

Impact of health and safety practices in healthcare work



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Introduction

The cases study focuses on the failings in a private hospital due to the non-compliance of health and safety that led to the death of one staff and seriously injuring another. These failings have led to negative impacts on the employees who were affected, the family members and friends of those who affected and the organisation who failed to comply with the health and safety regulations.

The impact of the failings on the employees and their relatives

Financial

In the case study the first employee was financially affected by the failings of the organisation to comply with health and safety regulations. The first employee to be injured by the faulty equipment suffered from third degree burns to their arms. Third degree burns are the most severe burns, which require treatment. (Getty Doyle and George Doyle, 2014) Depending on how badly the burns have affected the function of their arms, the employee will suffer further loss if they have to retire from their job. This will prevent them from bringing in income to support their responsibilities such as family; pay for addition treatment that they may also require in future. It must also be taken into consideration that this employee may never find employment again. If this is the case the individual will either have to depend on their support network or look for other sources of income such as benefits (GOV, 2015). This will also place the family members and relatives of the employee under pressure, having to take on some of the financial responsibilities of

the employee not working and having to support them when they may already have their own needs and responsibilities to take care of.

Likewise, the second employee to suffer from the non-compliance of health and safety lost their life due to the severity of the incident. This will place a burden and great strain on the family members of the employee. They will have to spend money paying for funeral costs, debts left behind from the person and taking responsibility for any other costs left behind (Cordon et al, 2008).

Moral

During and after the incident experienced by the first employee, they suffered from pain and will go through trauma of their experience (O'sullivan, 2012). Despite the employee reporting the incident it was not taking into consideration that the equipment was unfit to use and the staff member themselves was blamed for mishandling the equipment. This in itself was unacceptable as the worker had already suffered without feeling like the incident was their fault.

The second employee has lost their life which can not be fixed or replaced, due to the failing of the organisation and the incident that took place could have been prevented had the correct health and safety measures been implemented and practiced. The purpose of health and social care is to prolong life and delay death (McDermid and Bagshaw, 2009)

Physical and health implications

The first employee to suffer from the non-compliance of health and safety by the hospital, experienced pain and trauma. The physical effects of the incident can also lead to depression and loss in self-confidence due to the change in his appearance. As mentioned, third degree burns are the most severe burns and from this the employees nerves are damaged affecting the way they are able to carry out activities (Getty Doyle and George Doyle, 2014).

The health implication to the second worker was that they did not survive the incident, as so therefore that was the end result on their health.

The organisation

Financial

After investigation from the Health and Safety Executives (HSE) and police, it was found that the responsibility of the failings would fall onto the hospital because of the negligence, having no adequate maintenance of equipment and staffs were not trained to a satisfactory level to use the machine. The private hospital will suffer financial loss and have the financial responsibility for the workers who suffered. If the employee who suffered from the third degree burn was to have financial costs to pay for their treatment and any after effects such as depression, it will become the responsibility of the organisation, as it is their fault that this employee sustained those injuries. All organisations have employers liability insurance which will cover these costs, if the organisation failed to have this then they would be breaching the law (BBC, 2000)

After the imprisonment of the managing director and around one hundred members of staff involved in the incident, the private hospital will lose out on production costs. The organisation will also have to make it a priority to recruit new staff; pay for training and change the way health and safety is implemented and monitored in the organisation. As well as this financial implication the hospital's reputation will also be put on the line due to their negligence, preventing the registration of new clients and also putting off potential staff.

Legal

Due to the incident being the fault of the hospital, they will be required to pay compensation to the employee who suffered third degree burns. The compensation can be to cover the cost of loss of income and pain caused by the injury (Morris, 2013). Compensation will also be paid to the family members of the worker who lost their life. This is because of the financial costs they will have and to help support any dependents of the worker.

Due to the outcome of the investigation the managing director of the private hospital and almost one hundred members of staff at that hospital were given a sentence of twelve months in prison. This is a form of legal prosecution for their failings and lack of responsibility.

Moral

When the first incident took place the worker reported it to the hospital. They passed it off as being the worker's fault and kept the faulty machine in use for staff, which led to the death of the second worker. Had the organisation

followed policies and procedures to monitor equipment and acted on the first incident, the death of the second worker could have been prevented. This shows a lack of care, respect and consideration for their staff.

Conclusion

It can be seen how the impact of non-compliance with health and safety measures, policies, procedures and regulations has led to implications on the workers and their family members. Had the hospital followed the health and safety measures, the death of the worker could have been prevented and it could have also prevented all the loss the hospital had to incur due to negligence by a large amount of their staff.

3. 2 Analyse the effectiveness of health and safety policies and practices in the workplace in promoting a positive, healthy and safe culture

Introduction

In my previous employment working as a Support Assistant, there were different policies and practices used to promote a positive health and safety culture. This was achieved through communication, training, providing staff with feedback and reporting health and safety concerns to management.

Systems for communicating information and consulting with staff

The first practice was to share information on health and safety through different methods of communication. Those methods include appraisals, newsletters, meetings, emails and posters. From my experience I found meetings to be one of the most effective methods used by managers and high level professionals of the organisation to communicate and consult

staff. This is due to meetings allowing all levels of staff to make contributions and share their own experiences on health and safety. It also gives professionals the opportunity to communicate and interact directly, minimising the chances of barriers to communicating important information. During each meeting minutes were used to keep records of who attended meetings, what was discussed, what contributions were made and what actions were to be taken on health and safety. This promoted positive health and safety

Despite meetings being a way to promote positive health and safety culture in my organisation, some staff failed to make positive contributions and did not achieve the actions that were noted in the minutes. This would often set back the team. For instance, we found that a number of customers who used the service were high risk and staff such as myself brought this up during the team meeting and came up with the solution to make a record of these customers so that we can have the right health and safety measure when they used the service. However, some staff did not take the time to identify the staff, putting others staff and customers at risk.

Systems for reporting concerns and addressing feedback

Other practices and policies for promoting a positive health and safety culture in the organisation I worked for are systems for reporting health and safety concerns and management addressing feedback from staff. My organisation used meetings and staff surveys. During the team meetings, managers would give feedback to staff about their concerns about health and safety and also took into account the proposals made to staff about

methods of improving health and safety in the organisation. Like previously mentioned meetings was an effective system used as what was discussed was recorded as evidence as well as having the whole team present to ensure that everyone was aware. Myself and other staff also had the opportunity to speak directly with managers about our concerns and what the correct procedures were on dealing with health and safety concerns. Although, it was difficult to discuss with one of the managers, this way also meant that the discussion was not recorded and on some occasions that manager was not very supportive or active in given staff feedback. Surveys were also provided by other levels of the organisation, which gathered information from every member of staff in the organisation, once the surveys were complete the two-team managers, and the senior manager would give feedback during the team meeting.

Training in health and safety

Training is another system that was used to promote positive health and safety culture in my organisation. There were multiple forms of training such as distant learning training online and attending training days at a training centre. On my first day of employment I had induction training which introduced me to the organisational structure; fire evacuation plans and fire exit locations; health and safety kit location and the appointed first aider and was given the files introducing me to the customers I would be responsible for. I was given access to an online portal containing the policies and procedures of the organisation such as lone working and Data Protection Act 1998. I had to undergo further training on specific health and safety needs of the customers such as Managing Aggression and Domestic abuse. The

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training that staff received by the organisation promoted positive health and safety culture as it managers supported staff in selecting their training so that it was focused on the needs of the customers they were providing services for, preventing them from being overloaded with irrelevant information and so that their time was allocated accordingly. Staffs were also required to give feedback at the end of each training session to make contributions to the way that training was provided and if they felt that any changes could be made to improve the training.

Conclusion

Despite meetings being an effective practice to promote a positive health and safety culture in my organisation, it can be seen that the contribution of staff plays an important role in how positive the health and safety culture is. I also felt that during my experience the way managers and senior professionals in the organisation dealt with addressing feedback from staff was not very effective, despite it increasing staff awareness on health and safety and also increasing their contributions on managing health and safety in the organisation.

3. 3 Evaluate own contributions to placing the health and safety needs of individuals at the centre of practice.

Introduction

During my experience working as a Support Assistant, I worked with vulnerable customers in the community that needed support for Money; Benefits, debts and rent arrears; Health - emotional, physical, substance

misuse, sexual; Employment and education; Housing; Loneliness and isolation. (GOV, 2015) In the organisation I worked for it was imperative to place the health and safety needs of the individuals who used the service at the centre of practice.

My responsibilities as a Support Assistant that placed the health and safety needs of individuals at the centre of practice

My main responsibilities as a Support Assistant in relation to placing the health and safety needs of individuals at the centre of practice, was to work in partnership with other services to provide support to the customers in order to support them in maintaining their accommodation, support them to find accommodation and live independently at home and in the community. I was good at complying with my responsibilities as I actively worked well in multi-agency and multi disciplinary teams, using effective communication, respecting different knowledge, skills and expertise as well as making positive contributions to team work.

I executed my responsibilities well always making the individuals the focus of my care and ensuring that through all support provided was for their needs.

There were multiple aspects that made it difficult to place the health and safety needs of individuals at the centre of practice, one of those aspects being shortage of staff. During my employment there were periods of high staff turnaround, due to problems with management. This meant that I would have to take on more cases of customers and having to manage a high workload of complex cases. I was still expected to manage my time effectively and work within the same time frames, which I found difficult. I

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also feel that this limited my ability to placing the health and safety needs of individuals at the centre of practice.

My training as a Support Assistant to place the health and safety needs of individuals at the centre of practice

On starting my employment I was given an induction training on the organisation as a requirement under the Health and Safety at Work Act (HASAWA) 1974. (GOV. 2012) Some of the training that I received based on the health and safety need of individuals were on The Data Protection Act 1998 which also incorporates confidentiality; Lone working policy and procedures; Fire; Safeguarding of Vulnerable Adults (SOVA); Violence and Aggression policy and procedures; Carrying out risk assessments; Gifts and Gratuities policy and procedures; The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

During my employment as a Support Worker I attended the training that was chosen by my team manager, to meet the health and safety needs of the individuals using the organisation. Throughout my employment I used my knowledge from training to deal with practical situations. This allowed me to put the needs of individuals at the centre of practice.

However, a limited amount of the training required for placing the health and safety needs of individuals at the centre of practice was not available to me as a support worker. Despite this I was able to use my previous experience in health and social care to manage health and safety in order to place the needs of individuals at the centre of practice. For instance, part of my

responsibility to placing the health and safety needs of individuals at the <https://assignbuster.com/impact-of-health-and-safety-practices-in-healthcare-work/>

centre of practice was to partner up with Support Workers to attend home assessments of the customers. These home assessments involved carrying out risk assessments, asking the customers questions and actively listening to them. Risk assessments were used to identify the needs of the customers, which through my work I would help to support through working in partnership and with other agencies.

Despite training allowing me to contribute towards placing the health and safety needs of individuals at the centre of practice, I found that it was not always effective in every situation. Although training is a form of preparation for health and safety measures, real life situations vary and I had to be able to gain experience in dealing with health and safety through my practical work.

My interactions as a Support Assistant with individuals, groups and agencies

As a Support Assistant I was required to work with individuals, groups and agencies. I interacted with individuals (customers) in accordance with the organisation policies I used the person centred approach of promoting individuals right to make choices and informed decisions in order to place their health and safety needs at the centre of practice. In order to achieve this I used effective communication skills of listen, being empathetic, clarity, feedback and using appropriate communication methods for the individuals needs (Doyle, 2016). As well as using effective communication I worked in the community to meet individuals at their homes for those with physical and mental needs and upon the request of customers.

However, on some occasions my interactions with some of the individuals could have been better. For instance, during an interaction with a customer who wanted permanent housing he became aggressive because he was not getting what he wanted from the service being provided. The customer did not feel that his individual's needs were being met by the service. However, he failed to understand that there was a registration process that was required to gather his information including a risk assessment and needs assessment to be able to meet his needs. During this interaction I feel that I could have been assertive, which would have allowed me to minimise his aggression and interactive with him more effectively to place his health and safety needs at the centre of practice.

My interactions as part of a group were one of my strengths that allowed me to make a positive contribution towards placing the health and safety needs of individuals at the centre of practice. The team had a good relationship, which allowed continuous interactions through meetings, group discussions and general discussions on how to promote the health and safety of individuals. During group interactions I was able to contribute my ideas, experiences and knowledge which was always taken into consideration and also interacted with the group to gain information and knowledge and skills that would help me to making more and improved contributions to placing the health and safety needs of individuals at the centre of practice.

As effective as my interactions were, the interactions with agencies were not always very effective and made it difficult to place the health and safety needs of individuals at the centre of practice. As mentioned, part of my responsibilities were to work in partnership with other services and agencies, <https://assignbuster.com/impact-of-health-and-safety-practices-in-healthcare-work/>

so good interaction was crucial. However, for interactions to be effective and beneficial it requires the cooperation and participation of both parties. From my experience I put full effort into interacting with other agencies, using different methods of communication to interact with the agencies if for any reason they were not available. This included sending emails using Information Communication Technology (ICT), writing letters, making telephone calls and attending the organisation directly. I exhausted all efforts especially when the health and safety needs of the individuals were high.

On many occasions the organisations did not interact with me. This was often for many reasons such as having other priorities, having other workloads apart from working with the individuals from my organisation and some agencies were just uncooperative for their own needs. Poor and ineffective interaction meant that the health and safety needs of individuals were not always put at the centre of practice despite my contributions.

Conclusion

I believe that the contributions I made to placing the health and safety needs of individuals at the centre of practice was done to the best of my ability and for me this was a priority due to the vulnerability of the customers who used the services. This was achieved by encouraging customer involvement; using my training to manage health and safety; complying and following organisational practices and using my communication skills to interact with individuals, groups and agencies.

I found that despite the contributions I made to placing the health and safety needs of individuals at the centre of practice there were factors that limited my contributions and made it difficult to effectively achieve such as bad partnership relationships, some interactions being limited due to poor partnership working and some training not being accessible.

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