

Learning Aim A

A1 Duty of care

- Legal obligation to protect wellbeing and prevent harm.
- Upholding the rights and promoting the interests of individuals experiencing abuse or neglect.
- Protecting health, safety and wellbeing.
- Ensuring safe practice.
- Balancing individual rights with risks.

A2 Complaints procedures

- Complaints policies and procedures.
- Reasons why complaints may be made, e.g. failure in a duty of care, dissatisfaction with quality of care.
- Investigating complaints.
- Responding to complaints with respect and treating them seriously.
- Using complaints to improve the quality of service provision.
- Legal proceedings and clinical negligence.

Learning Aim C

C1 Health and safety legislation and policies in health and social care

Legislation must be current and applicable to England, Wales or Northern Ireland.

Health and Safety at Work etc Act 1974, The Manual Handling Operations Regulations (MHOR) 2002, The Food Hygiene (England) Regulations 2006, Control of Substances Hazardous to Health (COSHH) 2002, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, Data Protection Act 1989, Care Standards Act 2000, The Equality Act 2010, The Care Act 2014, Care Quality Commission Standards, Disclosure and Barring Service (DBS) checks.

C2 Influence of legislation and policies on health and social care practice

- Safeguarding vulnerable adults, children and young people.
- Protection from accidents, injuries and illness, including infection control, food preparation, hazardous substances.
- Managing risk assessments and maintaining a safe working environment, including safe moving and handling.
- Promoting health and wellbeing, including handling medication.
- Providing confidence and reassurance for families and other carers.
- Meeting legal and regulatory requirements, including record keeping.
- Recruitment of staff in health and social care, including DBS checks.

Pearson BTEC Level 3 Diploma in Health and Social Care

Unit 7 Knowledge Organiser

What is this unit about?

- A Examine how a duty of care contributes to safe practice in health and social care settings
- B Understand how to recognise and respond to concerns about abuse and neglect in health and social care settings
- C Investigate the influence of health and safety legislation and policies in health and social care settings
- D Explore procedures and responsibilities to maintain health and safety and respond to accidents and emergencies in health and social care settings.

Learning Aim D

D1 Procedures to maintain health and safety

- Infection control and prevention, e.g. standard infection control precautions.
- Safe moving and handling of equipment and individuals.
- Food preparation and storage.
- Storage and administration of medication.
- Storage and disposal of hazardous substances.

D2 Procedures for responding to accidents and emergencies

- Responding to accidents and illness, including basic first aid.
- Fire safety, evacuation and security procedures.
- Reporting and record keeping.

D3 Health and safety responsibilities

- Responsibilities of employers, including health and safety management, risk assessment, providing relevant equipment, information and training.
- Responsibilities of employees, including taking reasonable care of own and others' health and safety, following guidance from health and safety training, identifying potential hazards in the setting.
- Responsibilities of others in the setting, e.g. visitors, including following health and safety guidance and emergency procedures if required, abiding by relevant regulations, policies and

Learning Aim B

B1 Types and signs of abuse and neglect

• neglect and acts of omission, including failure to provide for medical or physical care needs, failure to give dignity or privacy, physical, including hitting, pushing, burning, misuse of medication, psychological, including emotional, verbal, humiliation, threats of punishment, sexual, including sexual activity where the individual cannot give consent, sexual harassment, financial, including misuse or theft of money, fraud, exploitation of property or inheritance, discriminatory, including sex, race, culture, religion, age, ability or sexual orientation, domestic abuse, government definition – 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to psychological, physical, sexual, financial and emotional abuse.

– Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

– Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'

• Signs of abuse and neglect: neglect and acts of omission, including unkempt appearance, unexplained weight loss, ulcers, bed sores, physical, including unexplained injuries or bruising, burn marks, malnutrition, psychological, including unexplained changes in behaviour, anxiety, depression, sexual, including bruising or bleeding in rectal or genital areas, sexually transmitted diseases or pregnancy, financial, including inability to pay for household expenditure, missing personal possessions, discriminatory, including being withdrawn, fearful, anxious, loss of self-esteem, anger, frustration

B2 Factors that could contribute to individuals being vulnerable to abuse and neglect

• Vulnerable groups of people, including babies, children, older people, Physical vulnerability, including physical disabilities, chronic medical conditions, sensory impairment, Cognitive impairment, including dementia, Alzheimer's disease, special educational needs, speech impairment, Emotional vulnerability, including depression, anxiety, phobias, Social vulnerability, including isolation, loneliness, institutionalised behaviour, Staffing issues that may lead to institutional abuse and neglect, e.g. lack of staff training, lack of leadership, low staff levels.

B3 Responding to suspected abuse and neglect

- Following safeguarding policies and procedures.
- Different agencies involved, including social services, health services, police, voluntary organisations, Care Quality Commission.
- Professional roles and legal responsibilities, including the adult protection co-ordinator and child safeguarding boards.
- Responding to disclosure.
- Reporting and recording procedures.

Assessment Unit

Issues in health and social care

Issues of concern in health and social care include the effectiveness of treatments of health conditions, how far lifestyle factors contribute to health and social care needs, and the changing health, social care and welfare needs in society.

Reviews and research



Research leads to improvements in care provision, policy and practice. Sometimes reviews are a reaction to a particular event, such as the death of a child. Such reviews can be forms of research.

Types of issues

The main three types of issues for research in the health and social care sector are:

- 1 health conditions
- 2 lifestyle factors
- 3 social care and welfare needs.

When planning research, you can look at what is 'topical' (current) by following the news or organisations in your field.

Scaled questions

Some questions ask respondents to select their answer from a scale, for example from strongly disagree to strongly agree, or to rate their response according to a number scale, perhaps from 1 to 10. These scales are sometimes referred to as **Likert** scales.

These questions allow a wider variety of responses than closed questions but answers still can be analysed systematically. Here is an example.

I am satisfied with the standard of care I have received today:

Agree strongly Agree Neither agree nor disagree Disagree Disagree strongly

Advantages and disadvantages

When planning, conducting, reporting and evaluating research, you need to know the advantages and disadvantages of the main research methods. This can help you to identify, select and use methods suitable for different research purposes and evaluate their reliability.

1 Observations

Observations can produce both **qualitative** and **quantitative** data:

- 👍 Observer can see what is happening.
- 👍 Not expensive to carry out.
- 👍 Data can be more reliable.
- 👎 Participants may be uncomfortable.
- 👎 People may behave differently when being watched.
- 👎 Time consuming.

2 Experiments

Experimentation usually produces **quantitative** data:

- 👍 Good for discovering cause and effect.
- 👍 Allows control over variables.
- 👍 Can be replicated.
- 👎 Not typical of real-life situations.
- 👎 Behaviour of participants may be limited.
- 👎 Participants may guess the purpose of research and subconsciously influence the data.

3 Interviews

Interviews can be used to gather both **qualitative** and **quantitative** data:

- 👍 Direct feedback from participants.
- 👍 Topics can be explored in depth.
- 👍 Opportunities to explain and clarify.
- 👎 Time consuming and costly.
- 👎 Researchers need to be well prepared.
- 👎 Researchers' own opinions may influence the way participants respond to questions, and this may bias results.

4 Questionnaires and surveys

Can be used to gather both **qualitative** or **quantitative** data:

- 👍 Can gain large amounts of information.
- 👍 Can be carried out quickly.
- 👍 Cheap and not time consuming.
- 👎 Doesn't always give insight into feelings, motivations or behaviours.
- 👎 Participants may not tell the truth.
- 👎 Questions may be misinterpreted.

Keywords	Definition
Article	The pre-released account of a piece of recent research relating to an aspect of health or social care. Could be based on a longer research report.
Ethical issue	Ethically related aspects that may have affected how the research was carried out.
Health and social care practice	Used in relation to how health and social care professionals carry out their work or job roles.
Health and social care services	May be used in relation to how services are provided and/or made available to the individuals that need them.
Issue	May be used on its own to describe the subject of the research that the article is describing.
Literature review	An assessment of existing research around a particular issue or area of study

Keywords	Definition
Primary research	Research compiled directly from the original source, which may not have been compiled before. Learners are not expected to carry out primary research, but they are expected to understand the advantages and disadvantages of different primary research methods.
Qualitative research	Descriptive data, such as data drawn from open-ended questions in questionnaires, interviews or focus groups.
Quantitative research	Data in numerical form that can be categorised and used to construct graphs or tables of raw data, such as data drawn from results of experiments, hospital data showing admissions of individuals with certain health conditions, closed questions in questionnaires.
Research methods	Refers to how the research described in the article was carried out, for example through quantitative methods such as analysis of figures drawn from hospitals or GP surgeries; or qualitative based on focus groups, questionnaires.
Secondary sources/research	Published research reports and data, likely to be based on analysis of primary research.