

Principles of Care

The Principles of Care underpin the work of everyone in health, social care and early years services. The principles influence the working practices of care workers in providing quality care.

All care workers should follow the principles of care when working with individuals, to make sure they all receive the correct care they need. The principles of care help to protect both clients and care workers.

The principles of care are:

- Promoting effective communication and relationships
- Promoting anti-discriminatory practice (including policies and codes of practice)
- Maintaining confidentiality of information
- Promoting and supporting individuals' rights to dignity, independence, empowerment, choice and safety.
- Acknowledging individuals' personal beliefs and identity and respecting diversity
- Protecting individuals from abuse
- Providing individualised care

1. Promoting effective communication and relationships

Effective communication in care work is needed in order to ensure quality care is provided to improve the quality of people's lives by addressing a range of needs. Through effective communication care workers can develop relationships with individuals in their care which will assist the caring process.

Some clients may

- Speak different languages
- Can have hearing loss or limited vision
- May find it difficult to speak
- May have limited understanding.

These people may have difficulty communicating with care workers; this is a barrier, which needs to be overcome. Care workers need to be aware of a variety of ways of communicating with others, to ensure that the clients receive the correct care and treatment that they require.

Other ways of communicating may be

- Learning new languages
- Using an interpreter or advocate.
- Lip reading
- Sign Language
- Makaton
- Use of pictures.
- Written communication.

2. Promoting anti-discriminatory practice

Discrimination means that certain individuals are treated less favourably than others because of a personal characteristic they may have.

Certain groups are likely to experience discrimination. These include:

- People with learning difficulties
- Older people
- People with physical disabilities
- People with mental health problems
- Women
- Minority ethnic groups
- Minority religious groups
- Gay men and lesbians

Discrimination may be direct or indirect and can include: racist and sexist jokes, isolating clients with mental health problems, avoiding looking at someone, ignoring the needs of someone with HIV, excluding certain residents from activities.

In order to promote anti-discriminatory practice, health and social care organisations should:

- ✓ Abide by Codes of Practice
- ✓ Develop policies and implement them (Making sure they are followed and used)
- ✓ Give staff training in promoting better care to all individuals
- ✓ Have a complaints procedure so that patients can seek redress
- ✓ Follow legislation which supports anti discriminatory practice

In health and social care the rights of individuals are often stated in charters. Some GP practices have established their own practice charters which describe the standards of services a patient can expect and the arrangements for certain services, for example, repeat prescriptions. A practice charter may be displayed in the surgery premises. (An example of a care home charter may be found at the end of these notes)

A **Code of Practice** is a document that outlines an agreed way of working and dealing with specified situations. Codes of practice aim to reflect and set a standard for good practice in care settings. A number of codes of practice have been developed for care workers such as registered nurses, occupational and physiotherapists, social workers and nursery staff. Codes of practice establish the general principles and standards for care workers and should always refer to equality of opportunity.

A **policy** is different to a code of practice in that it tells care workers how they should do specific things in particular care settings. A code of practice for registered nurses applies to all registered nurses working in care settings. A policy for dealing with a missing patient for example will tell a registered nurse working in a particular setting where the policy applies how to deal with this situation. Policies should also promote equal treatment and equality of opportunity for everyone likely to be affected by them. Some examples of policies might be:

- Health and safety
- Equal opportunities
- Confidentiality
- Admissions
- Complaints policies and procedures

Such policies are used so that staff know what procedures to follow e.g.

- in a health centre the receptionist will have certain procedures to follow when making appointments
- in a nursery or school staff and pupils have procedures to follow regarding marking registers, discipline, school uniform etc.
- in a hospital nurses have procedures to follow when admitting patients

Legislation

These are legal requirements which support individuals rights and include:

- Disability Discrimination Act 1995
- Race Relations Act 1976
- Mental Health Act 1983
- Sex Discrimination Act 1975

3. Maintaining confidentiality of information

Confidentiality is about keeping information private when it should be kept private. This includes written records computer records and verbal information.

A health and social care worker will know a great deal about the person they are looking after. It is essential that the information is kept confidential and not passed on without the individual's permission. Some information may have to be passed on from one care worker to another, from a nurse to a doctor, but this must be done with the individual's permission. The death of a patient does not give you the right to break confidentiality.

Confidentiality can only be broken in exceptional circumstances – if the individual is at risk or if the public is at risk.

Confidentiality can be maintained by:

- i. Storing all records and sensitive material in locked filing cabinets or password protected computers
- ii. Carrying out consultations in a private room
- iii. Not gossiping about patients outside the care setting

Legislation to support this includes:

- The Data Protection Act 1994
- Access to Personal Files Act 1987
- Access to Health Care Records Act 1990

To do: *Explain the importance of maintaining confidentiality to ensure individuals receive effective care.*

4. Promoting individuals' rights to dignity, independence, choice and safety

This links with 'promoting anti discriminatory practice'.

What do we mean by the term 'Rights'

- Rights can be covered by laws e.g. the right to drive a car at 18, the right to vote or get married, the right to go to school.
- Rights can also be seen as natural or universal rights – the right to work, the right to have children, the right to make choices about what to do in your daily life.

Legislation to support individuals' rights include

- The Human Rights Act 1998
- The Children Act 1989
- Health and Safety at Work Act 1973
- NHS and Community Care Act 1990

Within care setting individuals have a number of rights, these include;

The right to dignity meaning that individuals have a right to preserve their privacy with particular reference to hygiene, feeding etc, e.g. in a residential home a individual should be bathed with the bathroom door closed, if they cannot drink properly from a cup then special cups should be provided or the necessary support provided; in a hospital curtains should be drawn around the bed whilst receiving treatment or having a bed bath,

The right to dignity also refers to the way an individual is spoken to – not demeaning them in any way by calling them names such as darling or love or by speaking to them in a condescending manner.

The right to choice: Individuals should be included in decision-making regarding their care – what food they want to eat, what treatments they wish to have. Giving the individual the information they need to make informed choices.

The right to independence: Individuals should be allowed and encouraged to do as much for themselves as possible, if the care staff do everything for them they may feel useless and not try to do things for themselves and become dependent on staff or carers for everything.

The right to empowerment: Individuals should be provided with the necessary support to be able to do things for themselves, this could be:

- provision of aids and adaptations, training or occupational therapy to enable them to do things for themselves to maintain their right to independence.

- provision of information so that individuals have the knowledge and understanding to make their own decisions or choices

The right to safety: Care workers must do everything possible to protect individuals from harm.

To do: Give examples of how each of the rights described may be promoted in at least four care settings e.g. a day centre, a hospital, a nursery, a residential home. Be aware that there will be some similarities between the care settings.

5. Acknowledging individuals personal beliefs and identity and respecting diversity

Acknowledging individuals' personal beliefs and identity means that care workers should try to communicate that they accept the person for who they are and what they believe in. Care workers may not always share the beliefs and lifestyle of the people they care for but should still show that they accept individuals' individuality.

Example 1 - if you care for people who have different religious beliefs and practices to your own they should be given them the opportunity to practice their faith and celebrate their religious festivals at times when this is important to them.

Example 2 – a vegetarian should be offered an alternative to meat at mealtimes

Example 3 – a smoker should be allowed to go outside to smoke

Example 4 – an individual should be permitted to dress in a way that suits them.

Example 5 – if an individual's religion says they must not show their hair/body/legs then the clothing worn must respect this e.g. school uniform

6. Protecting individuals from abuse

Abuse can be defined as deliberate and intended to harm another person or a way of treating them which may cause them harm.

Abuse can be:

- **Physical:** punching, kicking, slapping or restraining people. It could also include handling people roughly when helping with bathing, moving individuals or toileting.
- **Sexual:** this could include touching or other acts against the person without consent.
- **Psychological:** humiliating or harassing an individual, bullying or shouting at someone.
- **Financial:** theft of money or possessions, or fraud. Keeping control of someone's money. Putting pressure on someone to leave them money.
- **Neglect:** depriving someone of the care they need eg food, warmth, comfort or medical assistance.

Those who are likely to be at risk of abuse include:

- Children
- Individuals with mental health problems
- Individuals with learning disabilities
- Individuals with physical disabilities
- Older individuals

This can be because of the problems they have or because they are less powerful and can be easily influenced by unscrupulous people – these could be parents and other relatives; care workers and other professionals or other individuals.

Protecting individuals from potential abuse is something that all care workers should feel is important. Care workers should assess the relationships clients have with other people for any signs of abuse and should act to prevent or stop it happening

- Individuals can be protected from abuse by:
- Raising awareness of possible problems
- Noting and recording signs of possible abuse
- Reporting incidents to the appropriate person/organisation
- Training staff so they are aware of the procedures to follow.

7. Providing Individualised Care

Care workers often provide care for people who have similar problems and needs. However, rather than treating everyone the same they should provide care that meets each person's individual needs. To do this each individual needs to be assessed to find out their particular needs, taking into account personal beliefs and preferences.

In medical settings individuals receive the treatment/medication they require for specific health conditions, e.g. some individuals may require pain relief while others may require antibiotics to cure infections, a diabetic may require insulin while others would not.

In social care an individual's needs are usually assessed by a social worker, an occupational therapist or a GP. After an assessment a care plan will be drawn up with the individual. Some individuals may require input from several care workers to assist with bathing, dressing, feeding and mobility as well as provision of aids and adaptations while others may require support for only one need such as the provision of a stair lift to get up and down stairs.

To do: Give examples of how individualised care may be provided for a range of individuals:

- *In a hospital ward*
- *In a nursery*
- *In a residential home*

Example of a Care Home Charter

THE "CHARTER"

Good quality Care and life experience, and the Rights of Residents, centre around six basic areas:

CHOICE - PRIVACY - DIGNITY - INDEPENDENCE - FULFILMENT - CITIZENS' RIGHTS

Under these broad headings, This Home WILL recognise and respect the following Rights of Residents, unless Residents are demonstrably incapable [permanently or temporarily] and/or legally relieved of this capability (BUT, even then, as much choice as possible WILL be afforded, together with even more extensive consultation with relatives or agents). The following details the six basic areas identified above:

1. Choice:

- 1.1.** Residents will be **involved**, and the most significant voice, **in all decisions** affecting their lives, to the precise extent **they choose**.
- 1.2.** Residents will be assumed **to be capable of making choices** about the way they live and what they do (e.g. managing their own financial affairs, deciding what activities to pursue and when, etc.), including **taking the risks** sometimes associated with such choices.
- 1.3.** Residents will be able to **choose where they live and with whom**, and will be able **to choose to change** if they wish. This relates not only to the choice of Home, but also to choices within the Home.
- 1.4.** Residents will be able to **choose their own Doctor, Dentist, chiropodist, Optician, etc.**
- 1.5.** Residents will be able to **choose whether or not to accept treatment and attention offered**, whether by their Doctor, etc., **or** by the staff of this Home.
- 1.6.** Residents will be able to **choose with whom they associate**, both within and outside the Home. This will include other Residents, friends, **and** relatives, and where in the Home they wish to spend their time [i.e. in the common areas or their rooms].
- 1.7.** Residents will be **involved in the choice of décor and furnishings** for their accommodation, whenever this is being changed (from a reasonable range of choice provided by the Directors).

2. Privacy:

- 2.1.** Residents will be entitled to **private accommodation**. This may be a single or shared room, according to the Resident's choice, but, in all circumstances, this will mean an entitlement to use this space as and when they wish, subject only to consideration of other Residents, to invite such guests as they wish, and for belongings to be secure.
- 2.2.** Residents will be entitled to **entertain visitors (including Doctors, etc) in private**.
- 2.3.** Residents will be entitled to **expect confidentiality in all matters** , and for their permission to be obtained whenever private information needs to be made available to others (excepting **only** that information which is necessary to staff to provide proper Care).

3. Dignity:

- 3.1.** Residents may expect **to be treated with dignity** in the way in which staff deal with dressing, bathing, feeding, incontinence (and any other needs).
- 3.2.** Residents may expect **to be addressed in the manner they choose** (i.e. Miss/Mr/Mrs or by first Name or familiar name).
- 3.3.** Residents may expect **to be afforded the respect deserved by any individual**, for their individuality, their views, and for any way in which they are accustomed to conduct their lives.
- 3.4.** Residents may expect **to be consulted on any matter or activity which may impinge upon their life within the Home in any way, and to have their wishes respected**. In particular, this may include any other activity carried-on at the Home (such as Day Care, fund-raising activities, Coffee Mornings, etc.).

4. Independence:

- 4.1.** Residents should expect to be able **to follow the life style they choose and are accustomed to**, to the extent they wish and are able, irrespective of residing in a Care Home.
- 4.2.** Residents should expect to be able **to use the facilities of the home as they choose and are able**.
- 4.3.** Residents should expect the **facilities of the Home to accommodate their needs (without necessary dependence on others)** in relation to mobility, necessary adaptations, space, furniture, etc., whilst recognising that available staff assistance may have formed part of the reasons for entering This Home, yet respecting the Resident's right to accept or refuse such assistance.
- 4.4.** Residents should expect to be able **to retain independence of action, thought and choice**, irrespective of the accepted routine or administrative practices of this Home.

5. Fulfilment:

- 5.1.** Residents should expect **their quality of life to be enhanced by admission to this Home**, by the provision of a safe, manageable and comfortable environment, and the stimulation and encouragement to pursue their lives to the maximum chosen physical, intellectual, emotional and social capacity.
- 5.2.** Residents should expect there to be **facilities and assistance to pursue their chosen life style to the fullest possible extent**, including availability of and encouragement to use opportunities, and necessary assistance to allow them to use such opportunities.
- 5.3.** Residents should expect **to be able to review their own situation**, at their own request or when requested by any others, and to have the assistance of anyone they choose to assist them to do this.

6. Citizens' Rights:

- 6.1.** Residents should expect **to retain all the rights enjoyed by individuals remaining in their own homes in the Community**, irrespective of their residence in a Care Home, and, together with the Resident (and any representative), The Home should safeguard such Rights and/or be prepared to join with the Resident to protect them.
- 6.2.** Residents should expect **to have their cultural and religious practices and beliefs observed and respected**.

6.3. Residents should expect **to have a written contract**, agreeing the terms and conditions of residence, services and fees.

6.4. Residents should expect **to have a trial period in the Home**, of at least four weeks' duration (without disadvantage to either side), before decisions are made about long-term residence.

6.5. Residents should expect **to have access to an explained complaints procedure**, which should include a reasonable means of complaint within the Home, and beyond this to the Registering Authority.

Acknowledgments:

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<http://www.caringuk.com/residents-charter.htm>

resources.hwb.wales.gov.uk/...social-care/...2/.../Principles%20of%20Care_en.doc