

Client care files assignment



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All client information is confidential and only those who need access can have access. To ensure that the care provided is of the highest quality, Client Care Files are prepared and maintained for all clients. Only relevant information is retained in the care files. The Client Care Files are available only to staff members who need to use them. Quite often in my care home we receive requests for data access an example of this would be for a continuing care assessment this is usually after a resident has passed away.

In this instance to implement and comply with the data protection legislation I ask for a written request and this is usually signed by the relatives power of attorney. 03, 504, 510, 511, 515, 513, 517, Health and safety at work Act 1974 Clearly, it is impossible to remove all risks and hazards from any working environment. This means that the level of risk involved can be balanced against the time, trouble, cost and difficulty of taking measures to remove the risk.

With some specific legislation, however, the duties are absolute, i. E. The cost of a preventative measure has no bearing upon whether it should be implemented. The employer is obliged to produce a written safety policy that states the organization's commitment to the health, safety and welfare of its employees ND others. The employer must state how health and safety is to be organized and by whom, and detail the arrangements for how health and safety is implemented (usually through site-specific rules and procedures).

Employers are also required to consult with all employees on health and safety matters, including those who are not members of a trade union. This is especially important as the employee is often best placed to advice on

control measures that are needed. A statutory health and safety poster must be displayed in all workplaces. This summarizes employers' and employees' legal duties ND confirms the necessity of risk assessments.

The contact details of staff responsible for health and safety assistance at the workplace, the trade union representative and the relevant enforcing authority must also be listed. My employer has a 'duty of care' to ensure, as far as possible, my health, safety and welfare while I'm at work. They should start with a risk assessment to spot possible health and safety hazards. They have to appoint a 'competent person' with health and safety responsibilities usually one of the owners in smaller firms, or a member of staff trained in health and safety.

For businesses employing five or more people, there must also be: an official record of what the assessment finds (your employer has to put plans in place to deal with the risks) a formal health and safety policy which includes arrangements to protect your health and safety (you should be told what these are) All employers, whatever the size of the business, must: make the workplace safe prevent risks to health ensure that plant and machinery is safe to use ensure safe working practices are set up and followed make sure that all materials are handled, stored and used safely provide adequate first aid facilities tell you about any potential hazards from the work you do – chemicals and other substances used by the firm – and give you information, instructions, training and supervision as needed set up emergency plans make SURE that ventilation, temperature, lighting, toilet, washing and rest facilities all meet health, safety and welfare requirements check that the right work equipment is provided and is properly used and regularly

maintained prevent or control exposure to substances that may damage your health take precautions against the risks caused by flammable or explosive hazards, electrical equipment, noise and radiation avoid potentially dangerous work involving manual handling (and if it can't be avoided, take precautions to reduce the risk of injury) provide health supervision as needed provide protective clothing or equipment free of charge (if risks can't be removed or adequately controlled by any other means) ensure that the right warning signs are provided and looked after report certain accidents, injuries, diseases and dangerous occurrences to either the Health and Safety Executive or the local authority, depending on the type of business 503, 504, 513, 515, 517, Mental capacity act 2005 The MAC applies to situations where a person may be unable to make a particular decision at a particular time because their mind or brain is affected, for instance, by illness or disability, or the effects of drugs or alcohol.

For example someone may be unable to make a decision when they are depressed but may be able to make the decision when they are feeling better. It may be the case that the person lacks capacity to make a particular decision at a particular time but this does not mean that a person lacks all capacity to make any decisions at all. For example a person with a learning disability may lack the capacity to make some major decisions, for instance where they should live, but this does not necessarily mean that they cannot decide what to eat, wear and do each day. It is very important to remember at all times that lack of capacity may not be a Permanent condition. Assessments of capacity should be time and decision specific.

The MAC applies in England and Wales to everyone who works in health and social care and is involved in the care, treatment or support of people over 16 years of age who may lack capacity to make decisions for themselves. It is based on best practice and creates a single, coherent framework for dealing with mental capacity issues and an improved system for settling disputes, dealing with personal welfare issues and the property and affairs of people who lack capacity. It puts the individual who lacks capacity at the heart of decision making and places a strong emphasis on supporting and enabling the individual to make his/her own decisions. If they are unable to do this it emphasizes that they should be involved in the decision making process as far as possible.

It introduces important new safeguards for people who lack capacity and the people who work with, support or care for them. I had a resident admitted into my home as an emergency he wanted to go home however this was not possible due to legal reasons. This gentleman has dementia and was unaware of the events that had led him to becoming a resident in my home. I attended a safeguarding/best interests meeting with this man's social worker a representative from the local safeguarding team and a financial representative. The meeting was held to determine if the gentleman had mental capacity, and if it would be in his best interest to stay at Bellingham.

This gentleman had no recollection of the incidents prior to him being admitted. It was decided by those at the meeting that it would be in his best interest to stay at Bellingham as there were other factors to consider. All units National minimum standards, care standards act 2000, codes of practice, national occupational standards The purpose of the Care Standards

Act is to reform the regulatory system for care services in England and Wales. If the Act is implemented effectively, it could impact on the quality of care provided to children and vulnerable adults. It could make the system of regulation and inspection of care in particular simpler, more transparent and navigable

The National Minimum Standards for Care Homes for Older People focus on achievable outcomes for service users – that is, the impact on the individual of the facilities and services of the Wellbeing Residential Group. The standards are grouped under the following key topics, which highlight aspects of individuals' lives identified during the stakeholder consultation as most important to service users. Choice of home Health and personal care Daily life and social activities Complaints and protection Environment Staffing Management and administration The Code of Practice for Social Care Workers is a list of statements that describe the standards of professional conduct and practice required of social care workers as they go about their daily work.

The intention is to confirm the standards required in social care and ensure that workers know what standards of conduct employers, colleagues, service users, careers and the public expect of them. I implement these by giving all of my staff a copy of the codes of practice as part of their induction package. The Code of Practice for Employers of Social Care Workers sets down the responsibilities of employers in the regulation of social care workers. The code requires that employers adhere to the standards set out in their code, support social care workers in meeting their code and take appropriate action when workers do not meet expected standards of conduct.

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The codes are intended to reflect existing good practice and it is anticipated that workers and employers will recognize in the codes the shared standards to which they already aspire. Equality act 2010 The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage and civil partnership and pregnancy and maternity. The Act extends some protections to characteristics that were not previously covered, and also strengthens particular aspects of equality law. The Equality Act 2010 allows me, if i want to, to take a protected characteristic into consideration when deciding who to recruit or promote.

However, I can only do this when i have candidates who are “ as qualified as” each other for a particular vacancy. This does not mean they have to have exactly the same qualifications as each other, it means that my selection assessment on a range of criteria rates them as equally capable of doing the job. I would also need some evidence to show that people with that characteristic face particular difficulties in the workplace or are disproportionately under-represented in my workforce or in the particular job for which there is a vacancy. In these circumstances, I can choose to use the fact that a candidate has a protected characteristic as a ‘ tie-breaker’ when determining which one to appoint.

I must not have a policy of automatically treating job applicants who share a protected characteristic more favorably in recruitment and promotion. This means that i must always consider the abilities, merits, and lubrications of all of the candidates in each recruitment or promotion exercise. Otherwise, my actions would be unlawful and discriminatory. All units ICQ

inspections/Calls/Offset The Care Quality Commission (ICQ) is the independent regulator of health and adult Social care services in England. Its defined aims are to: Drive improvements across health and adult social care Put people first and champion their rights Act swiftly to remedy bad practice Gather and use knowledge and expertise, and work with others.

ICQ has the power to visit any area within an organization unannounced, to inspect ND observe care, in order to see whether the care provided meets Essential Standards of Quality and Safety. Following their inspection they publish a report that is then available for public viewing and request action plans to address any concerns raised during their inspection/review.

Inspection visits are unannounced and are led by ICQ inspectors who are supported by external experts who can provide the perspective of patients/service users. For reviews the organization is asked by the ICQ to submit evidence for any site/service detailing how we meet the standards (this includes policies and Procedures, recesses, audits and training compliance amongst many).

The ICQ can then decide whether to follow this information up with an unannounced review visit. When they visit, they collect the views of the residents in my home and they observe care delivered, and also use feedback they already hold from local involvement networks and other local groups. A report is then written and sent to us to allow us to make any requests for amendments. Once agreed this is then published on their website for public scrutiny. Action plans are written in response to the ICQ requirements and returned to the ICQ for agreement, to ensure any concerns

raised are addressed and resolved – ensuring compliance with the Regulations.

They can take the following enforcement action if concerns are raised: Issue a warning notice. Impose, vary or remove conditions around services and departments Issue a penalty notice instead of prosecution. Prosecute for specified offences. (Fines can be up to EYE, 000) Suspend registration. Cancel registration. The inspector arrives without warning and asks to see evidence and observe care in practice. This may be about a specific program of care such as Mental Health/Deprivation of Liberties or infection prevention & control or it may be cooking at how care is given generally. They speak to staff to ask questions such as how care is delivered, what mandatory training has been completed and evidence of attendance.

They will also speak to residents to see, for example; if they feel informed about their planned care, able to give informed consent and whether this is documented, and if they feel they had adequate food and drinks, observing to see if help is given when required. Throughout the visit they observe all aspects of care delivered looking at many things including infection control procedures, privacy and dignity and how staff approach and care for students show that I am positive and proud of the excellent standard of care we deliver. Take this as my opportunity to show them the good work we do and explain how we meet our resident's needs in collaboration with them and their family/ careers.

I will be ready and able to demonstrate and show them good examples of how i have improved care – such as reducing infections, reducing pressure

ulcers and falls prevention work. Evidence is required to show that I am compliant, so I ensure I offer as much supporting evidence as possible to demonstrate the good work we do. I am open and honest and mindful that all I say and do is being observed and will be written down. Safeguarding, protecting vulnerable adults/children, no secrets, in safe hands, our health, our care, our say, putting people first, vetting and barring/Alas, Children Act 1989, UN convention on rights of the child, Human Rights Act 1998, Every Child Matters. This legislation for safeguarding was first brought out in 2006. It was brought out so that the protection of adults was put into place.

The legislation requires anybody working with adults to be registered. The legislation works alongside The Independent Safeguarding Authority (ISA) they are responsible for deciding who should be barred from working with the vulnerable. This would be done from any illegal action which they have undertaken and been, cautioned, reprimanded or even sent to jail for. The Safeguarding Team is responsible for responding to referrals of abuse of vulnerable adults and supporting colleagues as well as offering advice to anyone who has concerns. The Safeguarding Team undertakes complex Safeguarding investigations in Norfolk as well as attending internal and external meetings to raise awareness in Safeguarding.

Members of the team are often involved in video interviewing vulnerable service users who would find it distressing to appear in more formal settings. Some team members are co-located with police officers which ensure that speedy decisions are taken in responding to referrals. The team members are active in reviewing operational procedures and are able to give practical front-line evidence in the delivery of preventative and investigative work.

The team members are available for all partner agencies to consult with when Safeguarding concerns arise. The Team are active in delivering training and by arrangement can visit and contribute to organization's case discussions.

No secrets gives guidance to local agencies who have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. It offers a structure and content for the development of local inter- agency policies, procedures and joint protocols which will draw on good practice nationally and locally. Coherent strategies should be developed, in all areas of the country, by all the statutory, voluntary and private agencies that work with Vulnerable adults. The human rights act clearly describes individual's rights to live free from abuse, lenience or torture and is considered a benchmark against which services can access how they uphold individuals rights. Everyone has the right to respect for his private and family life, his home and his correspondence.

There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a dramatic society in the interests of national security, public safety or the economic well-being of the country; for the prevention of disorder or crime; for the protection of health or morals; or for the protection of the rights and freedom of others. Independent safeguarding adults SIS – Independent Safeguarding Authority has been created to help prevent unsuitable people from working with vulnerable adults or children. SIS manage the OVA list. The Independent Safeguarding Authority (SIS) has been created to help prevent unsuitable people from working with vulnerable adults or children.

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The Safeguarding Vulnerable Groups Act 2006 defines regulated activities involving working with children or vulnerable adults. Broadly, this is any activity that involves contact with children or vulnerable adults, or work in specific places such as schools, care homes, or hospitals. Any person undertaking a regulated activity must be registered on the SIS list. This will be a legal requirement. It will be the employer's responsibility to enroll a new worker onto the list, or to check an entry of someone who claims they are already on the list. The BBS was designed to protect children and vulnerable adults by preventing those who pose a known risk from gaining access to them through their work or volunteering.

The Independent Safeguarding Authority (SIS) now maintains two lists, one of those barred from working with children, the other of those barred from working with vulnerable adults. The purpose of the SIS is to reduce the risk of harm to children and vulnerable adults from people who work with them. The SIS will do this by accessing information referred to them on the risk of harm posed by an individual working or applying to work in regulated activity, based on known information held about that individual. Our Health, Our Care, Our Say (2006) sets out a vision to provide people with good quality social care and NASH services in the communities where they live.

The Paper aims to achieve four main goals; better prevention services with earlier intervention, more hooch and a louder voice, more to tackle inequalities and improving access to community services and more support for people with long term needs. There are references to developing mental health promotion strategies, improving public understanding of mental health issues, increasing access to psychological therapies and meeting the

needs of dementia sufferers closer to home. Putting People First requires that all local authorities move to a system of Personal Budgets for anyone who is eligible for adult social care support. They are also required to provide improved information, support and advocacy to anyone who needs services, whether they are eligible for funding or not.

With putting People First the individual is at the centre of identifying their own needs and deciding how they are supported, who provides the support, and when. 505, 511, 514, 525 Serious case reviews A Serious Case Review is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious Safeguarding Adults cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected. The Panel recommends changes to improve practice and services in the light of these lessons. The purpose of a serious case review is not to reinvestigation or to apportion blame.

It is to: establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard vulnerable adults review the effectiveness of procedures (both multi-agency and those of individual organizations) inform and improve local inter-agency practice improve practice by acting on learning (developing best practice) Prepare or commission an Overview Report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for true action. Serious case reviews should be considered when: A vulnerable adult dies A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their

death. Including the situations where there is no perpetrator but is through non engagement by the vulnerable adult (Vulnerable Adult Risk Management Model – FARM). Suffers life-threatening injury.

A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults Abuse in an Institution / multiple abusers serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.