescribed pain relief medication | | |
| <ul style="list-style-type: none"> • Ensure equipment or medical devices are working properly or in the correct position e.g. wheelchairs, prosthetics, catheter tubes | | |
| <p>5.5 d Remove or minimise any environmental factors causing pain or discomfort. These could include:</p> <ul style="list-style-type: none"> • Wet or soiled clothing or bed linen | | |
| <ul style="list-style-type: none"> • Poorly positioned lighting | | |
| <ul style="list-style-type: none"> • Noise | | |
| <p>5.6 a Explain how individual identity and self-esteem are linked to emotional and spiritual wellbeing</p> | | |
| <p>5.6 b Demonstrate that your own attitudes and behaviours promote emotional and spiritual wellbeing</p> | | |
| <p>5.6 c Support and encourage individuals own sense of identity and self-esteem</p> | | |
| <p>5.6 d Report any concerns about the individual's emotional and spiritual wellbeing to the appropriate person. This could include:</p> <ul style="list-style-type: none"> • Senior member of staff • Carer • Family Member | | |

| Observed in normal work duties | Date | Assessors Signature |
|---|------|---------------------|
| <p>5.7 a Demonstrate that your actions promote person centred values including:</p> <ul style="list-style-type: none">• individuality• independence• privacy• partnership• choice• dignity• respect• rights | | |

Activities for CC Standard 6

Communication

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



6.1 Understand the importance of effective communication at work

6.1 a Choose five different types of communication and describe how and when they might be used:

-

-

-

-

-

6.1 b Describe how communication affects relationships at work

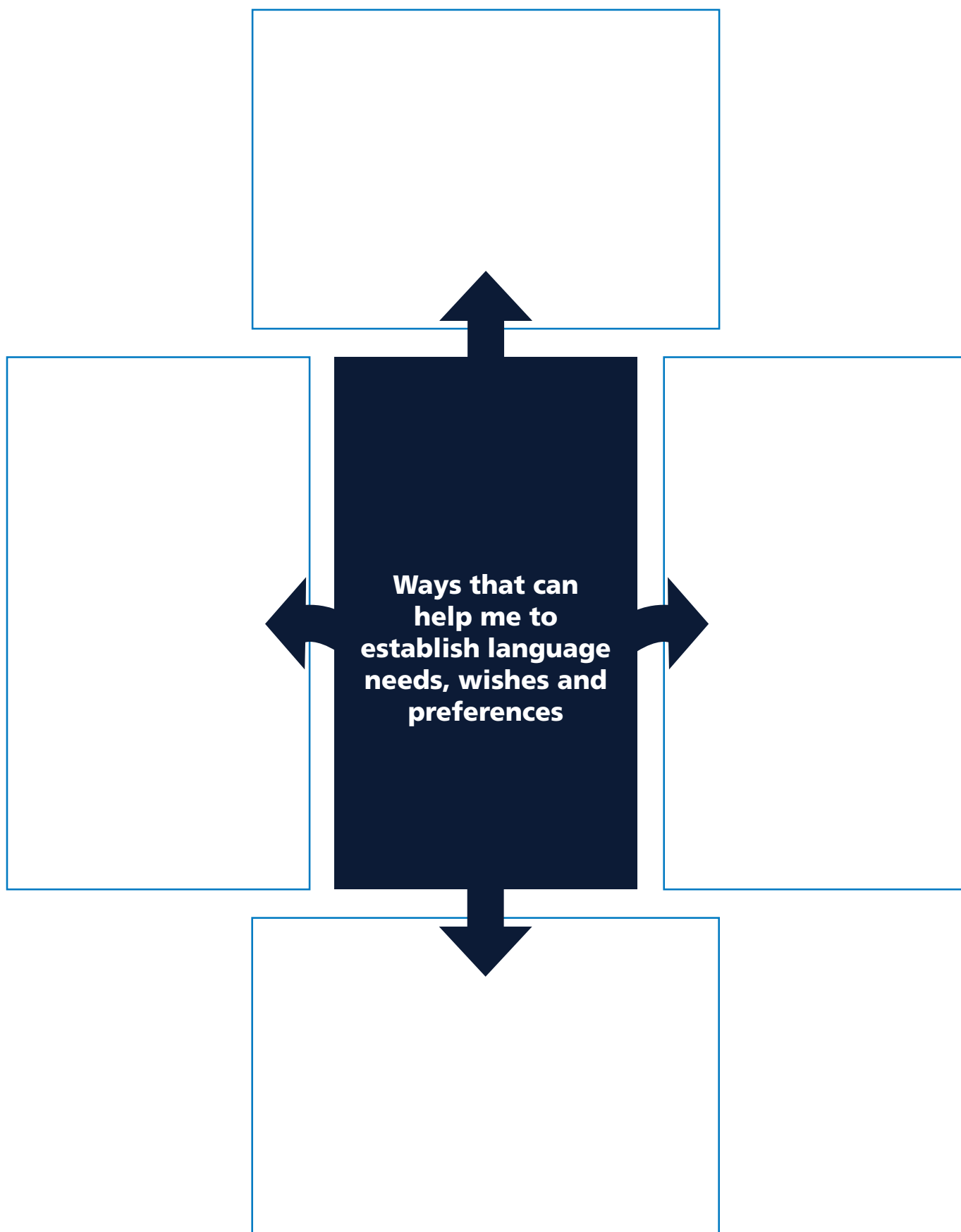
Example:- communicating with colleagues / multidisciplinary team

| |
|-------------------------------------|
| Disadvantages of poor communication |
| Benefits of good communication |

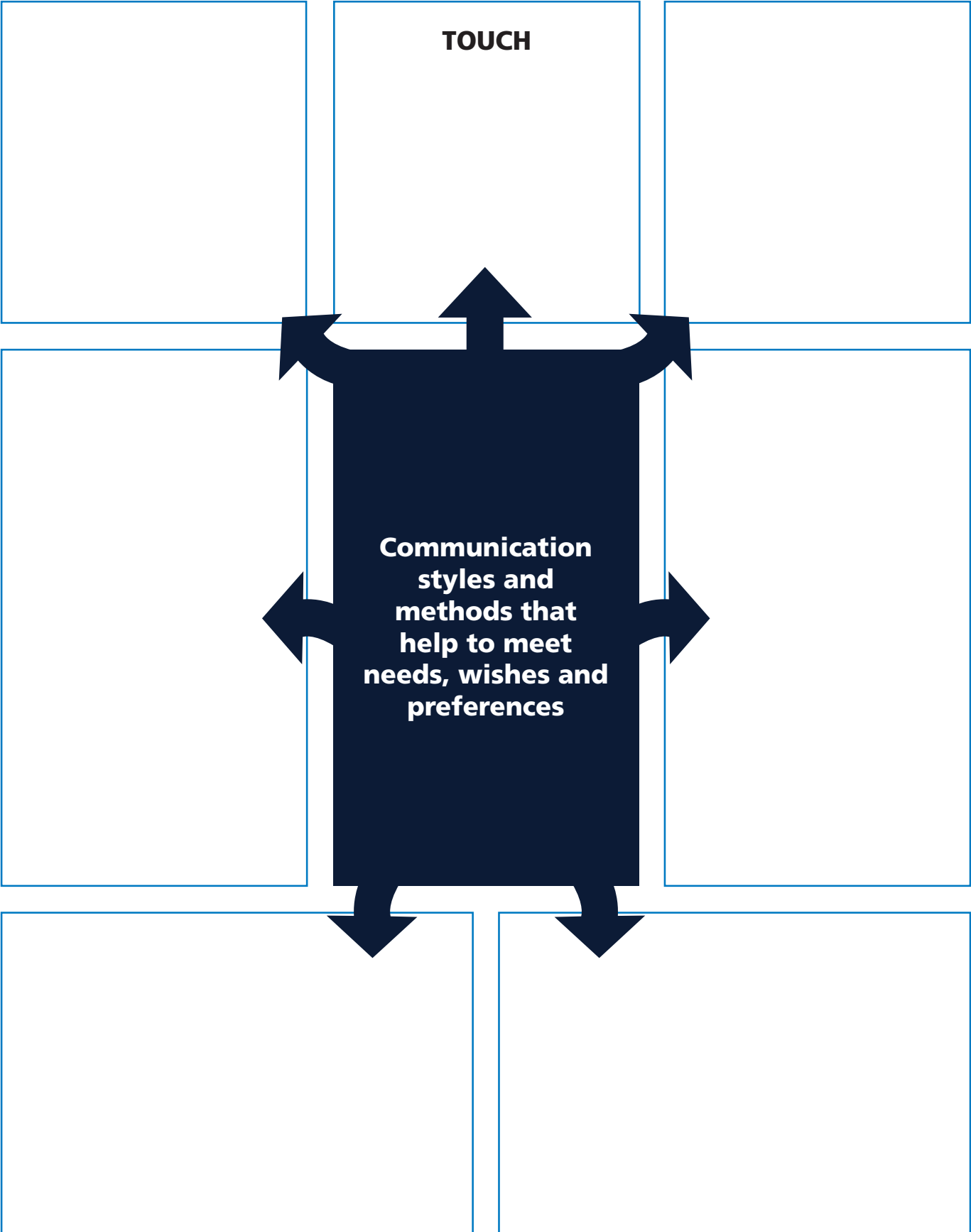
6.1 c Why it is important to observe and be receptive to an individual's reactions when communicating with them

6.2 Understand how to meet the communication and language needs, wishes and preferences of individuals

6.2 a Use the spider diagram to list four ways you can establish an individual's communication and language needs, wishes and preferences.



6.2 b Use the spider diagram to list a range of communication methods and styles that could help meet an individual's communication needs, wishes and preferences



6.3 Understand how to promote effective communication

6.3 a,b Use the table to list potential barriers to effective communication

| Barrier to communication | How it can be reduced |
|----------------------------|--|
| 1. Substance misuse | If an individual's behaviour is affected because of misuse of substances, I need to think carefully about how I will use my communication skills to make sure the individual is supported. If they are frustrated and angry I will need to use a calming tone of voice and relaxed body language but maintain a safe distance. |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

6.4 Understand the principles and practices relating to confidentiality

6.4 a Describe what confidentiality means in relation to your role

6.4 b List any legislation and agreed ways of working to maintain confidentiality in day-to-day communication

6.4 c Describe a situation where information, normally considered to be confidential, might need to be passed on

6.4 d Who would you ask for advice and support about confidentiality

| Observed in normal work duties | Date | Assessors Signature |
|--|------|---------------------|
| <p>6.5 a Demonstrate the use of appropriate verbal and non-verbal communication:</p> <p>Verbal:</p> <ul style="list-style-type: none"> • Tone • Volume <p>Non-verbal:</p> <ul style="list-style-type: none"> • Position/Proximity • Eye contact • Body Language • Touch • Signs • Symbols and Pictures • Writing • Objects of Reference • Human and technical aids <p>Communication may take place:</p> <ul style="list-style-type: none"> • Face to face • by telephone or text • by email, internet or social networks • by written reports or letters | | |
| <p>6.6 a Check that communication aids/ technologies are:</p> <ul style="list-style-type: none"> • Clean • Work properly • In good repair | | |
| <p>6.6 b Report any concerns about the communication aid/ technology to the appropriate person. This could include:</p> <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member | | |

Activities for CC Standard 7

Privacy and Dignity

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



7.1 Understand the principles that underpin privacy and dignity in care

7.1 a Describe what is meant by privacy and dignity

- **Privacy**

- **Dignity**

7.1b,c Describe 2 situations where an individual's privacy and dignity could be compromised and how you would maintain the individuals privacy and dignity

-

-

7.2 c Explain why it is important not to disclose anything about the individual that they may wish to be kept private, unless it is appropriate to do so. This could include:

- **Health condition**

- **Sexual orientation**

- **Personal history**

- **Family member**

7.3 Support an individual's right to make choices

7.3 a Describe 3 ways of helping individuals to make informed choices in the boxes below

| | |
|--|--|
| 1. Provide as much information as possible | |
| 2. | |
| 3. | |

7.3 + 4 d As part of your duty of care there may be times when you need to support an individual to question or challenge decisions made about them by others

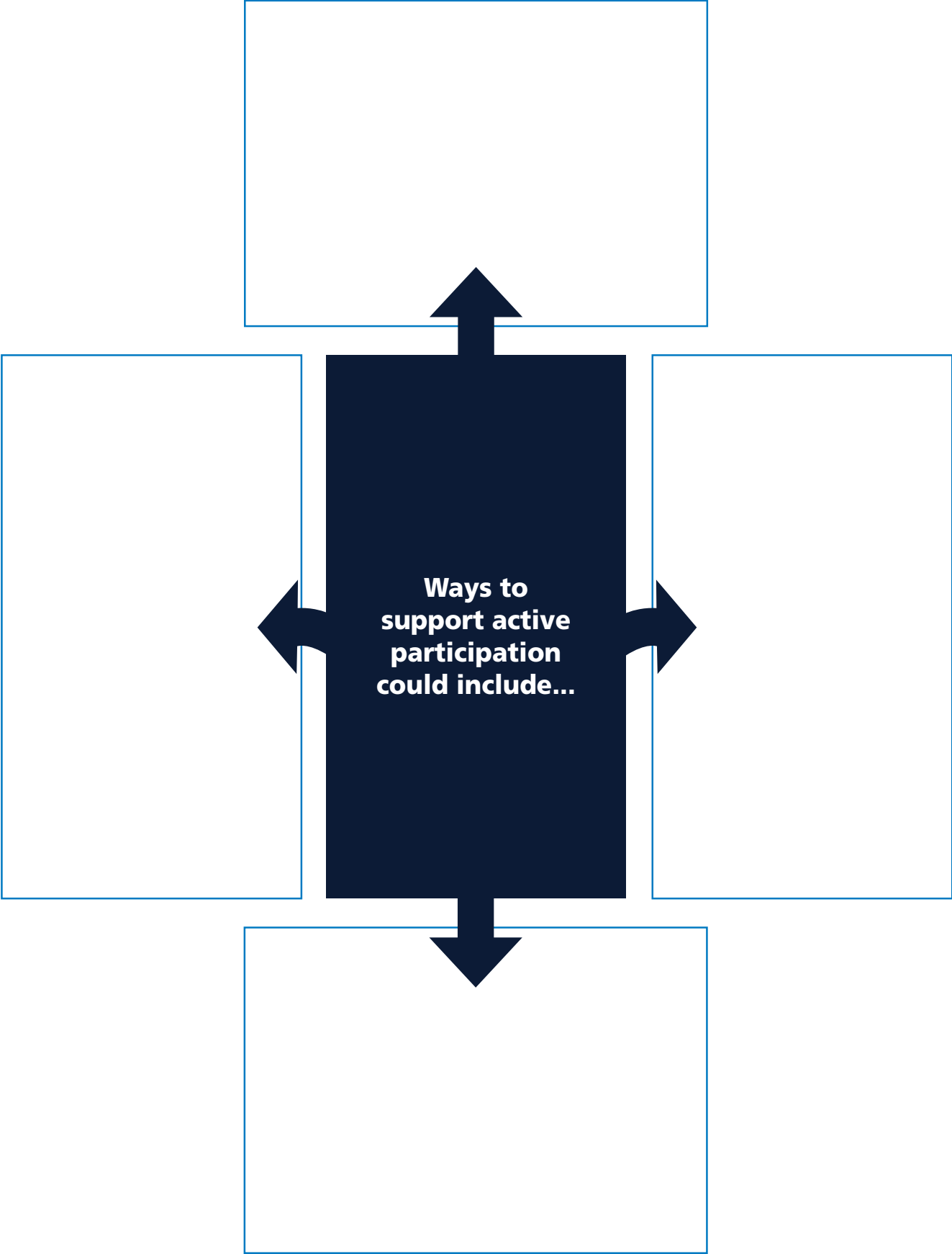
| | State how you would support the individual to question or challenge the decision | Describe how you would report any concerns you have to the relevant person (this could include a senior member of staff, carer or family member) |
|---|--|--|
| <p>Example 1: An individual tells you that their medication has been changed and they are experiencing side effects; they think this is because of another pre-existing condition.</p> | | |
| <p>Example 2: One of the individuals you support who has dementia has been declined access to a service or activity as it is believed it may cause unwanted negative emotions.</p> | | |

7.5 Understand how to support active participation

7.5 a,b,d Describe the importance of how valuing people contributes to active participation

| | Explain how you would enable the individual to make informed choices about their lives | Why is it important to enable the individual to develop skills in self-care? | Why is it important to enable the individual to maintain their own network of friends within their community? |
|---|---|---|--|
| <p>A young ex-service man is being rehabilitated in hospital after receiving significant trauma to both legs. He is soon to return home to his wife and children with support of an occupational therapist to ensure his home is equipped with the correct services to continue his rehabilitation. Prior to sustaining his injuries, he was engaged in many social activities and enjoyed sports such as basketball and surfing.</p> | | | |

7.5 c Complete the diagram to list other ways you can support active participation



| Observed in normal work duties | Date | Assessors Signature |
|---|------|---------------------|
| <p>7.2 a Demonstrate that your actions maintain the privacy of the individual. This could include:</p> <ul style="list-style-type: none"> • Using appropriate volume to discuss the care and support of an individual • Discussing the individuals care and support in a place where others cannot overhear | | |
| <p>7.2 b Demonstrate that the privacy and dignity of the individual is maintained at all times being in line with the person's individual needs and preferences when providing personal care. This could include:</p> <ul style="list-style-type: none"> • Making sure doors, screens or curtains are in the correct position • Getting permission before entering someone's personal space • Knocking before entering the room • Ensuring any clothing hospital gowns etc. are positioned correctly • The individual is positioned appropriately e.g. the individual is not exposing any part of their body they would not want others to be able to see | | |
| <p>7.2 d, 7.4 d, 7.6 c Report any concerns you have to the relevant person. This could include:</p> <ul style="list-style-type: none"> • Senior Staff Member • Carer • Family member | | |
| <p>7.4 a Demonstrate how to support individuals to make informed choices</p> | | |
| <p>7.4 b Check risk assessment processes are used to support the right of individuals to make their own decisions</p> | | |
| <p>7.6 a Demonstrate that you can support the active participation of individuals in their care</p> | | |

Activities for CC Standard 8

Fluids and Nutrition

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



8.2 Support individuals to have access to fluids in accordance with their plan of care

| Observed in normal work duties | Date | Assessors Signature |
|--|------|---------------------|
| 8.2 a Check that drinks are within reach of those that have restrictions on their movement/ mobility | | |
| 8.2 b Check that drinks are refreshed on a regular basis | | |
| 8.2 c Check that individuals are offered drinks in accordance with their plan of care | | |
| 8.2 d Support and encourage individuals to drink in accordance with their plan of care | | |
| 8.2 e, 8.3 e Know how to report any concerns to the relevant person. This could include: <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member | | |
| 8.3 Support individuals to have access to food and nutrition in accordance with their plan of care | | |
| 8.3 a Check that any nutritional products are within reach of those that have restrictions on their movement/ mobility | | |
| 8.3 b Check food is provided at the appropriate temperature and in accordance with the plan of care i.e. the individual is able to eat it | | |
| 8.3 c Check that appropriate utensils are available to enable the individual to meet their nutritional needs as independently as possible | | |
| 8.3 d Support and encourage individuals to eat in accordance with their plan of care | | |

Activities for CC Standard 9

Mental Health, Dementia and Learning Disabilities

Written by:
Ablen Dacalos
Dementia Nurse Specialist

Version: 1
Date: February 2015

Review Date: April 2017

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



Dementia Care Certificate Workbook

This workbook has been based on Dementia Policy and Strategy of Frimley Health NHS Trust and the initiative the Trust has introduced to raise dementia awareness and promote good dementia care.

Completing this workbook and the exercises will help you demonstrate your knowledge and skills in providing care and support for those people who have dementia.

Learning outcomes

By completing this Dementia Care Certificate workbook: Standard 9 you will be able to:

- ✓ Recognise possible signs of Dementia and other cognitive issues
- ✓ List the possible signs of dementia
- ✓ Explain the difference between Delirium, Depression and Dementia
- ✓ Explain why early diagnosis is important in relation to dementia.
- ✓ Describe when assessments of capacity need to be made.
- ✓ Signpost someone if you suspect symptoms associated with dementia and other cognitive issues
- ✓ Be familiar with the Mental Capacity Act (2005) which sets out a checklist of things to consider when deciding what's in a person's 'best interests'

What is dementia?

Dementia is a group of symptoms that are caused by disorders affecting the brain. Dementia affects thinking, behaviour, problem solving and the ability to perform everyday tasks.

The exact symptoms experienced by a person with dementia depend on the areas of the brain that are damaged by the disease causing the dementia.

Exercise 1: list at least 8 common signs and symptom of dementia.

1.

2.

3.

4.

5.

6.

7.

8.

| | Dementia | Delirium | Depression |
|-----------------------|---|--|--|
| Onset | Insidious/abrupt | Acute | Gradual |
| Duration | Months/Years | Hours/Days | Weeks/Months |
| Course | Alzheimer's – progressive Vascular – Usually step-wise | Fluctuates: worse at night, lucid periods | Normal |
| Alertness | Variable | Fluctuates | Normal |
| Orientation | Usually normal: can be impaired for time/ place | Always impaired; time/place/person | Usually Normal |
| Memory | Impaired recent and sometimes remote memory | Recent impaired | Recent may be impaired, remote intact |
| Thoughts | Slowed, reduced interests, repetitive | Often paranoid and grandiose, bizarre ideas and topics | Usually slowed, preoccupied by sad and hopeless thoughts |
| Perception | Normal, hallucinations in 30-40% (often visual) | Visual and auditory hallucinations common | Mood consistent, auditory hallucinations in 20% |
| Emotions | Shallow, apathetic, irritable, detached | Irritable, aggressive, fearful | Flat and unresponsive or sad and fearful, may be irritable |
| Sleep | Often disturbed, nocturnal | Nocturnal confusion | Early morning wakening |
| Other Features | | Other physical disease may not be obvious | Past history of mood disorder |

What is Delirium?

Delirium is a word used to describe a condition of transient confusion or 'acute confusional state'. It can start suddenly and may occur when someone has had surgery or they are very ill. It is a temporary condition which gradually improves after a few days or weeks. About 1 in 10 hospital patients have a period of delirium.

Delirium is not the same as dementia although people with dementia are more likely to develop delirium when they are ill.

What is Depression?

The word Depression is used in many different ways. Everyone can feel sad or feeling low when bad things happen. However, everyday sadness or feeling low is not depression. A person with a low mood may have a temporary depressed mood but they can manage to cope and soon recover without any treatment.

A clinical depression is one that lasts for at least two weeks which affect their day to day routine. This can interfere with work, relationship and way of thinking.

A person who is depressed can often show similar symptoms to a person who has dementia. This is because depression affects:

- ✓ Concentration
- ✓ Motivation
- ✓ Ability to manage everyday tasks

A person with both dementia and depression will be struggling with two lots of difficulties. They may find it even harder to remember things and may be more confused or withdrawn. Depression may also worsen behavioural symptoms in people with dementia, causing aggression, problems sleeping or refusal to eat. In the later stages of dementia, depression tends to show itself in the form of depressive 'signs', such as tearfulness and weight loss.

Assessing capacity to give consent

All adults are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise.

What is 'capacity'?

"Capacity" means the ability to use and understand information to make a decision, and communicate any decision made.

A person lacks capacity if their mind is impaired or disturbed in some way, and this means the person is unable to make a decision at that time.

Examples of how a person's brain or mind may be impaired include mental health conditions such as schizophrenia or bipolar disorder, dementia, severe learning disabilities, brain damage and mental conditions that cause confusion, drowsiness or a loss of consciousness. Someone with such impairment is thought to be unable to make a decision if they cannot:

- ✓ understand information about the decision
- ✓ remember that information
- ✓ use that information to make a decision
- ✓ communicate their decision by talking, using sign language or by any other means

As capacity can sometimes change over time, it should be assessed at the time that consent is required.

This will usually be done by an appropriately trained and experienced health professional that is either recommending the treatment or investigation, or is involved in carrying it out.

If the health professional feels that the person have the capacity to give consent, that decision will be accepted and the person's wishes will continue to be respected, even if you lose capacity at a later stage.

If the health professional feels that the person does not currently have the capacity to give consent or make a decision, and the person has not made **an advanced decision** or formally appointed anyone to make decisions for them i.e. **Legal Power of Attorney**, they will need to carefully consider what is in the person's best interests before making a decision.

An advance decision (sometimes known as an advance decision to refuse treatment, an ADRT, or a living will) is a decision you can make now to refuse a specific type of treatment at some time in the future whilst you have capacity.

If a person makes a decision about treatment that other people would consider to be irrational, it does not necessarily mean they have a lack of capacity, as long as they understand the reality of their situation.

For example, a person who refuses to have a blood transfusion because it is against their religious beliefs would not be thought to lack capacity. They still understand the reality of their situation and the consequences of their actions.

However, someone with anorexia who is severely malnourished and rejects treatment because they refuse to accept there is anything wrong with them would be considered incapable. This is because they are regarded as not fully understanding the reality of their situation.



If an adult lacks the capacity to give consent, a decision on whether to go ahead with the treatment will need to be made by the health professionals treating them. In order to make a decision, the person's "**best interests**" must be considered and a mental capacity assessment completed.

The five main principles of the Mental Capacity Act

People who support or help make decisions on behalf of someone who lack mental capacity must follow five main principles:

- Every adult has the right to make decisions for themselves. It must be assumed that they are able to make their own decisions, unless it has been shown otherwise.
- Every adult has the right to be supported to make their own decisions – all reasonable help and support should be provided to assist a person to make their own decisions and to communicate those decisions, before it can be assumed that they have lost capacity.
- Every adult has the right to make decisions that may appear to be unwise or strange to others.
- If a person lacks capacity, any decisions taken on their behalf must be in their best interests.
- If a person lacks capacity, any decisions taken on their behalf must be the option least restrictive to the person's rights and freedoms.

Mini Demetia Quiz

| | | | | | |
|---|-----------------|---|-------------------------|---|-------|
| 1. Dementia is a condition that affects the brain | | | | TRUE | FALSE |
| 2. Dementia can affect all age group. | | | | TRUE | FALSE |
| 3. Vascular Dementia is a type of dementia | | | | TRUE | FALSE |
| 4. Tick which type of the following can cause delirium (there maybe more than one answer) | | | | | |
| Constipation | chest infection | dehydration | Urinary Tract infection | | |
| 5. A person who is depressed can often show similar symptoms to a person who has dementia | | | | TRUE | FALSE |
| 6. As capacity can sometimes change over time, it should be assessed at the time that consent is required. | | | | TRUE | FALSE |
| 7. This is me booklet is a tool used by FPH to document the needs, preferences, likes and dislikes of a person diagnosed with dementia. | | | | TRUE | FALSE |
| 8. A full coloured blue butterfly icon on a patient's medical record or patient's board indicates: | | | |  | |
| a. Patient has a partial diagnosis of dementia | | b. Patient has a full diagnosis of dementia | | | |
| c. Patient has no diagnosis of dementia | | | | | |
| 9. A blue butterfly outline icon on the patient's medical record or patient's board indicates: | | | |  | |
| a. Patient has no dementia | | b. Patient has a level of confusion | | | |
| c. Patient is not confuse | | | | | |
| 10. List the five principles of the Mental Capacity Act 2005 | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

Activities for CC Standard 10

Safeguarding Adults

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



The following areas are incorporated In the Trusts Corporate Induction

Understand the principles of Safeguarding adults

10.1 b Explain their own role and responsibilities in safeguarding individuals

10.1 c List the main types of abuse

10.1 d Describe what constitutes harm

10.1 e Explain why an individual may be vulnerable to harm or abuse

10.3 Respond to suspected or disclosed abuse

10.3 a Explain what to do if abuse of an adult is suspected; including how to raise concerns within local whistleblowing policy procedures

10.4 Protect people from harm and abuse – locally and nationally

10.4 a List relevant legislation, local and national policies and procedures which relate to safeguarding adults

10.1 Understand the principles of Safeguarding adults

10.1 a Explain the term safeguarding adults

10.1 f Describe what constitutes restrictive practices

10.1 g List the possible indicators of abuse

10.1 h Describe the nature and scope of harm to and abuse of adults at risk

10.1 i List a range of factors which have featured in adult abuse and neglect

10.1 j Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing health and care services

10.1 k Explain where to get information and advice about your role and responsibilities in preventing and protecting individuals from harm and abuse

10.2 Reduce the likelihood of abuse

10.2 a Describe how care environments can promote or undermine people's dignity and rights

10.2 b Why is individualised, person centred care important

10.2 c Explain how to apply the basic principles of helping people to keep themselves safe

Activities for CC Standard 11

Safeguarding Children

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



ATTACH SAFEGUARDING CERTIFICATE HERE

| | | |
|----------------|--------------------------|-------|
| level 1 | <input type="checkbox"/> | Date: |
| level 2 | <input type="checkbox"/> | Date: |

Activities for CC Standard 12

Basic Life Support

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



PLEASE ATTACH BLS CERTIFICATE OF ATTENDANCE

Activities for CC Standard 13

Health and Safety

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



The following areas are incorporated in the Trusts Corporate Induction

13.1 Understand their own responsibilities, and the responsibilities of others, relating to health and safety in the work setting

13.1 a Identify legislation relating to general health and safety in a health or social care work setting

13.1 b Describe the main points of the health and safety policies and procedures agreed with the employer

13.1 c Outline the main health and safety responsibilities of:

- Self
- The employer or manager

13.1 d Tasks relating to health and safety that should not be carried out without special training

13.1 e Explain how to access additional support and information relating to health and safety

13.1 f Different types of accidents and sudden illness that may occur in their own work setting

13.2 Understand risk assessment

13.2 b Describe how and when to report health and safety risks that they have identified

13.3 Move and assist safely

13.3 a Identify key pieces of legislation that relate to moving and assisting

13.3 c Demonstrate how to move and assist people and objects safely, maintaining the individual's dignity, and in line with legislation and agreed ways of working

13.4 Understand the procedures for responding to accidents and sudden illness

13.4 b Describe the procedures to be followed if an accident or sudden illness should occur

13.7 Promote fire safety

13.7 a Explain how to prevent fires from starting or spreading

13.1 Health and Safety

13.1 c Outline the main health and safety responsibilities of:

- Others in the work setting

13.1 d List the tasks relating to health and safety that require specialist training

13.1 f List The different types of accidents and sudden illness that may occur in your work setting

13.4 Understand procedures for responding to accidents and sudden illness

13.4 a List the different types of accidents and sudden illness that may occur in the course of your work

13.4 c List the emergency first aid actions you are and are not allowed to carry out

13.5 Understand medication and healthcare tasks

13.5 a Describe the agreed ways of working in relation to medication

13.8 Work securely

13.8 a Describe the measures that are designed to protect your own security at work, and the security of those they support

13.8 b Explain the agreed ways of working for checking the identity of anyone requesting access to premises or information

13.9 Manage stress

13.9 a Recognise common signs and indicators of stress in themselves and others

13.9 b Identify circumstances that tend to trigger stress in themselves and others

13.9 c List ways to manage stress

| Training Attended | Date Attended | Facilitators Signature |
|--------------------------|----------------------|-------------------------------|
| Fire | | |
| Manual Handling | | |
| Health and Safety | | |

Activities for CC Standard 14

Handling Information

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



14.1 Handle information

All areas in this Standard are covered during the Trusts Corporate Induction Programme and Informatics training

14.1 a Describe the agreed ways of working and legislation regarding the recording, storing and sharing of information

14.1 b Explain why it is important to have secure systems for recording, storing and sharing information

14.1 c Demonstrate how to keep records that are up to date, complete, accurate and legible

14.1 d Explain how, and to whom, to report if they become aware that agreed ways of working have not been followed

| Training Attended | Date Attended | Facilitators Signature |
|--------------------------|---------------|------------------------|
| IT Training | | |
| IG Training | | |
| Hospital e-mail / set up | | |
| Win path / ICE | | |
| Real-time | | |
| Patient Centre | | |

Activities for CC Standard 15

Infection prevention and Control

| | |
|-------------------------------------|--|
| Date of Assessment Completed | |
| Name of Assessor | |



All Areas of this Standard are covered during the Trusts Corporate Induction Programme

15.1 a Describe the main ways an infection can get into the body

15.1 b Demonstrate effective hand hygiene

15.1 c Explain how their own health or hygiene might pose a risk to the individuals they support or work with

15.1 d List common types of personal protective clothing, equipment and procedures and how and when to use them

15.1 e Explain the principles of safe handling of infected or soiled linen and clinical waste

Glossary of terms



ABUSE: Abuse may be physical, sexual, emotional or psychological. It may be related to a person's age, race, gender, sexuality, culture or religion and may be financial, institutional in nature. It includes both self-neglect and neglect by others.

ACTIVE PARTICIPATION: Active participation 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 as a passive recipient. Ways to support active participation may include assistive technology, for example use of electronic or other devices. Adult Social Care Workers should refer to Common Core Principles to Support Self Care, principle 6 (www.skillsforcare.org.uk/selfcare). Healthcare Support Workers should refer to the Essence of Care Department of Health Publication (2010).

ADVICE AND SUPPORT: Advice and support can come from within or outside of your organisation and may include raising any concerns you may have.

AGREED WAYS OF WORKING: This refers to company policies and procedures. This includes those less formally documented by individual employers and the self-employed or formal policies such as the Dignity Code, Essence of Care and Compassion in Practice.

AT WORK: The definition of 'at work' may include within the home of the individual you are supporting.

BARRIERS: These can include barriers of culture, gender, religion, language, literacy, health issues, disability, sensory or physical impairment.

CARE AND SUPPORT: Care and support enables people to do the everyday things like getting out of bed, dressed and into work; cooking meals; seeing friends; caring for our families; and being part of our communities. It might include emotional support at a time of difficulty or stress, or helping people who are caring for a family member or friend. It can mean support from community groups or networks: for example, giving others a lift to a social event. It might also include state-funded support, such as information and advice, support for carers, housing support, disability benefits and adult social care.

CLINICAL WASTE: This includes 'sharps', such as needles, bodily fluids and used dressings.

COGNITIVE ISSUES: Examples of cognitive issues include dementia, learning disabilities, anxiety, depression and eating disorders.

COMMUNICATION: This includes verbal and non-verbal communication such as signs, symbols, pictures, writing, objects of reference, human and technical aids, eye contact, body language and touch. Communication may take place face to face, by telephone, email, text, via social networks, written reports and letters.

CONTINUING PROFESSIONAL DEVELOPMENT: This is the way in which a worker continues to learn and develop throughout their careers, keeping their skills and knowledge up to date and ensuring they can work safely and effectively.

DILEMMA: A difficult situation or problem.

DIVERSITY: celebrating differences and valuing everyone. Diversity encompasses visible and non-visible individual differences and is about respecting those differences.

DUTY OF CARE: Your duty of care means that you must aim to provide high quality care to the best of your ability and say if there are any reasons why you may be unable to do so.

EQUALITY: being equal in status, rights, and opportunities.

FUNCTIONAL LEVEL: The essential elements of literacy, numeracy and communication skills you need to perform your work confidently and effectively.

HANDLING COMMENTS AND COMPLAINTS:

This includes recording them.

HARM: Harm includes ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical); the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural); self-harm and neglect; unlawful conduct which adversely affects a person's property, rights or interests (for example, financial abuse).

HEALTH AND SAFETY: This could be in relation to the safety of yourself, your colleagues or the people you support.

HEALTHCARE TASKS: These include any clinical procedures carried out as part of a care or support plan, for example those relating to stoma care, catheter or injections.

INCLUSION: ensuring that people are treated equally and fairly and are included as part of society.

INDIVIDUAL: This refers to any adult, child or young person accessing care or support; it will usually mean the person or people supported by the worker.

INDUCTION: This is the initial introduction to work that employees receive. The length of induction is determined by local employers and will vary in length and delivery.

KEY PEOPLE: The people who are important to an individual and who can make a difference to his or her wellbeing. Key people may include family, friends, carers and others with whom the individual has a supportive relationship.

LEGISLATION: Important legislation includes the Data Protection Act, the Human Rights Act and the Mental Capacity Act.

MANAGING RISK: Supporting individuals to exercise their choices and rights, recognising the balance between managing risk and enabling independence, choice and control.

MOVING AND ASSISTING: This is often referred to as 'moving and handling' in health and 'moving and positioning' in social care.

NEEDS: Assessed needs can include a variety of physical, emotional, social, spiritual, communication, learning, support or care needs.

OTHERS: For example, your own colleagues and other professionals across health and social care.

PERSONAL DEVELOPMENT PLAN: Yours may have a different name, but it will record information such as agreed objectives for development, proposed activities to meet those objectives and timescales for review.

PERSON-CENTRED VALUES: These include individuality, independence, privacy, partnership, choice, dignity, respect and rights.

REFLECTIVE PRACTICE: This is the process of thinking about every aspect of your work, including identifying how and where it could be improved.

REPORTING: This includes the recording of adverse events, incidents, confrontations, errors and issues.

RESTRAINT AND RESTRICTIONS: Section 6 (4) of the Mental Capacity Act 2005 states that someone is using restraint if they use or threaten to use force to make someone do something that they are resisting; or restrict a person's freedom of movement, whether they are resisting or not.

SECURE SYSTEMS: This includes both manual and electronic systems.

SELF-CARE: This refers to the practices undertaken by people towards maintaining health and wellbeing and managing their own care needs. It has been defined as: "the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital."
(Self care – A real choice: Self care support – A practical option, published by department of Health, 2005).

SERVICES: Services may include translation, interpreting, speech and language therapy and advocacy services.

SOURCES OF SUPPORT: These may include formal or informal support, supervision and appraisal.

STANDARDS: These may include codes of conduct and practice, regulations, registration requirement (quality standards), National Occupational Standards and the Human Rights Act.

STRESS: While stress can have positive as well as negative effects, but in this document the word is used to refer to negative stress.

WELLBEING: A person's wellbeing may include their sense of hope, confidence and self-esteem, their ability to communicate their wants and needs, to make contact with others, to show warmth and affection, and to experience and show pleasure or enjoyment.

WHISTLEBLOWING: Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest' and may sometimes be referred to as 'escalating concerns.' You must report things that you feel are not right, are illegal or if anyone at work is neglecting their duties. This includes when someone's health and safety is in danger; damage to the environment; a criminal offence; that the company is not obeying the law (like not having the right insurance); or covering up wrong doing.

Benner Framework

Competence Assessment Criteria:

Achievement of this competency will be at a minimum standard of '**level 3 - competent**' as detailed in the following table, to ensure that the employee is achieving the accepted standard of work. It will be the Assessors duty to agree candidate's competency during ward assessment.

| Level of achievement | Grade/Standard |
|---|-----------------------|
| Can perform this activity, but not without constant supervision, assistance and / or guidance. | 1 = Novice |
| Can perform this activity satisfactorily, but requires some supervision and assistance and / or minimal guidance. | 2 = Advanced Beginner |
| Can perform this activity satisfactorily without supervision and/or guidance, with acceptable speed and quality of work with understanding and appropriate application. | 3 = Competent |
| Can independently perform this activity, satisfactorily with more than acceptable speed, quality and with initiative and adaptability to specific problems as and when they arise. | 4 = Proficient |
| Can perform this activity satisfactorily with more than acceptable speed and quality, and with initiative and adaptability, and can lead / instruct / assess other practitioners in performing this activity. | 5 = Expert |

Meeting Records



| | | | | | | | |
|-------------|--|------------------|------------------|---------------|--|-------------------|--|
| Name | | Programme | Care Certificate | Cohort | | Start Date | |
|-------------|--|------------------|------------------|---------------|--|-------------------|--|

| Date | | Main Points Discussed | Outcome/Actions Planned Date for Completion |
|------------------|--|------------------------------|--|
| | | | |
| Assessor: | | Candidate: | |
| Sign: | | Sign: | |

| Date | | Main Points Discussed | Outcome/Actions Planned Date for Completion |
|------------------|--|------------------------------|--|
| | | | |
| Assessor: | | Candidate: | |
| Sign: | | Sign: | |

| Date | | Main Points Discussed | Outcome/Actions Planned Date for Completion |
|------------------|--|------------------------------|--|
| | | | |
| Assessor: | | Candidate: | |
| Sign: | | Sign: | |

| | | | | | | | |
|-------------|--|------------------|------------------|---------------|--|-------------------|--|
| Name | | Programme | Care Certificate | Cohort | | Start Date | |
|-------------|--|------------------|------------------|---------------|--|-------------------|--|

| Date | | Main Points Discussed | Outcome/Actions Planned Date for Completion |
|------------------|--|------------------------------|--|
| | | | |
| Assessor: | | Candidate: | |
| Sign: | | Sign: | |

| Date | | Main Points Discussed | Outcome/Actions Planned Date for Completion |
|------------------|--|------------------------------|--|
| | | | |
| Assessor: | | Candidate: | |
| Sign: | | Sign: | |

| Date | | Main Points Discussed | Outcome/Actions Planned Date for Completion |
|------------------|--|------------------------------|--|
| | | | |
| Assessor: | | Candidate: | |
| Sign: | | Sign: | |

