



Spinal Homecare **Induction Programme** **Workbook**

Name :

Date:

The content of this workbook has been designed to meet the requirements of CQC 'Care Quality Commission' and the Skills for Care 'Care Certificate Standards' April 2015.

1. Understand Your Role
2. Your Personal Development
3. Duty of Care
4. Equality and Diversity
5. Work in a Person Centred Way
6. Communication
7. Privacy and Dignity
8. Fluids and Nutrition
9. Awareness of Mental Health, Dementia and Learning Disability
10. Safeguarding Adults
11. Safeguarding Children
12. Basic Life Support
13. Health and Safety
14. Handling Information
15. Infection Prevention and Control

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.

Content

Section 1	Activities and Practical Tasks
Page 5 and 6	Activity 1- Qualities of a Carer and Client letter -IT WAS JUST ONE OF THOSE THINGS
7	Activity 2-How to amend a Mar Chart (Mar Chart included)
8	Activity 3- How to carry out a bed bath for a client with Spinal Cord Injury
9 and 10	Activity 4- Spinal Homecare – Induction Sheet (Tick and sign sheet)
Section 2	Knowledge Questions
Page 12	Understanding the Principle Needs of an Individual
13 to 14	Understanding a Spinal Cord Injury and Safeguarding Adults
14 to 16	Identify health conditions that are 'Spinal Cord Injury' specific
17 to 19	Understanding the principles and practice of Health and Safety, Risk Assessment and Moving and Handling in the workplace
19 to 20	Bowel Care Management
21	Bladder Care Management
22	Pressure Care Management and Prevention
23	Understand the principles and practice of infection prevention and control, fire safety, safe handling and storing food, nutrition
Section 3	Record of Experience
Page 25 to 26	Record of Experience 1-Observed competent in the workplace
27	Record of Experience 2- Supervision 1
Section 4	Resources
Page 31	List of Spinal Homecare Policies and Law, Legislation, Guidance and Standards.
32 to 34	Glossary of terms

Section 1
Activities
and
Practical Tasks

Activity 1



As group activity take into account our discussion of the Principle Needs of the Individual, Basic Human Rights, Person Centred Values and Effective Communication. List the qualities, and care/support under the headings below.

Qualities of a Personal Assistant

Care/Support required by Client

Client letter -IT WAS JUST ONE OF THOSE THINGS.

It was a cold wet Sunday morning August 20th 1978 that I set out to meet a group of friends. We had planned to have a full day of fun, but it all ended suddenly with my journey to hospital after falling down a railway embankment. Some of the memories of this accident are very hazy, but most I can remember in detail. For example the most vivid details I recall are the rain, meeting my family at the first hospital and the journey up to Oswestry. On my arrival to Oswestry I was seen by the doctor in charge, put on a special bed and left alone in a room with my thoughts. Ahead of me lay weeks of lying flat on my back, with a strange numbness in my limbs which felt like lead. Hearing the noise of the ward and only being able to see the ceiling I imagined it to look completely different from the reality I discovered later on when I began to sit up. My hearing and sense of smell became the most important senses and as the weeks progressed I began to recognise people by their footsteps. Strangely three months passed quickly and I began the long ordeal of beginning a new life for which I was totally unprepared. Before me lay months of hard work, sometimes disappointments and frustrations in both, physiotherapy and occupational therapy. Eventually the time came when I was ready for a weekend at home, but a decision had to be made about where it would be- my father's home, where I had lived before the accident, or my mother's which everyone seemed to think was right. I had always said that I wanted to live with my father but deep down I knew that the right place was my mother's home. Before my weekend I finally made the decision to live with my mother. When I entered the house for that first weekend I was amazed at the number of people who were there- Occupational Therapists, a District Nursing Officer, the Orthopaedic Hospital Co-ordinator and numerous other professional people. All I really wanted was to be alone with my family. During that weekend I felt tired, my wheelchair seemed too big for the house and I hated being carried up and down stairs, more for the strain it caused my family than the inconvenience to me. As I was beginning to get used to home the weekend ended and I had to return to hospital. For the remainder of my rehabilitation. Next six months passed quickly and I began to find things I could do to compensate for activities I couldn't do. I developed a patience to listen to people and be interested in their views and ideas. I gradually adjusted to my new life and found a number of friends who were in the same position as I was. On April 1st 1979 I was finally discharged from hospital. I began a new life by entering a different school. I made new friends but kept some of my old ones. But the firmest friends are those I met in hospital. The house was adapted to accommodate my wheelchair and give me a room of my own. The doctors had told me I had broken my neck and would be permanently paralysed in all my four limbs for the rest of my life. "What a tragedy!" I hear you say- but to me it has become "Just one of those things."

Activity 2

How to amend a MAR Chart (Medication Administration Record)

Consider the items listed below and show on the MAR Chart how you would record these changes on the medication section and in the changes section. Your placement started on the 7th and ended on the 15th of the month. Sign and amend the MAR chart, you arrive at the client's home at 12pm on the 7th and leave at 2pm on the 15th. Client A went to the see the GP on the 9th at 11am and had a review of his medication and changes were made. Amend on the Mar Chart included.

1. Sodium Docusate (100mg) was discontinued on the 10th.
2. Baclofen (10mg x 2) of daily dose has been decreased to 2x daily so the times it's administered have changed to 10.00 and 18.00 starting on the 10th.
3. Client A had to reorder Glycerine suppositories and there are 28 to a box and he has received 3 boxes which arrived on the 8th.
4. Baclofen (10mg) there are 28 to a box and during your placement you had to open a new box on the 13th.
5. Client A has been prescribed antibiotics for a chest infection, amoxicillin 500mg for 7days from the 10th to the 16th, administered at 10.00 and 22.00.
6. Oxynorm (5mg) is a CD (controlled drug) before leaving the placement you have to count the tablets and record how many are left. There is 1 unopened box with 28 tablets and an opened box with 5 tablets left on the strip.
7. Client A is out with a friend and gave the client his medication that is due on the 14th at 22.00.

Activity 3

Identify as how to carry out a bed bath for a client with Spinal Cord Injury.

Things to consider;

What items would you need?

How would you carry out a bed bath?

What things would you need to consider for the client?

Activity 4

Spinal Homecare – Induction Sheet (Tick and sign sheet)

ASSIGNMENT RECORDS – (Changeover, handover) own and monthly	
MEDICAL SHEETS own and monthly	
EXPENSES (use the cheapest form of travel)	
REVIEW SHEETS (Client and carer)	
CONTRACTS: CCM and Respite. Respite clients pay your travel directly To you, speak to them before buying your ticket. Always ring the client 2 days before the placement starts, and keep your phone switched on (silent). Do not use your phone in front of your client.	
FINANCIAL TRANSACTIONS (Client finances)	
FOOD ALLOWANCE (on some placements) will say on the profile. PERSONAL HYGEINE and suitable clothing. No long/false nails. ALCOHOL (Not to be consumed under any circumstances) OR drugs which may impair you ability to do your job safely.	
SKIN MARKS: ALWAYS ring the office if you see a mark on the skin.	
DRIVING – (Driving is essential) Parking tickets, speeding tickets, points and accidents (carer responsibility) don't park in disabled, if your client is not with you. (no good saying you don't want to drive in London)	
TRAVEL – (Expected time of arrival, ask client directions from the station, NEVER leave client until the next carer arrives)	
MONEY SUBS – (Money subs are available to new carers and in emergencies Only) (ONLY for the first 6 weeks).	
CLIENT / CARER RELATIONSHIPS (Our motto is "your life, your way")	
ON-CALL PHONE- Should you need to contact the member of staff on-call Phone and speak to someone. Do not send texts.	
PAY ROLL – (Wages 20 th -20 th) from 12.00 noon day 1 – 12.00 noon day 2 etc. PAYDAY is the 30 th of every month or if the 30 th falls on a weekend it will be paid the Friday before.	
SUPERVISION – (QCF Diploma's and Office support)	
TIME OFF – (Your availability well in advance) (accidents and sickness)	
WORK – (Time off at the discretion of the client) (Work 8 hours daily)	
ON CALL SYSTEM. You are actually under contract whilst on call, so NO alcohol or drugs which may impair your ability to do your job safely. You must call the office if you become ill whilst on call, as you would if you were with a client, then we will replace the on call carer.	
CARE PLANS (ISO and CARE STANDARDS)	
I HAVE RECEIVED MY CONTRACT.	

I _____ have read and understand the new carer information pack and the care manager has explained the above points in detail. I am aware that I can call head office at anytime to clarify any of the above points. I have also received a copy of the coversheet policy file, and I am aware that the care manager can e-mail any policies I require.

Signed.....

Date.....

Section 2

Knowledge Questions

Understanding the Principle Needs of the Individual, Basic Human Rights, Person Centred Values and Communication

1. Describe your understanding of the term 'Duty of Care'?

2. List 2 examples of when you would be expected to act on your 'Duty of Care' while working with our clients and who would you report that to?
 -
 -
3. Explain what is meant by;
 - diversity -
 - equality -
 - inclusion -
 - discrimination -
4. Describe your understanding of what person centred values mean to you and how you apply these values in your role as a PA?

5. Explain why effective communication affects all aspects of your role as a PA?

6. What do you understand by term "Confidentiality" and how would you apply this in your role as a PA?

7. Describe the difference between a personal and professional relationship?

Understanding a Spinal Cord Injury

1. What is tetraplegia?

2. List 3 causes of spinal injury.

-
-
-

3. If the client has a 'complete' spinal cord injury will they have any movement below the level of the injury?

Yes :

No :

4. If a client had a C5 'incomplete' spinal cord injury, would they have any movement or feeling below the level of the injury?

Yes :

No :

Safeguarding Adults

1. Give your own definition of abuse.

2. What is neglect?

3. List 5 of the 7 categories of abuse.

-
-

-
-
-

4. What signs might you see if you suspected “Physical Abuse”?

5. What signs might you see if you suspected “Sexual Abuse”?

6. If a service user’s belongings were going missing what kind of abuse might be occurring?

7. Give 3 examples of who could be the perpetrator of abuse.

-
-
-

8. What is a “Disclosure” and when would you report it?

9. What does the term “Whistleblowing” mean?

Medication Management

List the 6 R’s (right's) of medication.

1. Right -

2. Right-

3. Right-

4. Right-

5. Right-

6. Right-

Identify health conditions that are **'Spinal Cord Injury'** specific and can have the potential to become an emergency first aid situation. In the table link in the relevant condition from below to the correct signs and symptoms, and the steps you need to take.

Chest Infection, Autonomic Dysreflexia, Postural Hypotension, Maintaining Body Temperature and Spams

Signs, symptoms and causes of the condition	What steps you need to take
Generally unwell, aching muscles and headache, Fever/raised temperature, 'tight' chest/ wheeze. Difficulty breathing, Cough Chest pains Which condition is this? -----	<u>Assisted Cough</u> Place the heels of your hands underneath the ribcage. As client attempts to cough push inwards and upwards. Encourage to expectorate into a tissue and dispose appropriately
A person with SCI will have lost the ability to sweat; this is the body's mechanism for 'cooling down' when the body overheats. Therefore, it is important not to 'overheat'. Because a person with SCI does not feel heat or cold on the affected areas, it is important to protect the skin. Risks 'burns' or 'chest infection'. Which condition is this? -----	You MUST NOT use anything hot on the skin below the level of the injury 'hot water bottle or hair dryer'. <u>Prevention of becoming 'overheated'.</u> Wear light clothing in warm weather. Drink more fluids to prevent dehydration. Use a spray bottle of cool water, this acts like artificial sweat and will help to 'cool down'.
This is a decrease in blood pressure, often caused when moving into a sitting/standing position. Feeling dizzy and lightheaded. Changes in vision, such as blurring, greying or blacking vision. Feeling vague or muddled. Losing consciousness with or without warning, a 'blackout' or a 'faint'. Weakness and fatigue. Which condition is this?	The only way to improve low blood pressure is to: Stop what the individual is doing. Sit down. Have a drink of water. If fainting occurs: Lay down flat. Check for breathing/circulation. Raise legs. There should be a prompt response, if not URGENT medical attention is required. Medication is available that can help.

<p>When the spinal cord is damaged the message cannot travel up to the brain past the damage in the cord. However, the cord below the damaged area will still send a message to the muscle to tell it to pull the foot up, because the brain cannot get a message to the muscles to tell the foot to relax, the muscle will go on 'spasming' until it tires and stops.</p> <p>Which condition is this?</p> <p>-----</p>	<p>To reduce the risk of sprains, bruising, breaks or pressure mark/sores. Check the Bowel/bladder, it may need to be emptied. Check that shoes aren't too tight. Check clothing (Check jeans and underpants) Correct their sitting posture. Assist to minimize the spasm if asked. Medication is available that can help.</p>
<p>Occurs when there is a rapid surge in blood pressure caused by pain, irritation or over-stimulation in a paralysed part of the body. Normally the body's response to pain would be to constrict the blood vessels and speed up the heart, however because of the spinal cord injury the control mechanisms don't operate, and the blood pressure rises rapidly.</p> <p><u>Signs to look for</u> Pounding headache Goose pimples Profuse sweating Flushed/blotchy skin High blood pressure (Tetraplegic blood pressure usually low 90/60)</p> <p><u>Possible Causes</u> Over full bladder, perhaps caused by blocked catheter Urinary Tract Infection Constipation or Wind Suppository insertion Pressure sore In-growing toenail Burns/scalds</p> <p>Which condition is this?</p> <p>-----</p>	<p>Identify the cause and symptoms will subside.</p> <p><u>Treatment</u> Remove the cause (if possible)</p> <ul style="list-style-type: none"> -Check the Bowel/bladder, it may need to be emptied. -Check the catheter is not kinked or blocked -Check the catheter is not 'clamped'. -Check that shoes aren't too tight. -Check clothing isn't tight -Check bedding has no creases under the client's skin -Correct their sitting or laying position and readjust position. <p>Place client into sitting position Medication is available that can help. If you are not able to find the stimulus causing the symptoms or your attempts to relieve the stimulus have not stopped the symptoms (particularly the pounding headache), you will need emergency medical treatment.</p>

Understanding the principles and practice of Health and Safety, Risk Assessment and Moving and Handling in the workplace

1. Who is responsible for carrying out a 'client needs and risk assessment' before placing a PA in the home?

2. Why is it important to risk assess each task that you carry out, and who would you report identified risks to in your workplace?

3. When there is a work-related injury or accident who do you report that to and where is the accident book kept?

4. What would happen if you did not follow the agency's policies and procedures and put the client or yourself at risk of injury?

5. Why should nails be kept short and is it ok to wear jewellery when working with a client?

6. Identify 2 documents in the client's home that explain how to carry out Moving and Handling tasks?
 -
 -

7. Who is competent to explain and demonstrate how to carry out Moving and Handling tasks in a client's home?

8. Do all clients need PA full assistance to move on the bed or in their wheelchair?

Yes :

No :

Explain.....

9. What would you do if a client asked you to physically lift them from the bed to the chair? Would you do it? Are you expected to report it?

10. Are you allowed to do a drag lift, up the bed or in a wheelchair for a client?

Yes : No :

11. How would moving and handling be carried out if there were 2 PA's involved and why?

12. What do you need to check before using any equipment when moving and handling in your workplace?

13. Identify 2 non-electrical pieces of equipment?

-
-

14 Identify 2 electrical pieces of equipment?

-
-

15. How often is equipment required to be safety checked and by whom?

16. Consider for yourself the 6 items listed, when carrying out any moving and handling task with a client. Fill in the blank spaces below.

Knees, weight/load, curve, direction, posture, twist, feet

- Check your (_____)
- Bending the (_____)
- Do not (_____) or over extend the body
- Keeping the natural (_____) of the spine (straight)
- (_____) positioned for balance and in the (_____) that your moving
- Keeping the (_____) close (client) to your own body

17. Explain your understanding of the term **TILEE**?

18. Explain your understanding of **LOLER**?

Bowel Care Management.

1. How often will you do bowel care? List the items you need.
2. If a client started to complain about a headache whilst you were doing bowel care, what could be happening and what should you do?
3. What is the difference between a digital check and digital stimulation?

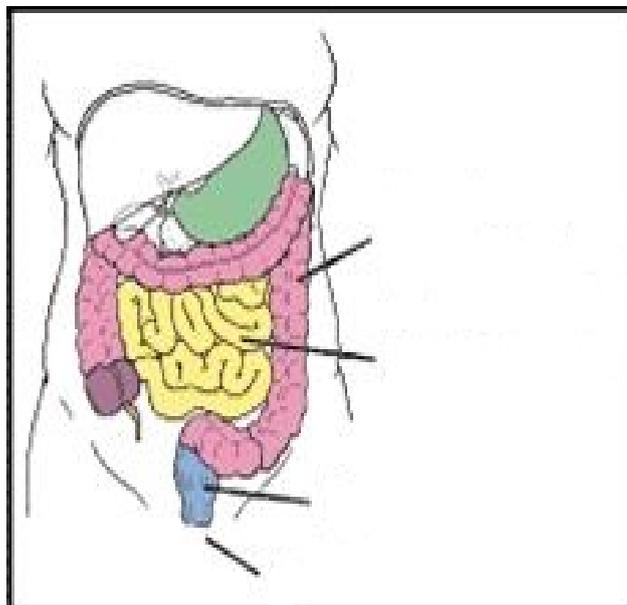
4. How do you carry out manual evacuation?

5. What would you do if there was no result during bowel care?

6. When working in the client's home, who can instruct you on how you can assist/support to manage the bowel care regime?

Identify your understanding of the anatomy of the digestive system.

Indicate on the diagram below where the small and large intestine, rectum, and anus are located;

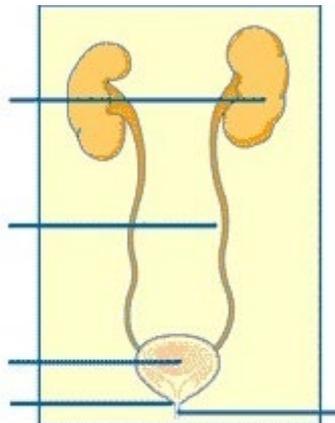


Bladder Care Management

1. What types of bladder drainage might you have to care for?
2. How much fluid should you encourage your client to drink each day, why is this important?
3. List the signs and symptoms of a UTI and what you do?
4. Are you allowed to change a client's catheter? Yes : No :
5. What does clamping the catheter mean?

Identify your understanding of the anatomy of the urinary system.

Indicate on the diagram below where the kidneys, ureters, bladder, sphincter and urethra are located.



Pressure Care Management and Prevention

1. How would you recognise the early signs of a pressure sore?
2. What would you do to help prevent pressure sores developing?
3. When placing a pressure-relieving cushion on a wheelchair what is important to check?
4. What does '**blanching**' mean and how do you check that when you find a red mark on the client's skin?
5. Are you expected to report to the office and document when pressure marks/sores are identified?

Yes :

No :

6. Who has the final say on how a client's skin care is managed?
7. What would a client be expected to do if you identified a pressure mark/sore on their skin?
8. Identify 3 areas on a client's body where their skin integrity is at risk of pressure sores developing?
 -
 -
 -

Understand the principles and practice of infection prevention and control, fire safety, safe handling and storing food, nutrition.

1. Name 3 ways infection can enter the body?
 -
 -
 -
2. If your client had a high temperature (fever/pyrexia) what would the thermometer reading be above? What could you do to help the client reduce the temperature and feel more comfortable?
3. How can you help to prevent the spread of infections?
4. When helping to plan a diet what types of food should you keep to a minimum?
5. What would you do if you noticed that food in the fridge was approaching its 'best before' date:
6. What are the 3 components of the 'Fire Triangle'?
 -
 -
 -
7. What does C.O.S.H.H stand for and why is it important to use household chemicals following the manufacturer's instructions?
8. What does R.I.D.D.O.R stand for?

Section 3

Record of Experience

Record of Experience 1

The assessment should be observed in the workplace as part of the PA's normal work duties where applicable. Each client is an expert in their own right in how to manage their Spinal Cord Injury, is verbally independent and can direct their care needs and the level of assistance required of the PA. Therefore, the client can determine the competence of the PA and any areas of follow up/input where identified.

Observed in the workplace as part of the PA's normal work duties and covers learning outcomes and assessment criteria for CC Standards 1-1.1c, 1.4c, 4-4.2b, 5-5.3a, 5.5a, 5.5b, 5.5c, 5.5d 5.6b, 5.6c, 5.7a, 6-6.5a, 6.6a, 7-7.2a, 7.2b, 7.4a 7.4b, 7.6a, 8- 8.2a, 8.2b, 8.2c, 8.2d, 8.3a, 8.3b, 8.3c, 10- 10.1j, 13-13.3c, 13.6b, 15.1b	Observed	Competent
Assist with activities of daily living, maintaining safety of client and self, as directed by the client, including: <ul style="list-style-type: none"> • Assisting with hygiene requirements • Assistance with grooming • Assistance with dressing • Observing/reporting skin problems • Assisting with eating and drinking • Assistance with medication • Preparing and storing food safely • Demonstrate safe practices for storing, using and disposing of hazardous substances • Demonstrate effective hand hygiene 		
Assist with aspects of mobility, maintaining safety of the client and self, as directed by the client, including: <ul style="list-style-type: none"> • Safe handling of any paralysed limb whilst dressing or moving a client • Transfer of a client using the hoist or a sliding board • Assisting with the use of a wheelchair in the community including access to buildings • Passive exercise of limbs • Assist in travelling with a client • The use of slide sheet and positioning a client on the bed or in their chair 		
Assist with elimination needs for a client maintaining respect and safety, as directed by the client, including: <ul style="list-style-type: none"> • Assisting with care of indwelling catheter (including SPC) • Assist with insertion of rectal medication (suppositories, peristeen catheter) • Assist with manual evacuation 		
Demonstrate awareness of appropriate relationship with the client including maintenance of privacy and respect		

Demonstrate the use of appropriate verbal and non-verbal communication. Talking, listening, confirmation of requests. Check that communication aids/ technologies are clean, work properly and in good repair		
--	--	--

PA name..... is competent to carry out the tasks as stated above or needs further input (follow-up documented in PA's notes).

Manager..... Date.....

Record of Experience 2

This section of the standards is carried out in the PA's 1st supervision (within 3 months) with the Line Manager and outcomes are recorded on the PA supervision notes. Upon completion of this activity the Line Manager can sign off the Skills for Care-Care Certificate. The PA has achieved their 12 week Care Certificate Induction.

To demonstrate this- observation, the use of simulation/ role play using scenarios, professional discussion and reflective practice is permitted.	Observed	Competent
Demonstrate how to keep records that are up to date, complete, accurate and legible (Mar Chart, Daily Records Sheets, Client Care Plan and Risk Assessment Doc) CC Standard 14.1c, 1.2d		
Demonstrate how and when to access support and advice about –CC Standard 1.4d, 3.3a, 3.5d, <ul style="list-style-type: none"> • resolving conflict • how to respond to comments and complaints • working in partnership with others 		
Your personal development (Supervision, Continued CPD, QCF Diploma)- CC Standard 2-2.1d, 2.1e , 2.2f, 2.2h		
Reporting and Recording- CC Standard 5.3b 5.4b 5.4c 5.6d 6.6b 7.2d 7.4d 7.6c 8.2e 8.3e Report any concerns they have to the relevant person. This could include- Senior member of staff (Office Staff or Line manager), Carer, Family member or via other channels or systems e.g. at team meetings.		
Reflective Practice- CC Standard 7.4c 7.6b <ul style="list-style-type: none"> • Reflect on how their own personal views could influence an individual's own choices or decisions • Reflect on how their own personal views could restrict the individual's ability to actively participate in their care 		

PA name..... is competent to carry out the tasks as stated above or needs further input (follow-up documented in PA's notes).

Manager **Date**.....

Section 4

Resources

Spinal Homecare Policies

- 003-Safeguarding Adults
- 005-Confidentiality
- 006-Diversity and Equality
- 007-Moving and Handling Policy
- 015-Health and Safety Policy
- 027-Medication
- 030-Driving
- 031-Disciplinary and Grievance
- 032-Whistleblowing
- 035-Sickness
- 042-Bowel Care

Relevant Law, Legislation, Guidance and Standards.

- The Health & Safety at Work etc. 1974 Act
- The Data Protection Act 2018
- The Freedom of Information Act 2000
- The Equality Act 2010
- The Management of Health and Safety Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- The Regulatory Reform (Fire Safety) Order 2005
- The Provisions and Use of Work Equipment Regulations 1998 (PUWER)
- The Manual Handling Operations Regulations 1992
- The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- The Mental Capacity Act 2005
- The Human Rights Act 1998
- The Care Act 2014
- The Health and Social Care Act 2012

- Resuscitation Council 2010 Resuscitation Guidelines
- Cardiopulmonary Resuscitation – Standards for clinical practice and training Joint Statement
- The Human Medicines (Amendment) Regulations 2014
- Misuse of Drugs Act 1971
- CQC (Care Quality Commission) Fundamental Standards 2015
- The Disability Discrimination Act 1995
- Scottish Care Standards
- Skills for care code of conduct.
- Scottish Social Services Council-Code of Practice
- The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England.

Glossary of terms (adapted from the Skills for Care CC 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.

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.

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, mental health, 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.

REFLECT: 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.

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 wrongdoing.