

Integrated assignments

There are two integrated assignments supporting these materials. They provide learners with an opportunity to extend and apply the skills they have developed within their vocational course and through the use of these materials. They are structured in a similar style to Key Skills assignments, but the content reflects learning from particular modules.

1. Induction pack

Each residential setting has a large quantity of information that learners are presented with during induction. This assignment will give learners a range of scenarios or problems that they need to resolve using procedures or guidelines from their own workplace. These may include fire evacuation, abuse, their own job role, accident reporting, missing persons and manual handling procedures. Learners will need to use the reference and reading skills practised throughout all modules but particularly in Module 2: Information at work, in order to complete these tasks.

2. A case study

This assignment reflects the need for care workers to communicate with individuals in order to gather information. Learners need to understand the principles of care planning as covered in Module 3, to read relevant information and to think about appropriate ways to communicate with individuals (Module 1). Learners need to conduct an informal interview with a resident in their care and record information about that individual on a daily observation sheet. The final task is to complete a case study or individual profile.

Please emphasise to learners the importance of confidentiality when completing this assignment.

Introducing the assignments

Teachers should go through the assignments with learners to check that they understand the tasks and have strategies for tackling each one. Learners can be asked to produce an action plan or checklist, to ensure that they are clear about the demands of each task within the assignment. Learners should be made aware of the signposting to the relevant modules within the Embedded Learning materials if they need to look back and check some skills.

Assessing learners

Learners are expected to complete tasks independently with the minimum of teacher input. The marking scheme identifies the units and elements of the National Occupational Standards, Key Skills and the Adult Core Curricula for Literacy and Numeracy.

Learners' performance can be assessed on all three aspects of the task or one specific area. Coverage of the National Occupational Standards includes some performance criteria and/or underpinning knowledge from the NVQ. Additional questioning or observation of tasks may provide sufficient evidence for learner portfolios.

1 Induction

In care work it is important that you and your colleagues work to the same set of standards and follow the same procedures. This will:

- reduce the risks to your health and safety
- reduce the risks to your residents' health and safety
- improve your working practices
- allow you to act in ways that will improve your residents' confidence in you and your organisation.

The induction you receive at work will help you to understand your job role and important health and safety procedures. It will also explain where you need to look and who you need to ask for information about policies and other procedures.

In this assignment you can show you have understood your induction and the policies and procedures in your own workplace. You will need to complete Parts A–E.

- A** Identify and locate all the fire safety signs, notices and fire extinguishers.
- B** Read and act upon the fire evacuation procedures.
- C** Fill in an Accident Report form.
- D** Know what to do if a resident goes missing.
- E** Understand the Manual Handling Policy.

PART A

There is always a risk of fire in any building, which is why there are fire safety signs and notices and fire extinguishers in prominent places.

Using the **Fire Safety Checklist** on the next page, go round your workplace and record all the fire signs, notices and extinguishers you find, with their exact location.

If you have problems with this task look at the embedded paper-based material Module 2: Information at work.

Tip

If your workplace does not have things like a lift or conservatory then just leave these out of the checklist.

Fire Safety Checklist			
Location	Exact location in your workplace	Fire sign, symbol, notice (include fire exits)	Type of fire extinguisher, e.g. foam
Entrance hall/ reception area			
Lounge			
Dining room			
Kitchen			
Stairs			
Lift			
Bedrooms (which ones/all)			
Downstairs corridors			
Upstairs corridors			
Bathroom(s)			
Toilet(s)			
Conservatory			
Office			
Other			

PART B

Scenario

A fire breaks out in the kitchen where you work and you have to help get all the residents out of the building. Some residents are in the lounge, some in their bedrooms and one is in the downstairs toilet.

Find and read the fire procedures for your workplace and then write down the best way to get these residents outside to safety. Make sure you know where you go to once you are outside the building.

Residents in the lounge:

In the event of a fire in the kitchen of my place of work,
I would have to help residents in the lounge to:

-
-
-
-

I would gather the residents in ...

Residents in their bedrooms:

In the event of a fire in the kitchen of my place of work,
I would have to help residents in the bedrooms to:

-
-
-
-

I would gather the residents in ...

Residents in the toilet:

In the event of a fire in the kitchen of my place of work,
I would have to help residents in a downstairs toilet to:

-
-
-
-

I would gather the residents in ...

PART C

Scenario

The fire in the kitchen was put out by the fire service and all the residents were evacuated from the building safely. Fortunately, residents were allowed back in the building fairly quickly. This made it unnecessary to find other accommodation for the night.

The only minor accident happened to an elderly resident, Violet Jones. Neeta Patel, a care assistant at the home, trapped Violet's arm between the wheelchair and the door of the downstairs toilet for a few seconds in her hurry to get Violet moved quickly. Neeta examined Violet once she had got her outside and could see that there was some bruising to Violet's upper right arm. This happened at about 2.30pm. A cold compress was applied to the arm once they were allowed back in the building. Violet said that it was a bit sore but she was in no real pain. Neeta reported the incident to the manager and filled in an accident report form.

Use an accident report form from your workplace and fill it in using the details from the accident above. (If you know of an actual accident that has happened in your workplace then use those details instead.)

PART D

Scenario

You have been on duty for only half an hour and someone asks you to check on Mr Richards, who had gone to his room after lunch for a nap. When you get there Mr Richards is not there and after some initial searching, you get quite worried, because he has a history of getting confused and wandering off.

Find the **Missing Persons Procedure** in your files at work and write a list about what you should do to try and find Mr Richards.

Tip

Remember to:

- include only the details that are relevant to the accident
- write in the past tense throughout, e.g. I was trying to ... I looked at her arm when we got outside.

If you have any problems with this task you can look at embedded paper-based materials Module 2: Information at work.

PART E

Scenario

You find Mr Richards trying to pull himself up onto a seat halfway down the street. You know that appropriate **manual handling** has been stressed in your induction, but it is hard to know what to do for the best in this situation.

- 1 Ask an appropriate person at work, e.g. your manager or a colleague, what you should do in the event of something happening like this. This also applies to residents who fall down in the home – a much more likely event. (If you have been involved in helping someone who has fallen down or needed some form of manual assistance, please write about it here.)
- 2 Find the **Manual Handling Policy** in your workplace and answer the following questions:
 - a Does the policy promote a 'no lifting' policy? Yes/no
What does it actually say in the policy about it?

 - b Who is responsible for ensuring that staff are trained to use current good-practice techniques?

 - c What year were the Manual Handling Regulations brought out?

 - d What does the policy say about equipment used to assist safe manual handling?

If you have any problems with this task you can look at embedded paper-based materials Module 2: Information at work.

Social Care Integrated Assignment: 1 Induction This assignment relates to Unit HSC/A1.6c, HSC/A1.9c, HSC/A3.1a, HSC/A4.23a, HSC/D4.1a,b and Unit HSC/D1.1b, HSC/E1.1b, of Care National Occupational Standards and practises the skills developed in Module 2: Information at work and Module 5: Develop yourself in the workplace.							
Part A: Identify and locate safety signs and fire extinguishers in the workplace							
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved	Achieved with support
HSC/A1.6c	<ul style="list-style-type: none"> Assist in protecting individuals from danger and harm. 			Rt/E3.9	<ul style="list-style-type: none"> Relate an image to print and use to obtain meaning. 		
HSC/D4.1b	<ul style="list-style-type: none"> Reduce the risks to health and safety in your workplace. 			Rw/L1.2	<ul style="list-style-type: none"> Recognise and understand vocabulary associated with different types of text. 		
HSC/E1.1b	<ul style="list-style-type: none"> Use new knowledge to improve your practice. 			Rw/L2.1	<ul style="list-style-type: none"> Read and understand technical vocabulary. 		
Part B: Read and understand fire procedures policy for the workplace							
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved	Achieved with support
HSC/A1.6c 1	<ul style="list-style-type: none"> Assist in protecting individuals from danger and harm. 			Rt/L1.2	<ul style="list-style-type: none"> Recognise how language is used to achieve different purposes. 		
HSC/D4.1a	<ul style="list-style-type: none"> Identify hazards and evaluate the risks in your workplace. 			Rt/L1.4	<ul style="list-style-type: none"> Use organisational features to locate information. 		
HSC/D4.1b	<ul style="list-style-type: none"> Reduce the risks to health and safety in your workplace. 			Rt/L2.3	<ul style="list-style-type: none"> Identify the main points and specific detail. 		
HSC/A1.9c	<ul style="list-style-type: none"> Act in ways that promote the individual's confidence in you and your organisation. 			Wt/L1.2	<ul style="list-style-type: none"> Judge how much to write and the level of detail to include. 		
				Wt/L1.3	<ul style="list-style-type: none"> Present information in a logical sequence. 		
Part C: Complete an accident report form							
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved	Achieved with support
HSC/D4.1a	<ul style="list-style-type: none"> Identify hazards and evaluate the risks in your workplace. 			Wt/L1.2	<ul style="list-style-type: none"> Judge how much to write and the level of detail to include. 		
HSC/D1.1b	<ul style="list-style-type: none"> Access and update records and reports. Record and report on your observations and assessments, within the confidentiality agreements and according to legal and organisational requirements. 			Wt/L2.5	<ul style="list-style-type: none"> Use formal and informal language appropriate to purpose and audience. 		
				Wt/L1.5	<ul style="list-style-type: none"> Use format and structure for different purposes. 		

Part D: Finding and understanding workplace procedures						
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved with support
HSC/A1.9c	<ul style="list-style-type: none"> Act in ways that promote the individual's confidence in you and your organisation. Reduce the risks to health and safety in your workplace. Identify and use new knowledge to develop your own practice. Assist in protecting individuals from danger and harm. 			Rt/L2.1	<ul style="list-style-type: none"> Identify the purpose of a text. Identify the main points and specific detail. Use organisational features and systems to locate texts and information. Judge how much to write and the level of detail to include. Present information in a logical sequence. 	
HSC/D4.1b				Rt/L2.3		
HSC/E1.1b				Rt/L2.6		
HSC/A1.6c				Wt/L1.2		
				Wt/L1.3		
Part E: Understanding the Manual Handling Policy						
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved with support
HSC/D4.1a	<ul style="list-style-type: none"> Identify hazards and evaluate the risks in your workplace. Reduce the risks to health and safety in your workplace. Assist in protecting individuals from danger and harm. Seek appropriate assistance to enable you to move and handle the individual safely. 			SLc/L1.2	<ul style="list-style-type: none"> Make requests and ask questions to obtain information. Identify the purpose of a text. Identify the main points and specific detail. Use organisational features and systems to locate texts and information. 	
HSC/D4.1b				Rt/L2.1		
HSC/A4.23a.9				Rt/L2.3		
				Rt/L2.6		
Key Skills: Successful completion of this assignment will cover the following Key Skills: Parts A and C – Level 1 C1.3 Write two different types of document. Part E – Level 1 C1.1 Take part in a one to one discussion about different, straightforward subjects. Part B, D and E – Level 2 C2.2 Read and summarise information from two extended documents about a straightforward subject.						

2 A case study

Contributing to the health and well being of people in your care is the most important part of your job. Being aware of a person's needs and treating him/her as an individual requires you to speak and listen to the person carefully. It also requires you to communicate with others involved in the person's care and to read appropriate information such as care plans and daily records.

In this assignment you can show your ability to do this effectively within your own workplace. You will need to complete parts A–E:

- A** Plan and record how you intend to gather the information you will need to complete a case study of a resident in your care.
- B** Record an informal interview with your chosen resident.
- C** Complete an observation sheet of the resident over a few days.
- D** Extract relevant information from a care plan and daily records and compare with your own findings.
- E** Write up your case study.

PART A

- 1** Choose a resident with whom you work. This needs to be someone about whom you will be able to gather a good range of information.
- 2** Make a plan of the information you will need and how you will gather this information. Words like *what*, *who*, *when*, *where* are very important in planning the kinds of information you will need to find.
- 3** Answer the questions in the table on page 30 to help you find the information you need from your workplace for your case study.

If you have any problems with this task look at embedded paper-based materials Module 1: Communicating in care, Module 2: Information at work, Module 3: Communication for care planning.

Remember to keep in mind the confidentiality of information offered.

Task description:	
Questions to ask before starting the task	Answers to questions
Which resident will I choose for the case study? Why do I think she/he will make a good case study? <i>(e.g. She has only just arrived and there is a lot to find out ..., He always has so much to say ...)</i>	
When would be a good time to talk to her/him?	
What do I want to find out about the resident? <i>(e.g. background, family, interests, likes/dislikes)</i>	
What questions will I ask? <i>(Remember to try and use open questions that invite the person to tell you more.)</i>	<i>(e.g. Can you tell me something about ...?)</i> 1. 2. 3. 4. 5. 6.
Who else do I need to talk to about the resident? What will I ask them?	
What do I need to read that will tell me more about the resident?	
Where is this information kept?	
Do I have to get permission to read resident's files? Who do I ask?	
Are there any magazines or books I could read about the resident's particular needs?	
What shall I do with all this information?	
How shall I present it?	
Who will read it?	

PART B

Use the form below to record the resident's replies to the questions you ask him/her. Ask your tutor to watch you role-play the situation with a colleague and to assess your ability to prepare yourself to communicate effectively with clients. (If at all possible, your tutor or a work colleague should observe you in the workplace communicating with your chosen resident.)

Remember to do the following:

- Discuss with the resident why you are doing this informal interview with him/her and make sure he/she is happy to do it.
- Think about the skills needed when talking to others at work, e.g. tone of voice, body language, checking listener's understanding, appropriate use of open and closed questions.
- Be prepared to allow a reply to a question to develop into a conversation. Responding to what someone is saying is as important as making sure you get through your own list of questions.
- Write down the key words and statements – don't try to write word for word or you will never keep up.
- Ask for something to be repeated if you didn't hear or understand it the first time.
- Be sensitive to the feelings of the resident and stop if he/she appears tired or reluctant to continue on a particular topic.

If you have any problems with this task or the next in Part D you can look at paper-based materials Module 5: Develop yourself in the workplace, or Module 1: Communicating in care.

Resident's name:		Date and time of interview:
Questions to resident (These are based on the one you have already planned to ask in Part A.)	Replies	Additional conversation/ information

PART C

Good observation skills are very important in care. They can help you take early measures to prevent problems building up and to inform necessary changes to a resident's care plan.

To comment on your chosen resident's well-being and the level of his/her participation and response to the everyday activities of the home, it is helpful to observe them over a few days in a variety of situations. It can also be very useful to ask colleagues, as they see residents at different times and may have formed a different opinion to yours.

Use the checklist below to observe your chosen resident. Try to do this over one week.

Observation	Comments
Amount of mobility , <i>e.g. walking on his/her own, with support/a frame</i>	
Amount of independence , <i>e.g. getting dressed/ washing/tidying room/doing hair/asks for personal shopping items/handles own money</i>	
Appetite , <i>e.g. has to be encouraged to eat/eats very little/particular diet</i>	
Conversation , <i>e.g. initiates a conversation/joins in a discussion/ little participation/confused/only responds to direct questions</i>	
Interests , <i>e.g. particular TV programmes/playing cards/reading/enjoying the garden/family</i>	
Communication with other residents , <i>e.g. finds people to talk to/sit next to/mostly solitary</i>	
General attitude , <i>e.g. cheerful/ quiet/sleepy/ a listener/grumpy/gets upset easily/depressed/ challenging behaviour</i>	
Sleeping habits , <i>e.g. sleeps peacefully/restless/ calls out/worried</i>	
Other things observed , <i>e.g. inappropriate behaviour</i>	

PART D

- 1 Find out as much as you can about your chosen resident from his/her care plan and any daily records available. Use medical journals, magazines and/or the Internet to find out more about any medical conditions the resident may have, e.g. diabetes, glaucoma, and add this to your research.
- 2 Do ask colleagues if they have anything they would like to add verbally to your findings.
- 3 Present your findings alongside the observations you made in Part C so that you can make some comparisons.

If you have any problems with this task you can look at paper-based materials Module 3: Communication for care planning.

Remember to look back at your planning in Part A. It will remind you about where and how to find the information you need.

PART E

- 1 Write up your case study of your chosen resident.
- 2 Use the information gathered in the tasks throughout this assignment to write approximately one side of A4 summarising the main things you have discovered about the resident in your care.
- 3 Discuss this with your tutor or a partner if you think it will help you to bring your thoughts together.
- 4 Attach all the task sheets to your summary page to show evidence of your research.

This completed assignment will provide evidence towards your NVQ. It may help you to look back at the paper-based materials Module 5: Develop yourself in the workplace, before presenting this assignment to your tutor.

Look back once more to your planning in Part A to make sure you have covered everything.

Social Care Integrated Assignment: 2 A case study						
This assignment relates to Unit HSC/A1.3, HSC/A1.6, HSC/A2.3 and Unit HSC/E1.1 of Care National Occupational Standards and practises the skills developed in Module 1: Communicating in care, Module 3: Communication for care plans, and Module 5: Develop yourself in the workplace.						
Part A: Identifying and locating safety signs and fire extinguishers in the workplace						
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved with support
HSC/A1.3a.2	<ul style="list-style-type: none">Find out from colleagues and from records if the individual has any preferred methods of communication and language.Identify and check how your own work can be improved.Identify and use appropriate support and information to improve your practice.			SLc/L1.2	<ul style="list-style-type: none">Ask questions to obtain information in familiar and unfamiliar situations.Use organisational features and systems to locate texts and information.Plan and draft writing.Use format and structure for different purposes.Use language suitable for purpose and audience.	
HSC/E1.1a.4.5				Rt/L2.6		
				Wt/L1.1 Wt/L1.5 Wt/L1.4		
Part B: Talking to a resident to gather specific information						
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved with support
HSC/A1.3b: 1–7	<ul style="list-style-type: none">Listen and respond to individuals’ questions and concerns.Communicate with individuals and key people.At appropriate times within the communication clarify points and check that you understand what is being communicated.Check that individuals are able to understand what you say.			SLlr/L1.1	<ul style="list-style-type: none">Listen for and identify relevant information.Speak clearly in a way which suits the situation.Use strategies to clarify and confirm understanding.Provide feedback and confirmation when listening to others.Ask questions to obtain information.	
HSC/A1.3c.2				SLc/L1.1		
HSC/A1.3c.5				SLlr/L1.3 SLlr/L1.2		

Part C: Observing a resident						
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved with support
HSC/A2.3a.3.6	<ul style="list-style-type: none"> Observe individuals within the environment, taking note of any changes in their condition, needs and circumstances. Record and report on your observations and assessments, within the confidentiality agreements and according to legal and organisational requirements. 			Wt/L1.2 Wt/L2.5 Wt/L1.5	<ul style="list-style-type: none"> Judge how much to write and the level of detail to include. Use formal and informal language appropriate to purpose and audience. Use format and structure for different purposes. 	
Part D: Gather and record information						
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved with support
HSC/A1.6a.1.9	<ul style="list-style-type: none"> You find out about the individual's needs, wishes and preferences. You record and report to the appropriate people <ul style="list-style-type: none"> the processes and outcomes from your task; any changes in the individual's care needs. 			Rt/L2.3 Rt/L2.6 SLc/L1.2	<ul style="list-style-type: none"> Identify the main points and specific detail. Use organisational features and systems to locate texts and information. Make requests and ask questions to obtain information in familiar and unfamiliar contexts. 	


Part E: Write a case study						
NOS	Performance criteria	Achieved	Achieved with support	Core curriculum refs	Core curriculum elements	Achieved Achieved with support
HSC/A2.3a.6	<ul style="list-style-type: none"> Record and report on your observations and assessments, within the confidentiality agreements and according to legal and organisational requirements. 			Wt/L2.1 Wt/L2.2	<ul style="list-style-type: none"> Plan and draft writing. Judge how much to write and the level of detail to include. 	
HSC/A2.3b.1	<ul style="list-style-type: none"> Contribute to the detail of the individuals' care plan Work with individuals to put together your findings about their care needs. 			Wt/L2.3	<ul style="list-style-type: none"> Present information and ideas in a logical or persuasive sequence, using paragraphs where appropriate. 	
HSC/A2.3b.3.4	<ul style="list-style-type: none"> Contribute to discussions about the individuals' care needs from your work with and assessment of the individuals. Where your findings conflict with those of others, explain the reasons for your conclusions. 			SLd/L2.1 SLd/L2.4	<ul style="list-style-type: none"> Use different styles of writing for different purposes using supporting evidence. Make relevant contributions and help to move discussions forward. Support opinions and arguments with evidence. 	
Key Skills: Successful completion of this assignment will cover the following Key Skills: Parts A and Part C – Level 1 C1.3 Write two different types of documents. Part B – Level 1 C1.1 Take part in a one-to-one discussion about different, straightforward subjects. Part D – Level 2 C2.2 Read and summarise information from two extended documents about a straightforward subject. Part E – Level 2 C2.3 One piece of writing should be an extended document and include at least one image.						

Source material

Contents


Instructions	01
Fire action sign	02
Accident Report	03
Handwashing technique	04
Missing Persons Procedure	05
Flow chart for accident/incident reporting	06
Flow chart for accident/incident reporting (with sample)	07
Health and Safety Law poster	08
Manual Handling Policy	09
Confidentiality and Access to Records Procedure	10
Gifts, Wills and Bequests	11
Admission Assessment Sheet	13
Resident's Care Plan: Part 1	14
Resident's Care Plan: Part 4	15
Discharge letter and Discharge Information Sheet	16
Fluid Balance Chart	17
Contract of employment	18
Job Description	19
Appraisal Preparation	20
Appraisal Summary	21
Risk Assessment form	22


Instructions



CO₂
Fire extinguisher

**FOR USE ON
CLASS**

 Flammable liquids

 Live electrical equipment

**Do not use in a
confined space**



FOAM
Fire extinguisher

**FOR USE ON
CLASS**

 Wood, Paper,
Textiles, etc

 Flammable liquids

Do not use on

 Live electrical equipment



  **THIS
EXTINGUISHER
CONTAINS**

WATER

 **Safe for use on Wood,
Paper, Textiles etc.** 

 Do not use on live
electrical equipment

 Do not use on
flammable liquid fires

 Do not use on
flammable metal fires

Fire action sign



ON DISCOVERING A FIRE:

1. Sound the alarm
2. Dial 999 to call the fire brigade
3. Tackle the fire with the appliances provided it is safe to do so

ON HEARING THE ALARM:

1. Leave the building by the nearest exit
2. Close all the doors behind you
3. Report to the assembly point in the car park



Do not take risks

Do not stop to collect belongings

Do not return to the building until authorised to do so

Do not use the lifts

ACCIDENT REPORT

1. About the person who had the accident

Name _____

Address _____

_____ Postcode _____

Occupation _____

2. About the person filling in this report

Fill this in only if you are **not** the person who had the accident.

Name _____

Address _____

_____ Postcode _____

Occupation _____

3. About the accident

Say when it happened .

Date _____ Time _____

Say where it happened . _____

Describe how it happened and any injury caused.

Sign and date the record

Signature _____

Date _____

4. For the employer only

Complete this box if the accident is reportable under RIDDOR.

How was it reported? _____

Date reported _____

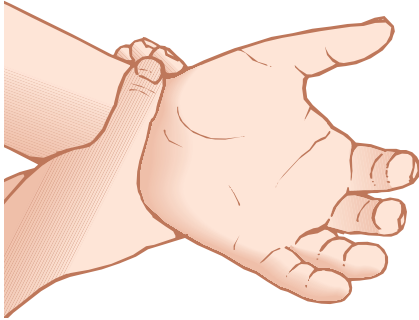
Signature _____

Preventing the spread of infection in community settings and services

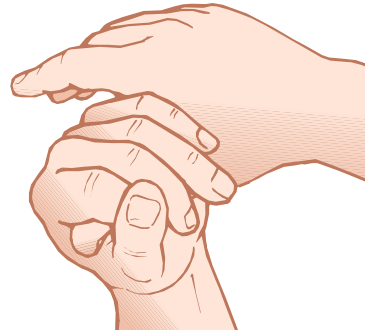
Handwashing technique

Each step consists of 5 strokes rubbing forwards and backwards.

1



2



3



4



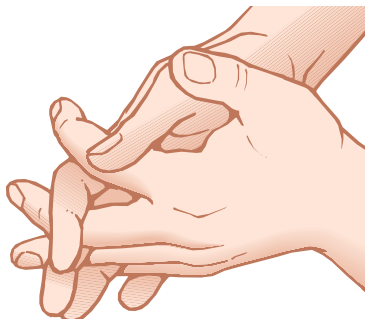
5



6



7



8



Rinse hands under running water and dry thoroughly.



RESIDENCE FOR THE RETIRED

MISSING PERSONS PROCEDURE

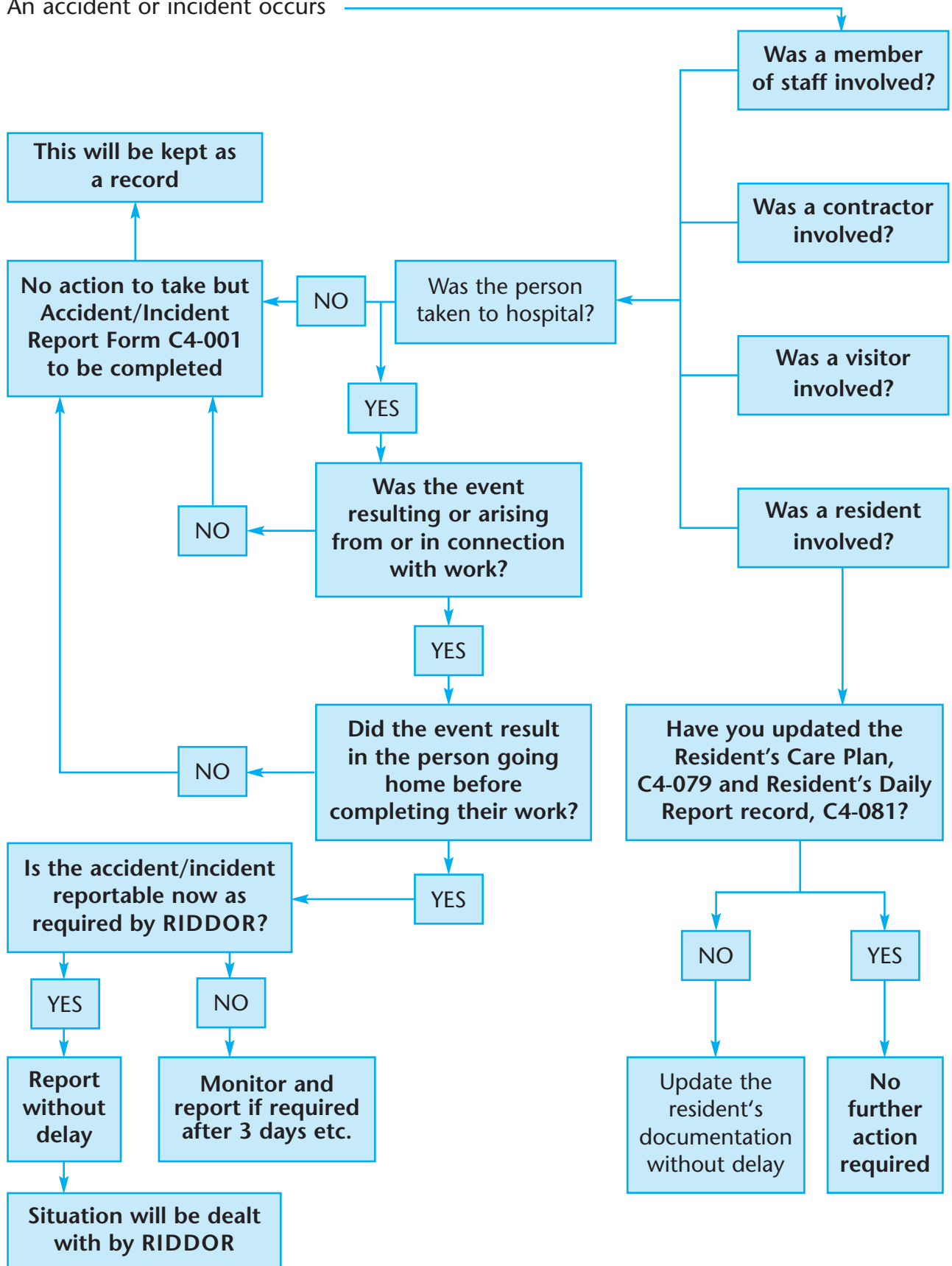
CALMLY AND CAREFULLY:

- 1 Alert all members of staff and find out when and where the resident was last seen.
- 2 Check the resident's room, the other residents' rooms and all the rest of the house, including cupboards, wardrobes, cellars, etc.
- 3 One member of staff should check the garden and grounds and report back.
- 4 Contact the Proprietor or whoever is 'on call' and report the situation. Follow further instructions given by this person.
- 5 If no-one is available, report the situation to the police in this way: dial 999, state your name, where you are from, the address and that you wish to report a missing person.
- 6 When the situation has been resolved, record the events in the resident's records and also complete an Incident/Accident Report.

NB Remaining calm will help to avoid upsetting other residents.

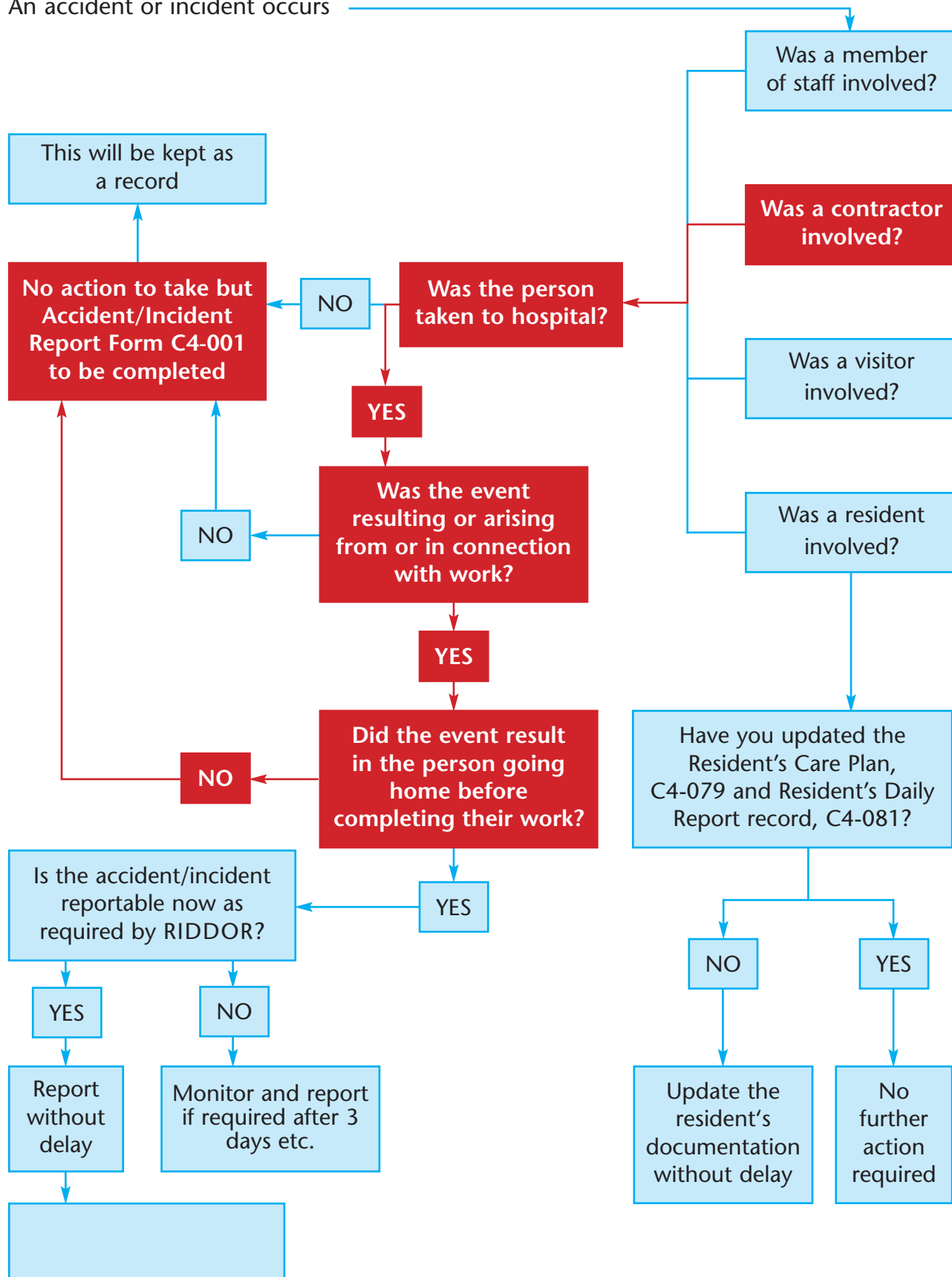
Flow chart for accident/incident reporting

An accident or incident occurs



Flow chart for accident/incident reporting

An accident or incident occurs





HEALTH AND SAFETY LAW



What you should know

Your health, safety and welfare are protected by law. Your employer has a duty to protect and keep you informed about health and safety. You have a responsibility to look after others. If there is a problem, discuss it with your employer or safety representative, if there is one. Below is a brief guide to health and safety law. It does not describe the law in detail, but it does list the key points.

Your employer has a duty under the law to ensure, so far as is reasonably practicable, your health, safety and welfare at work.

Your employer must consult you or your safety representative on matters relating to your health and safety at work (see box below).

In general, your employer's duties include:

- making your workplace safe and without risks to health;
- ensuring plant and machinery are safe and that safe systems of work are set and followed;
- ensuring articles and substances are moved, stored and used safely;
- providing adequate welfare facilities;
- giving you the information, instruction, training and supervision necessary for your health and safety.

In particular, your employer must:

- assess the risks to your health and safety;
- make arrangements for implementing the health and safety measures identified as being necessary by the assessment;
- if there are five or more employees, record the significant findings of the risk assessment and the arrangements for health and safety measures;
- if there are five or more employees, draw up a health and safety policy statement, including the health and safety organisation and arrangements in force, and bring it to your attention;
- appoint someone competent to assist with health and safety responsibilities, and consult you or your safety representative about this appointment;

Management of health and safety

Appointed person(s): Health and safety responsibilities:

Health and safety consultation and representation arrangements at this workplace

Your employer must consult you or your representative on matters to do with your health and safety, including:

- any change which may substantially affect your health and safety at work, eg in procedures, equipment or ways of working;
- the employer's arrangements for getting competent people to help him/her satisfy health and safety laws;
- the information you have to be given on the likely risks and dangers arising from your work, measures to reduce or get rid of these risks and what you should do if you have to deal with a risk or danger;
- the planning of health and safety; and
- the health and safety consequences of introducing new technology.

Names and locations of trade union or other safety representatives, and the groups they represent:

Name:

Location:

Group:

Name:

Location:

Group:

Name:

Location:

Group:

- co-operate on health and safety with other employers sharing the same workplace;
- set up emergency procedures;
- provide adequate first-aid facilities;
- make sure that the workplace satisfies health, safety and welfare requirements, eg for ventilation, temperature, lighting, and sanitary, washing and rest facilities;
- make sure that work equipment is suitable for its intended use, so far as health and safety is concerned, and that it is properly maintained and used;
- prevent or adequately control exposure to substances which may damage your health;
- take precautions against danger from flammable or explosive hazards, electrical equipment, noise and radiation;
- avoid hazardous manual handling operations, and where they cannot be avoided, reduce the risk of injury;
- provide health surveillance as appropriate;
- provide free any protective clothing or equipment, where risks are not adequately controlled by other means;
- ensure that appropriate safety signs are provided and maintained;
- report certain injuries, diseases and dangerous occurrences to the appropriate health and safety enforcing authority (see box in column 3 for who this is).

As an employee you have legal duties too. They include:

- taking reasonable care for your own health and safety and that of others who may be affected by what you do or do not do;
- co-operating with your employer on health and safety;
- correctly using work items provided by your employer, including personal protective equipment, in accordance with training or instructions; and
- not interfering with or misusing anything provided for your health, safety or welfare.

If you think there is a health and safety problem in your workplace you should first discuss it with your employer, supervisor or manager. You may also wish to discuss it with your safety representative, if there is one. You, your employer or your safety representative can get information on health and safety in confidence by calling HSE's Infoline telephone service on 08701 545500.

If you think your employer is exposing you to risks or is not carrying out legal duties, and you have pointed this out without getting a satisfactory answer, you can contact the enforcing authority for health and safety in your workplace (see below). Health and safety inspectors can give advice on how to comply with the law. They also have powers to enforce it. HSE's Employment Medical Advisory Service can give advice on health at work. You can contact them at the addresses below.

Name and address of enforcing authority whose health and safety inspectors cover this workplace (eg HSE or your local authority's Environmental Health Department):

Name:

Address:

Employment Medical Advisory Service

Address:

You can get advice on general fire precautions etc from the Fire Brigade or your fire officer.

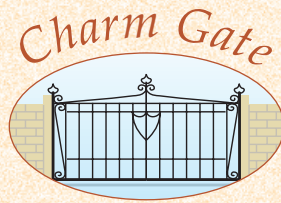
More information about health and safety law is set out in HSE publications, such as:

Essentials of health and safety at work
HSE Books 1994 ISBN 0 7176 0716 X

An introduction to health and safety: Health and safety in small businesses Leaflet INDG259(rev1)
HSE Books 2003 (single copy free)

HSE priced and free publications are available by mail order from HSE Books,
PO Box 1999, Sudbury, Suffolk CO10 2WA
Tel: 01787 881165 Fax: 01787 313995
Website: www.hsebooks.co.uk
(HSE priced publications are also available from bookshops and free leaflets can be downloaded from HSE's website: www.hse.gov.uk)





RESIDENCE FOR THE RETIRED

Manual Handling Policy

- 1 This policy is effective for all handling activities performed by staff in the home. All staff are required to work within the relevant legislative framework. This will include the Manual Handling Operations Regulation 1992, Health and Safety at Work Act 1994, and Management of Health and Safety at Work.
- 2 The manager will ensure compliance with legislation and is additionally responsible for ensuring that a suitable and effective training plan is in place for staff employed in the home.
- 3 The home will provide a safe working environment for staff and a safe and secure environment for residents who live there. Wherever possible, the home will also promote a 'No Lifting' policy.
- 4 The manager will arrange staff manual handling training that is carried out by suitably qualified trainers who will ensure that current good-practice techniques are taught.
- 5 All staff will be required to follow the training instruction that they have been given and use only the techniques and manoeuvres approved by the manager.
- 6 The home will provide all such appropriate equipment as may be required to safely carry out approved manual handling activity. The equipment to be used will be specified as part of a risk assessment of manual handling needs that should be carried out for each individual or task.
- 7 All equipment will be properly maintained by the home.


Residence for the Retired

CONFIDENTIALITY AND ACCESS TO RECORDS PROCEDURE

AIMS AND VALUES

To ensure that information is stored and accessed in a way which complies with the Data Protection Act 1988 and any subsequent legislation which relates to information held and the rights of the individual to access it.

To make this procedure available to all staff and residents.

To ensure that residents' confidentiality is respected.

This is the procedure to be followed

INFORMATION WHICH MIGHT BE CLASSED AS CONFIDENTIAL

The manager is responsible for identifying information which is classed as 'Confidential' within the home.

The likely areas to be considered for classification as 'Confidential' are:

Paper records, computerised systems – sometimes called Electronic Retrieval Systems. All staff records including: supervision, appraisal or personal performance details. All information relating to disciplinary action or investigations. All recruitment information. Marketing strategies and analysis information. All resident records including: tenancy information and financial information. Conversations which have been overheard.

GENERAL ISSUES OF CONFIDENTIALITY

Confidentiality information held by the home might be considered in one of the following ways:

'Absolute Confidentiality' – where the information is never recorded in any way, never discussed orally or shared with anyone else (e.g. doctor/patient or priest and confessions).

'Relative Confidentiality' – where information supplied and held is used in a responsible way, for the benefit of the resident or member of staff concerned and safeguards against misuse are in place.

Due to the nature of the services provided in care homes, Absolute Confidentiality cannot be guaranteed.

Riverside*Residence for the Retired*

GIFTS, WILLS AND BEQUESTS

There may be occasions when residents or relatives of residents wish to offer gifts to staff. This policy sets out the home's position about action to be taken by staff who are offered gifts, or bequests in wills.

POLICY

Responsibilities

1. This policy forms part of the contract of employment of each employee. The policy is intended to protect staff from being placed in compromising situations and is intended to protect residents from the potential of financial abuse by others.
2. Any breach of this policy by staff may result in disciplinary action.
3. If any member of staff is unclear about any part of this policy they should discuss it with their manager.
4. This policy applies equally to all staff members and to members of their immediate family.

Gifts

5. If staff are ever offered gifts by residents or their relatives for the care and services provided, at all times staff should very clearly and politely inform residents that their job is to care for residents and they are not able to receive gifts for services given.
6. There are, however, some occasions (such as Christmas, birthdays, etc) where a resident may feel that a gift is appropriate as part of the caring relationship that exists between carer and resident. On these occasions, the member of staff should inform the manager, who should make a reasonable judgement at the time.
7. Should a resident or their relatives repeatedly offer gifts, these must be politely and firmly declined, and the manager informed. The manager of the home is available to offer advice and support in these cases.

Wills and Bequests

8. If a resident seeks advice about making a will, they should be encouraged to do so through a solicitor or through the Citizens' Advice Bureau.
9. The manager may make arrangements for a solicitor to visit the home at the request of a resident, but should never recommend any solicitor in preference to another.
10. Under no circumstances should a member of staff be involved in the drawing up of a will, or act as a witness or as executor of an estate.
11. Under no circumstances should a member of staff seek a legacy for the home from any resident who is about to make or change their will.
12. If a resident asks a member of staff about making a bequest to the home, the resident should be referred to the manager who will deal with the matter.
13. When it becomes known that a resident intends to make a personal bequest to members of staff, or appoint them as executors, then the managers should be informed.
14. Staff should explain that the home's policy will not allow for staff to become involved in residents' affairs, and such involvement may lead to disciplinary action. Staff have the right to be released from any involvement as executor if they do not wish to be involved.
15. In the event of a member of staff being left a sum of money or a specific gift item from the estate of a resident, they should report this to the manager as soon as possible.
16. No member of staff should become involved in making funeral arrangements or disposing of the estate before the necessary legal advice has been sought.
17. This policy does not apply to donations.

Any person who wishes to make a donation of any kind to the home should be encouraged to contact the manager, who should:

- establish the nature of the donation
- make arrangements for the donation to be handed over
- issue a receipt and a formal letter of gratitude and acknowledgement.

Admission Assessment Sheet

Personal Information

Title	First name	Last name	DOB	Admission date
-------	------------	-----------	-----	----------------

Address of client

Tel. no.

Name and address of next of kin

Relationship

Tel. no.

Medical History

Name and address of client's doctor

Tel. no.

Diagnosis

Allergies

Medication

Assessed at

Assessed by

Blood pressure

Weight

Urine

Comments

Additional Information

Reason for admission

Mobility

Anxieties

Mental awareness

Diet

Continence

Interests

Past occupation

Religion

Comments

Equipment

Wheelchair

Hearing aid

Zimmer frame

Dentures



Residence for the Retired
Resident's Care Plan

Part 1 General information

1.1 Personal details

Date of admission: Source of admission:

Resident's name:

Date:

Preferred name: Date of birth:

Previous address:

Completed by:

Spoken language: Interpreter: YES / NO

Religion: Practising: YES / NO

Contact name:

Address:

Telephone: day

night

Key people to be contacted in the event of serious illness or death (e.g. rabbi/priest)

Funeral arrangements:

Allergies/drug interactions:

Medical practitioner:

Name:

Address:

Telephone no:



Residence for the Retired
Resident's Care Plan

Part 4 Review procedure and care planning records

Review of Care Plan Form

Review date:

All areas of Care Plan to be reviewed with resident or representative where possible

Area	Specify any changes to Care Plan	Continue objective New objective
Personal care and physical well-being		
Communication		
Mobility and dexterity		
Personal safety and risk assessment		
Medical history Medication		
Mental health and cognition		
Diet and weight		
Food and meal times		
Dental and foot care		
Religious observance		
Daily living and social activities		

Signed resident/representative:

Signed staff member:

Date of next review:



Residence for the Retired

Riverside Care Home
Canary Street
Hardshire HA9 7MW

Hardshire Hospital
Levington Road
Hardshire HA13 9WX

Re: Stanley John Hinton DOB 27/1/1910

To whom it may concern:

Mr Hinton is well enough for discharge but will require further rehabilitation over the next two years. Please read the enclosed information sheet. For further details do not hesitate to contact the Stroke Unit.

Yours faithfully,

Dr D. Cole

Dr D. Cole

Discharge Information Sheet for: Stanley John Hinton	
Comments	Following the stroke, Stan is still very sleepy. Initially it is suggested that he is woken for meals and for short periods of therapy during the day. These waking periods should be extended over time.
Movement	Stan is able to swallow. Movement is restricted in his right arm and leg. We suggest a foot support and the use of a tripod. The physiotherapist has devised a series of exercises for him to follow.
Vision	Stan has complained of blurred vision. We suggest a visit to an ophthalmologist as soon as possible.
Communication	You may notice difficulties with speaking and slurred speech. We have arranged three appointments a week over the next three months with a speech therapist in the Stroke Unit. These will begin as soon as possible. His gestures and facial expressions will be distorted. Please take account of this in your communication with him. In communicating with him verbally, speak slowly and clearly, make eye contact and check his understanding. Use gestures, drawing and writing if necessary.
Mental health	It is common for stroke patients to show signs of anxiety and depression. Although Stan has exhibited no tendencies in this direction, please be aware of the possibility.
Medication	$\frac{1}{4}$ aspirin every 12 hours. Daily multi-vitamin and mineral supplement.
Diet	It is generally accepted that a diet high in fruit and vegetables, low in fat and with no salt will decrease the chances of a stroke recurring.
Continence	Stan needs help to control his bowels and bladder.

Fluid Balance Chart

Resident: **Ted Simms**

Date: **25/09/04**

Time	Fluid	Intake	Output	Sig
7 am				
8 am				
9 am				
10 am				
11 am				
12 noon				
1 pm				
2 pm				
3 pm				
4 pm				
5 pm				
6 pm				
7 pm				
Total				

CONTRACT OF EMPLOYMENT

NAME:

POSITION:

DATE OF COMMENCEMENT:

HOURLY RATE OF PAY:

HOURS OF DUTY: on a rota basis

JOB DESCRIPTION: All employees are given a written Description which MUST be read and understood before completion of this Contract. Acceptance of this Contract is acceptance of the duties as described.

This Contract is issued following the completion of the Induction and Probation period. When an appointment has been confirmed, four weeks' notice, in writing, will be required.

Pay during holidays will be at your basic rate. If you leave your employment under normal circumstances you will receive payment in lieu of any holiday earned but not taken in the current year. If holiday has been taken in excess of entitlement to the date of leaving, the excess will be deducted from your final payment of wages.

SICKNESS OR INJURY ABSENCE: If you are absent from work because of sickness or injury a self-certificate must be completed in respect of absences of seven days or less. Medical certificates must be provided to cover all absence from the 8th day on. You will not be entitled to wages during such absence. You will be paid in accordance with the Statutory Pay Scheme, where entitled.

MEALS AND BREAKS: Included in duty hours are break and meal times. Appropriate food and drink are provided by the Home should you require it.

UNIFORM: This is provided at the discretion of the Proprietor and should be worn only on duty. It is the responsibility of Employees to repair and launder their own uniform and only with the Proprietor's agreement can it be renewed or replaced.

SMOKING: Smoking is only permissible during break times and only in the designated areas.

GIFTS: The practice of the Home is to decline ALL gifts from residents and the acceptance of gratuities IS NOT PERMITTED. Acceptance of small token gifts will be at the discretion of the Proprietor only.

TRAINING: The Home believes in 'ongoing' training and attendance of courses. Employees will be asked and expected to attend such appropriate training/venues as required by the Proprietor. When there is a cost involved, apportioned contribution will be negotiated between Proprietor and employee.

I acknowledge receipt of my Statement of Main Terms and Conditions of Employment and confirm that I have read and understood it.

Signed Date

Job Description

Night Care Assistant

- 1 Assist residents with personal tasks, mobility and continence and promote individuality.
 - 2 Provide whatever assistance is needed by residents preparing for bed and during the night.
 - 3 Assist in the control and issue of drugs as prescribed and maintain accurate records.
 - 4 Carry out regular checks on residents as agreed with the Proprietor, with due regard to the privacy of the resident.
 - 5 Answer emergency bells, door and telephone and assist as necessary.
 - 6 Provide comfort and companionship to residents as needed.
 - 7 Prepare and serve food and drink as required and with prior agreement with the Proprietor.
 - 8 Maintain an accurate record on each resident.
 - 9 Discuss with the Proprietor prior to preparing vegetables etc., ironing or light cleaning.
 - 10 Report to the senior care assistant or proprietor when necessary.
-

Appraisal Preparation

Your annual appraisal is an opportunity to evaluate your own practice, to recognise existing skills and to monitor progress. It is also an opportunity to highlight concerns and discuss training needs.

In order to prepare for your annual appraisal, you are advised to think about each of the following aspects of your performance and to note down any points that you wish to discuss.

Job knowledge	
Dependability	
Volume of work	
Work planning	
Team work	
Communication	
Attendance	
Punctuality	
Appearance	
Other issues	

Remember that appraisal should be regarded as a constructive and positive process.

Appraisal Summary

Name: _____

Date: _____

Strengths

Concerns

Training needs

Action

1

2

3

4

5

6

7

Date of next review _____

Signed _____ (*appraisee*)

Signed _____ (*appraisor*)

Risk Assessment Manual Handling of Residents Form C4-087		
Name of resident: Preferred name: Date of birth:	Name of assessor: Signature of assessor: Date of assessment:	Job title:
<i>Nature of handling risk identified or the nature of disability</i>	<i>Equipment or method to be used</i>	<i>Continuing suitability of method and review of effectiveness</i>
1. Rising from chair		
2. Standing		
3. Walking		
4. Toileting/washing		
5. Transfers – general		

Glossary

abbreviate to cut short or reduce
abbreviation the shortened version of words usually the first letter or letters of words, e.g. NVQ
abuse cruelty or mistreatment
acceptance agreement with
access to get to
to get information from a computer
achievable reachable
acronym a word formed from the initial letters of other words, e.g. COSHH is pronounced as 'cosh' but is an acronym meaning Control Of Substances Hazardous to Health
advocate someone who speaks on your behalf
agitated nervous, troubled
alert warn
allergic being sensitive to some substances
allergy a bad reaction to a particular substance
alternative option or choice
Alzheimer's disease an illness/disease that affects the brain, causing memory loss in particular
am before noon; written after the times from midnight to midday
analgesic a pain killer, e.g. aspirin
annual once a year
anti-inflammatory a drug that reduces pain and swelling
antibiotic a drug used to fight infections caused by bacteria
appliance a piece of equipment or device
applicable relevant, appropriate
apply put into practice
appraisal a system used in the work place to help the employee and the employer to assess progress and training needs, usually completed during an interview with a line manager
appropriate suitable for the situation/correct
approximately about, roughly; an estimate
arising happening as a result of something
arthritis disease that causes pain and stiffness in the joints
assemble bring together
assembly meeting or gathering
assessment a review or check
assessor a person who assesses
assist, assistance help
attendance how often you are at work, how much time you have off work
attitude a way of thinking
authorised given permission by someone in charge
baccy slang for tobacco
bequest something given to you by someone who has died

bias favouring one side of an argument for personal reasons
breach to break a rule
breastbone bone down the centre of the chest, joining the ribs
brief short and to the point
C of E Church of England (abbreviation)
carbon dioxide a gas used in some fire extinguishers
card index system of filing where information is written on cards, usually sorted alphabetically
cardiologist heart surgeon or specialist
casualty someone who is injured
catheter a tube inserted into the bladder to draw off urine
catheter bag attached to a catheter tube to collect urine
certify officially state or confirm
challenge test
chicken pox a disease in which spots and scabs appear on the skin
chiropodist someone who is qualified to treat people's feet
circumstance a situation or condition
clinical scientific or medical
closed question a question that only invites a single (yes/no) answer
cognition thinking skills
cognitive impairment damage to a person's thinking skills, difficulties with remembering and memory
collate collect and organise information
combustible burns easily
commence begin
commode a type of toilet built into a chair
communicate to share information and ideas
communication aids equipment that helps with communication, e.g. hearing aid
communicator person communicating with another person or for another person
companionship friendship, company
competence skill, ability
compliance acting according to the law or regulations
complicated has many parts
compress to press down on
compression action of pressing down firmly
concepts ideas
concerned worried, anxious
conclusion(s) a summary or ending
conditional (of instructions) depending on the circumstances, e.g. if you ...

- confidential** spoken or written information that is to be kept private
- confined space** a small, enclosed space with not many windows and doors
- confirmation** checking that something is correct
- confused** feeling uncertain, disorder
- conjunction** words used to link ideas together in a sentence, e.g. and, but, as, if, so
- consent** permission
- constructive** leading to positive ways forward, e.g. constructive advice
- consultation** talking with an expert
- context** the setting or theme, e.g. residential home
- continence** the level of ability to control bladder and bowels
- contract of employment** legal documents with the details of your job, holidays, pensions, etc.
- contractor** someone who is called in to do particular work, e.g. a plumber, electrician, builder, chiroprapist
- conversion table** a table that shows weights (or other measures, such as lengths) in both imperial and metric units
- counterpane** a cover or quilt
- criteria** standards used to measure achievement
- dash** a short horizontal mark used to connect items in a sentence or list
- data** facts and statistics
- decimal point** a full stop, or point that separates the whole pounds from the pence
- deducted** subtracted, taken away from
- degeneration** getting worse
- delete** cross out
- dementia** a brain disease, leading to loss of memory
- dentures** false teeth
- dependable** reliable and trustworthy
- dexterity** skill in doing things using hands and fingers
- diagnosis** name of illness after examining the symptoms
- dietary requirements** food/drink suitable for a particular person
- digit** single-figure number, e.g. 5
- disciplinary action** action taken when someone has done something wrong or has not followed the rules
- disclosure** revealing information
- disinfect** to get rid of germs and infection by using a strong chemical cleaner
- distorted** twisted, out of the normal shape
- distressful** very upsetting
- diversity** differences
- DOB** date of birth (abbreviation)
- donation** money given to a fund or an organisation, e.g. charity
- duties** the things you have to do for your job
- efficient** well organised
- efficiently** working in a well-organised and professional way
- elements** sections that make up an NVQ unit
- emphasis** the stress put on a word or phrase to make it stand out
- emphasise** to make a word or phrase stand out as important
- encourage** persuade in a supportive way
- ensure** to make sure
- entails** involves
- equality** being the same as or equal to other people
- ethnic origin** country or culture of birth
- evacuation** getting people out (of a building)
- evaluate** to think about, consider carefully
- evidence** ways of showing something, proof
- excess** more than is needed
- executor** a person who carries out the wishes written in a person's will
- factual** information based on real life, not made up or exaggerated
- fire retardant** material applied to fabrics for example to stop them burning easily in a fire
- flammable** easily set on fire, e.g. paper
- flow chart** diagram showing a process or sequence of actions
- formal language** spoken or written language using standard English – no use of casual/relaxed language
- format** the way text is set out or looks on the page
- gestures** movements of the body, usually the hands or head, that express meaning or feeling
- gist** the general idea of what something is about
- Halal meat** meat prepared according to Muslim law
- hazardous** dangerous
- heel (of the hand)** part of the palm of the hand next to the wrist
- hyphen** punctuation mark that joins words together, e.g. anti-inflammatory
- illustrate** to give or show an example of something to help understanding
- impaired** not working well, damaged
- imperative** command or instruction words, e.g. do not
- imperial** the system of measurement used before the metric system was introduced, including units such as pints and gallons for liquids, stones and pounds for weights. Many people in the UK still use these units.
- impressions** ideas about something or someone from the way it or they behave
- incident** an event or something that happens
- incinerated** burnt

incontinence having no control over the bladder or bowels

independence the ability to do things for yourself

index finger first finger next to the thumb

induction the period of introduction to a new job during which you receive training

informal language casual/relaxed way of speaking

infrequently not often

inhale breathe in

interlocked linked or fitted together

jargon language or words used by a particular profession that are usually difficult for others to understand

job description a document describing the exact tasks in your job

legible clear and easy to read

legislation the law

leisure pursuits hobbies or interests, e.g. walking, football, films

line manager member of staff in charge of you and your work

lingerie women's underwear

live electrical equipment electrical equipment that is plugged in

location place or position

logical in a step-by-step order

loop a special hearing aid that cuts down on background noise

maiden name a woman's surname before marriage

mandatory compulsory, must be done; required by law

manicure cosmetic treatment of the hands and nails

marital status stating whether someone is married or not

metric relating to the decimal system of measurement. Metric units include metre, centimetre, millimetre, kilometre, gram and kilogram.

milliner someone who makes hats

mirror to reflect or copy the body language, tone or language used by the person you are speaking to

mobility ability to move the joints or limbs of the body easily

monitor to check progress

neglected ignored or not looked after properly

next of kin closest family member or relation, usually a spouse, parent or oldest child **noon** midday, 12 o'clock

NOS National Occupational Standards – the standards set by TOPSS for people working in social care (abbreviation)

notify inform or tell

NVQ National Vocational Qualification (abbreviation)

objective aim, intention, goal

open question a question that invites more than a single-word (yes/no) answer

ophthalmologist a professional who treats eye problems

opinion a personal view or belief; not necessarily a fact

Parkinson's disease a disease of the brain that causes shaking and mobility problems

pedicure cosmetic treatment of the feet and toe-nails

personal possessions inventory list of the service user's possessions, clothes, jewellery, etc.

phobia strong fear of something

physical impairment difficulty with movement

physio short term for physiotherapy, treatment using massage and exercise (can also be short term for physiotherapist)

physiotherapist professional that treats diseases and injuries with exercise and massage

pm after noon. Written after the times from midday to midnight.

policies sets of guidelines put in place by an organisation, to be followed by their workforce

positive helpful and useful

post-operative the time following an operation

PQ4R reading techniques: Preview, Question, Read, Reflect, Repeat, Review

precise exact, accurate

preference the thing a person likes better

pressure pressing down firmly

prioritise to decide what is most important

procedure the official way of doing things that is used in a particular place of work

profile written information about someone – their background, what they are like and current needs

prohibition not allowed by law

proprietor the owner or manager

punctuality being on time

quadruped a walking stick with four 'legs' to support users with limited mobility

Ramadan The ninth month of the Muslim year, during which food or drink is not eaten between sunrise and sunset

reality orientation chart chart used to help service users understand the actual time and date and therefore reduce confusion

reassure to help someone feel safe and to reduce their worries and doubts

recall therapy an approach sometimes used with older people to encourage them to think and talk about the past

recreational activities/pursuits hobbies or things people like to do in their spare time

redundant put out of work because the job no longer exists

- regain** get back to, return to
- relevant** needed; appropriate
- reliance** having to depend on something or someone
- religious observance** following the rules of a religion, e.g. going to church, chapel, mosque or temple
- request** when someone asks you to do something, using polite, formal language
- requests** needs or wishes (often in a will)
- resolved** sorted out or brought to a satisfactory conclusion
- respond** to say or do something in reply to an action or a person
- responsibilities** the things you have to do as part of your job
- retrieve** to get or bring back
- rights** something due to you in law
- role** position, job or task
- rotational** round and round
- rounding** making numbers easier to work with, by using the nearest 10, the nearest 100, or to the nearest whole number, e.g. £2.97 is rounded up to £3
- scan** to look quickly through (in this case, a piece of writing to find particular words or phrases)
- sedated** made calm or put to sleep for a while using drugs
- self respect** pride in yourself
- sensitive** to be aware of and take account of other people's feelings
- sensory impairment** problem with hearing or vision
- service user** person using the services of a care organisation, person being cared for
- signed off** signed by your assessor to say that you have completed a section (NVQ)
- skim** to read a piece of text very quickly to get the general idea of what it is about without reading every word
- specialist** person who gives expert information about a particular topic
- specific disorder** particular illness
- strategy** particular approach or way of doing something
- stress** the emphasis put on a particular word or phrase to make it 'stand out'
- stroke** an illness caused by poor/interrupted blood flow to the brain
- SU** service user (resident) (abbreviation)
- subheadings** word or words that show what a short section of text is about
- subject** the main topic or purpose of a text
- substances** materials or liquids
- sue** to bring a legal claim against another person or organisation
- summarise** sum up by giving the main point or points of something
- sundries** a mixture of shopping items
- technical** language used for a particular subject or area of work
- tone** the way in which something is said, e.g. aggressively
- TOPSS** Training Organisation for Personal and Social Services, the organisation that sets the standards for social care (acronym)
- transaction** buying and selling; moving money around
- transfer** helping a service user to move from one place to another, e.g. chair to bed
- tripod** walking stick with three 'feet'
- underpinning knowledge** the supporting, necessary knowledge for the job
- ventilation** a way of circulating and bringing in new air
- volume of work** quantity of work, how much you do
- welfare** the well being, happiness of a person
- will** a document that states who you want to have your possessions after your death
- witness statement** a statement written by someone who has observed you doing something at work, to say what you were doing and how you were doing it

