

Duty of Care & Care Planning

Caredemy

Online Training Academy



Course Name:

- Duty of Care and Care Planning

Course Description:

This course will give an overview of how health and social care workers are encouraged to think about their responsibilities to those they care for, themselves, their colleagues, and the general public. Acting in the best interests of others and failure to act will be discussed.

Course Learning Objectives:

At the end of this course, the learner will be able to:

- Define and describe duty of care
- Identify potential dilemmas that may arise between an individual's rights and duty of care
- Explain how comments and complaints can improve quality of care
- Define adverse events, errors and near misses, and incidents
- Describe factors that may contribute to or cause confrontation
- Discuss effective communication skills that can be utilized to solve problems and limit confrontations
- Discuss legislation relevant to duty of care.

Course Requirements:

Participants must complete all learning modules and pass the multiple-choice course assessment.



What is Duty of Care?

Duty of care is defined as three principles that health and social care workers should follow.

- Always act in the best interest of the individual or others
- Act within your competence and role, and do not perform and actions that you are not trained to do or cannot do safely
- Not act, or fail to act, in a manner that results in harm or has the potential to cause harm

Internal Risk Assessment

An internal risk assessment is a quick way to determine whether the task you are about to complete is safe for the individual you are caring for, for yourself, or for other people. Here are some sample questions you may ask yourself during an internal risk assessment:

- Do I have all the equipment I need?
- Is the equipment I need working?
- Am I trained to use the equipment safely?
- Have I been trained to complete this task safely?
- Is there anything different in the environment that might make this task less safe?
- How does the person I am caring for feel at this moment?
- Are there any needs or preferences of the individual I am caring for that I need to consider?
- Have I asked the individual I am caring for to consent to perform the task or action?

Dilemmas

At some point, an individual may want to do something different from what has been advised by the health or social care staff. This may be refusing to take medication even though their health would worsen if the medication were not taken. When dilemmas occur, health and social care workers must be able to work with those in their care to come to a reasonable decision or compromise. These are a few questions you may ask yourself when confronted with a dilemma:



- Does the individual in my care have sufficient information? If not, what additional information can I provide or find someone else to provide?
- Does the individual have the capacity to make a decision? If not, should a capacity assessment be completed and who can complete this?
- Do I need additional support from other staff?
- Should I share information with my colleagues, and do I have permission to do so?
- Have I kept accurate and timely records of the steps I have taken to make a decision and recorded the reasons that this decision was made?
- Do I feel established enough to comfortably make this decision or take this action?
- How has a more experienced colleague handled this situation in the past?

Comments and Complaints

While not always comfortable, feedback is important for health and social care organizations to receive. It helps the organization:

- Understand the experiences of the individuals' utilizing services
- Understand the changing or varying needs of individuals utilizing services
- Monitor the quality of care provided by staff
- Identify areas of improvement and area where additional training may be needed
- Identify strengths. Complaints and comments are opportunities for yourself, your colleagues, and your organization to recognize good practice and find ways to improve service.

If a serious complaint is received, a detailed review may be required, but should also be seen as an opportunity to improve. Comments may be recognized when services are provided correctly or when good communication is used, which encourages staff to continue to use and improve their strategies and skills.

When Things Go Wrong

As much as we try to avoid making mistakes, sometimes things go wrong. Sometimes these things are outside of the control of the staff, or sometimes there are things that could have been done differently. The circumstances and what has gone wrong are called different names.



1. **Adverse Events** An adverse event is not caused by an error. If an individual received appropriate care but still suffered an unwanted affect, this is considered an adverse event. An example is having an unexpected reaction to a medication.
2. **Error** An error is a mistake made by an individual. This error might be a misjudgment, wrong action, or wrong decision that causes harm. Errors should be investigated. An example of an error is giving a patient an incorrect dose of medication due to misreading doctor notes.
3. **Incident** An incident is an unplanned event where a loss of life, injury, loss or damage to a person or property occurs. The incident may cause physical, psychological, or emotional harm. An example might be yelling at a difficult patient and causing emotional harm.
4. **Near Miss** A near miss is an incident that had the potential to cause harm but was prevented. This may be failing to put up a caution sign when the floor is wet, but another staff member notices and places a sign out.

Reporting Incidents

It is vital that health and social care staff report any adverse events, incidents, near misses, or errors. The staff has an additional duty of candor and should be honest when a mistake has been made. Mistakes should not be covered up and incidents involving high levels of patient harm, or a serious incident should be reported to a manager immediately.

Communication and Confrontation

Often, poor communication is identified as the main cause of failing in health and social care. This could be poor communication with the organization, between staff members, or between patient and provider. Good communication skills are essential for duty of care. Many behaviors can prevent good communication from occurring. These behaviors include:

- Gossiping about someone
- Criticizing someone behind their back
- Dismissing others' ideas or suggestions
- Promoting your own ideas, perspectives, or interests without consulting others



- Fear of communicating with someone in person and using written communication instead
- Not contributing constructively or speaking up in meetings

Promoting Good Communication

Integrity and humility are vital to good communication practices. You will be better able to meet your duty of care because you will not fear the outcome of challenging behavior or decisions that puts others at risk. If you are being isolated by the behavior of others at your organization or experience bullying or harassment, talk to your HR department.

Being Assertive

Sometimes it is required for health and social care staff to be assertive when communicating with other staff members. This does not mean being angry or rude, but instead firm, clear, and polite.

Communication Strategies

The STICC Strategy

1. State the **Situation**: ex. Here is the problem...
2. Identify the **Task** ex. Here is what I think should be done...
3. Explain the **Intent** ex. Here is why...
4. Express **Concern** ex. Here is what we should look out for...
5. Invite **Collaboration** ex. Talk to me about your concerns or ask questions...

Improving Communication with Seniors

Many caregivers work with senior citizens. There are many ways you can more effectively communicate with the elderly:

- Establish a consistent daily routine that involves discussing the day's plans and activities.
- When speaking, ensure clarity and maintain eye contact with the senior.
- Use appropriate language and avoid jargon or complex terms.
- Recognize and accommodate memory loss, adapting communication accordingly.
- Be alert to signs of hearing loss, such as excessively loud television or radio volumes, or if the senior begins speaking loudly.



- If the senior wears hearing aids, be attentive to potential battery changes and inform your supervisor if assistance is required.

Communicating Strategies for Those with Hearing Loss

You may need to communicate with someone who has hearing loss or is deaf. The following strategies are effective for communication:

- **Capture Attention:** If needed, gently touch their hand or shoulder to signal the start of a conversation.
- **Maintain Visibility:** Avoid covering your lips or mouth while speaking, as this can hinder lip-reading.
- **Speak Naturally:** Talk at a comfortable pace, neither too fast nor too slow, to aid in comprehension.
- **Allow Time:** Pause between sentences to give them sufficient time to process and respond.
- **Rephrase Rather than Repeat:** If misunderstood, try expressing your message differently rather than simply repeating the same words.
- **Minimize Background Noise:** Engage in conversations in quiet environments by turning off distracting background noises like the TV or radio.
- **Optimal Lighting:** Choose well-lit areas for conversations to facilitate lip-reading and visual communication cues.

Active Listening

Active listening involves paraphrasing what the person has said and then responding or continuing the conversation, which can greatly aid communication. Establishing a regular routine can provide a sense of predictability for the individual each day. When addressing them, use their name, speak clearly, and allow ample time for them to respond. It's important to recognize that communication often involves both verbal and nonverbal cues, so pay attention to both. Adapt to their current state with a friendly gesture like a wink, a smile, or a pat on the back while maintaining their routine.

Addressing the Individual: For instance, "Louise, how was lunch today?"

