

Using an appropriate Model of Reflection, reflect upon your placement/work opportunity. Your professional reflection should reflect relevant theories (eg career development, personal development, social sciences, and sector leading practice as appropriate).

I will be using the Gibbs Model of Reflection to reflect upon recent experiences in my place of work. The University of Cumbria (2020) describes Gibbs' model of reflection as a continuous cycle of improvement for both repetitive and standalone experiences. I will be reflecting upon two experiences I have had recently in work.

First Reflection

Description

I am currently working in a residential and nursing home in the Bridgend area of South Wales, supporting residents of varying abilities with everyday tasks such as taking medication, personal care, dressing, and dining amongst other things. As I am a senior carer my main duties are supporting residents to take their medication and requesting GP appointments on their behalf, documenting details discussed during the appointments and any changes to medication as well as supervising and supporting staff working on the floor. During a recent shift I was supporting a resident to bathe when she slipped down in the bath seat and could not sit herself back up. I pulled the emergency cord and braced the resident to try and prevent her from slipping further off the seat. A colleague came into the bathroom, and we were able to support her back into a sitting position by giving clear instructions for her to follow.

Feelings

Before the incident occurred, I was feeling at ease chatting to the resident while supporting her with personal care. At the time of the incident, I was not aware of my feelings as my first priority was ensuring her safety. However, after the resident was safely out of the bath, dressed and had been supported into the dining room I became overwhelmed by the events that had just occurred and stepped outside for a few minutes. I became upset by what had just happened and stressed as I was immediately unsure what to do. In 7 years of practice, I had not had a near miss such as this before. I worried for the residents safety as this incident could have been much worse. The NHS (No Date) state that stress can impact our ability to process our emotions. The residents needs had changed and there was no management in work (due to it being a bank holiday) to notify of this change, I documented the incident fully and completed an incident form. I made sure that the resident was safe and ensured that all staff present were aware that

she was to be supported by two carers at all times until the care manager had reassessed her needs.

Evaluation

The

residents needs had changed rapidly, and no new assessments had been completed to indicate this. This led to a situation which could have compromised the residents safety. I felt that the actions I took mitigated further risk, and ensured she came to no harm. Speaking to a fellow colleague helped me to feel less stressed about the incident helped me to realise that I had not put her at risk, and that she was at risk due to her care plan not having been evaluated. The Social Care Institute for Excellence (SCIE) states that The Care Act (2014) and the Social Services and Wellbeing (Wales) Act 2014, provide a framework for the safeguarding of vulnerable adults and a company's policies and procedures should follow this framework. On completing the incident form and new risk assessment for supporting the resident with personal care and updating their care plan I felt a little less anxious. However, I was still worried that my actions had inadvertently placed her at harm. On speaking to my manager, I was reassured that the resident would receive personal care on a ratio of two to one, and that the change to personal care section of the care plan would safeguard the resident from this incident happening again.

Analysis

One

of the reasons this incident occurred was that care staff had not brought to attention the residents change in needs. If the care staff had reported to a senior carer or the care manager, then a new risk assessment could have been completed and changes made to her care plan. The company's policies and procedures are formed using the legislative framework provided in the Social Services and Wellbeing (Wales) Act 2014. The company reviews care plans on a monthly basis, unless need dictates that it should be done sooner, this is in keeping with the company's policies and procedures. When movement and handling assessments are up to date residents are safeguarded against accidents and near misses happening. Care staff are made aware that any concerns should be brought to senior care staff or to the staff nurses who can take appropriate action. The experience described above demonstrates what can happen when policy is followed. I believe that I responded in the right way by ensuring the resident was as safe as possible and pressing the emergency button, remaining calm and once help had arrived giving the resident clear instructions so she was supported to sit back up. Laura DeCarlo explains that when looking at the whole project, or situation in this case, it can appear overwhelming but, by breaking it down into smaller more manageable tasks can help relieve the pressure. By giving clear instructions, small steps were taken to ensure the residents safety. In the future ensuring

that the care plans are kept up to date will mean that near misses will be avoided and the residents safeguarded.

Conclusion

I

have realised that during an emergency situation I am able to keep calm and take care of the resident, giving them all of my focus. Even though I questioned my ability to complete all the relevant paperwork and write a new care plan, I have realised that I am capable of doing this. This incident has made me realise that I had reached the level of working with unconscious competence which meant I was possibly complacent while supporting the resident.

ActionPlan

Having

realised that whilst supporting the resident I was working with unconscious competence, I will make sure that I mentally check what I am doing, re-evaluating my work as i go. I will ensure that I check the care plans are kept up to date and that all risk assessments are done in a timely manner. If this incident were to happen again, I would not physically do anything differently, my priority would always be to ensure the residents safety.

Second Reflection

Description

I am currently working in a care home in the Bridgend Area. I have been employed there for a year and was promoted to senior carer in December. One of my roles as a Senior Carer is administering medication at the start of a recent shift, I was told by the care manager that I would have a carer shadowing me to learn how we start a new medication cycle, this happens every four weeks. During this process, we complete the stock check part of the Medication Administration Record and date the boxes of medication as we start them. Although I am experienced at administering medication, I have only been in post for six months so felt uncertain having someone shadow me and doubted my ability to pass on knowledge. I show the carer where the MAR chart are kept and ensured that the medication trolley contained everything that would be needed.

Feelings

Before the shift started, I was feeling confident about the tasks I had to complete that day. As I have only been in post for six months, I find that I still ask questions to my manager to ensure I am completing paperwork correctly. Although I feel confident administering medication on my own. At the time I felt slightly nervous about having someone shadowing me, and

questioned if I was doing things correctly. I tried to stop questioning whether I was working correctly and focus on explaining how we completed the MAR chart. Taaffe (2020) states that whilst some self-doubt is normal, if it becomes acute it can cause indecisiveness. Taaffe also states that self-doubt can stem from feeling that you are not qualified to step forward or present a solution, she states that these feelings may be overcome by drawing confidence from colleagues around you.

Evaluation

Although I have previous experience of training staff to administer medication and read a MAR chart, I have only been in my current post for six months so can doubt my ability at times. The shadowing overall was a positive experience, I was able to explain how we complete the MAR charts at the start of a new medication cycle and how we date the medication boxes as we open them and count the medication as we dispense then record it. As the staff member is currently completing her medication competency, I ensured that I was the one dispensing and administering the medication. The carer was completing the MAR chart and the pro re nata (PRN) medication charts for when required medications such as analgesia and topical treatments. I found it difficult to explain why we must complete the paperwork in a certain way, such as Abbey Pain Scales which are used to assess residents who cannot verbalise their pain (Chesterfield Royal Hospital NHS Foundation Trust, 2021). There were some errors made on the MAR chart, which I helped to correct and we both initialled. I tried to explain why we complete the MAR charts in a specific way, and that they are legal documents so all changes must be signed/ initialled by two medication trained employees. The Royal Pharmaceutical Society (2009) state the principles for completing and making changes to the MAR chart, and state that changes should only be made after communication with or from the prescriber.

Analysis

At the start of the shift I was confident that I would complete all of the tasks I had to do that day, as I have reached a level of unconscious competence with the administration of medication. That is, I am able to read the MAR chart as I am dispensing medication with ease and task has become second nature. However, passing that information to other staff members can be difficult, and effective communication skills are needed. NICE (CQC, 2022) recommend that no staff manage or administer medication until their competence has been assessed. They must then have their skills and knowledge of managing and administering medication reviewed on an annual basis. Things went well as I took a methodical approach to explaining how things are done, I completed the MAR chart and PRN chart for the first resident showing how we fill it in, and the carer then took over for the other residents while I dispensed,

counted, and administered the medication. Experiential learning theory (Western Governors University) which was first identified by Kolb in 1984 focuses on learning through doing. This would suggest that learners would gain experience and retain knowledge more effectively through this style of learning.

Conclusion

I have learnt that I am quickly adapt to different situations when needed and can impart my knowledge to others. Even though I doubted my ability when first told I would have a carer shadowing me, I was able to gain confidence in ability and first explain how to complete the medication paperwork and then show them how to complete the paperwork. I was able to demonstrate excellent communication skills, so they understood the tasks that needed to be completed. I believe that to improve I would need to complete more training such as a NVQ level 5 in health and social care or care home assistant practitioner (CHAP) training would allow me to do this.

ActionPlan

I have spoken to my manager about becoming a CHAP, have a meeting set up to discuss this next week. Training as a CHAP would improve my clinical skills and knowledge, and I would then work with the nurses to assist the clinical needs of the nursing residents. I must work on self-doubt, as I am aware that when in new situations, I doubt my ability to carry out tasks although I have the knowledge and skills to do so. I believe by working on my confidence I would also improve my communication skills.

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