

Person Centred Approaches

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Please complete the above, in the blocks provided, as clearly as possible.

Completing the details in full will ensure that your certificate bears the correct spelling and date.

The date should be the day you finish & must be written in the DD/MM/YYYY format.

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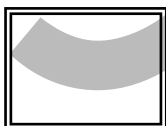
Person Centred Approaches

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N.B: We are aware that official practice is to use the terms "service users" or "people using this service" to describe those receiving care. We prefer the term "client" and use it throughout our training package.

Key:



worksheet



important

Person Centred Approaches

Learning outcomes.

- Identify person centred values.
- Understand person centred approaches for care and support.
- Identify how to work in a person centred way.
- Support an individuals right to make choices.
- Understand how to promote active participation.

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

- | | |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Safe. | People are protected from abuse and avoidable harm. |
| Effective. | People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it. |
| Caring. | Care should be person centred involving dignity and respect, and compassion. |
| Responsive. | Following correct working procedures as agreed by your workplace and as set out in the client's care plan. |
| Well led. | Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent. |

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.



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The fundamental standards are as follows:

Person centred care. Ensuring that those receiving the care are at the centre of all decisions.

Dignity and respect. Providing the client with dignity and respect in all aspects of their care.

Need for consent. Asking the client's permission before carrying out tasks that affect them.

Safe care and treatment. Following correct working procedures as agreed by your workplace and the client's care plan.

Safeguarding service users from abuse. Following agreed working and safeguarding procedures and being aware of signs and symptoms.

Meeting nutritional needs. Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.

Cleanliness, safety and suitability of premises and equipment. Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.

Receiving and acting on complaints. Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.

Good governance. Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.

Staffing. Fit and proper persons employed.
Fit and proper person requirement for Directors is followed.

Duty of candour. Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.

Person Centred Approaches

Introduction.

Person centred approaches, person centred planning, personalisation, you may be becoming more aware of each of these terms being used to describe the sort of care you should be providing. You may be confused about the meaning of these terms and exactly how you are supposed to be altering your working practices. Official guidance issued over many years, such as 'Valuing People Now' and 'Putting People First', made it clear that the government wish care services to work in a person centred way. The Care Act 2014 reinforces and builds on this concept. So what does this mean for you?

The aim of this manual is to support you in understanding how you can work in a person centred way. Traditionally services have been structured in a way that will best meet the needs of the majority, people were expected to fit in with routines and practices that service providers felt were most appropriate. To be person centred services must be flexible to meet people's needs in the way that is best for them. This means that we must now work in partnership with clients to identify the best way to provide their care.

We should recognise that each person's needs are unique to them and involve them in every decision and at every stage of their care and support.

On completing this manual you should understand the following:

- Different terms associated with person centred approaches.
- The importance of person centred values.
- How you can work in a person centred way.
- How your employer can support person centred practices.
- How you can support your clients' rights and choices.
- The importance of active participation.

There is nothing particularly new about person centred approaches to care. Services for people with learning disabilities and for people with dementia have been working on their own interpretation of these practices for around a quarter of a century. What is new is that these approaches are now central to meeting the requirements of new legislation and the governing body the Care Quality Commission (CQC)*.

* In Wales care is regulated by CSSIW – Care and Social Services Inspectorate Wales.

The CQC are now taking a person centred approach to inspection and monitoring, they will be talking to clients, their families and other professionals involved in their care to assess the quality of care being received.

Home managers will be expected to show how they understand and respond to the needs of clients as individuals.



Unit One

Legislation.

The Human Rights Act 1998.

In 2003 a case brought under this Act against a county council showed that blanket policies such as 'no lifting' were likely to be unlawful. Service providers must use individual risk assessment to develop policies for manual handling, personal care etc.

The Care Act 2014.

The Care Act aims to build on good practice in statute as well as embedding new reforms to provide clearer and fairer care and support to those who need it, rather than just focusing on those with eligible needs and those who are state funded. It should provide for a more person centred approach in social care as well as putting a greater focus on prevention and wellbeing. Local authorities will have a wider brief to ensure all of this happens in their local area.

The Care Act aims to put people firmly in control of their own care and support. This will help to improve independence and wellbeing and ensure all aspects of a person's life are supported.

Local authorities will be expected to provide access to a variety of services to prevent people needing ongoing care and support. Criteria for assessment of eligibility will be clearer and more accessible for those needing it. Local authorities will also need to ensure there are a wide variety of care provisions and services and that information advice and advocacy are available as needed.

The principle of wellbeing underpins the Act and should be considered in all decision making.

Safeguarding.

A new statutory framework for safeguarding protects adults from abuse and neglect. Local authorities have set up local safeguarding boards in their areas and are responsible for ensuring the framework is in place. This is the first time there has been legislation specifically for safeguarding adults.

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There are six principles of safeguarding:

Empowerment	=	Acting before abuse or neglect happens.
Prevention	=	Person led decisions and informed consent.
Proportionality	=	Least intrusive response to the risk.
Protection	=	Providing support and advocacy where needed.
Partnerships	=	Services working in the local area working together.
Accountability	=	Being transparent in all delivery of safeguarding practices.

Although all of these Acts set out the law on providing dignity and respect, it is up to us as individuals providing care to others to look at our own practice and how we provide dignity and respect to each of our clients individually.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This Act sets out the standards expected of all care providers and gives the CQC responsibility for assessing whether they are being achieved. At the core of the standards is the importance of person centred care.

All professionals involved in the care of your clients should be adopting a co-ordinated approach to provide person centred care. The Act has introduced a requirement for adequate communication between providers about issues such as infection so that client needs can be met more effectively.

Person centred values.

To be able to work in a person centred way you must understand what person centred values are and why it's important to use them when planning care. Person centred values include the following:

- Independence.
- Dignity.
- Privacy.
- Rights.
- Choice.
- Respect.
- Partnership.
- Individuality.

We must support clients in a way that promotes each of the above values. Below is an example of how person centred values might be used in practice to enable us to achieve good standards of care.



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Example of using person centred values to manage medication.

- Independence.** clients should be supported to self administer where possible.
- Dignity.** clients should not be given medication in a way that compromises their dignity.
- Privacy.** information about the medication a client takes is confidential and should not be discussed with others.
- Rights.** clients have the same rights as the general population; they can decide what medication to take, when and how - even if there is an element of risk.
- Choice.** clients are to be fully informed about treatment options available so they can make their own choices.
- Respect.** clients are recognised as individuals with the same rights and choices as anyone else; they are treated with dignity and their right to privacy is recognised.
- Partnership.** decisions are made with the client, not for them.
- Individuality.** those prescribing medication take into account factors such as age, religious beliefs, allergies, personal preferences and lifestyle.

These values should be applied to all aspects of clients' care, to do this you and the service you work for need to be flexible and ready to adapt your working practices. If you are used to set routines it may be difficult for you to develop new ways of doing things, it should not, however be impossible and you may find that new approaches are better for the staff too.



In many homes carers have to get all clients up and dressed ready for a set breakfast time; this can be stressful for all concerned and carers are likely to be doing things that clients could do for themselves just because it is quicker. Managers could look at different ways of serving breakfast and remove the time pressure on staff. Clients and staff could work together to come up with ideas and ways of putting them into practice.

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If clients are served hot drinks at set times of the day from a trolley they may not actually be getting them when they want them – if it is possible to set up facilities for clients to make their own drinks, with staff support where necessary, this will not only allow them to get what they want when they feel like it but will also make them active participants in the process, not passive receivers. Alternatively give them a choice of drinks that will be available when they want them.

It is no longer acceptable to expect clients to fit in with imposed routines. This can be a form of institutional abuse and is discriminatory as it does not take into account the diversity of the client group. If your clients thrive on set routine then your care plans and provision will reflect this and show that the routines are client led.

Person Centred Approaches

Unit One Questions

1. Give two other words or phrases that may be used instead of 'person centred approaches'.
 - 1.
 - 2.
2. Give three examples of person centred values.
 - 1.
 - 2.
 - 3.
3. Look at the table on page 8 showing how you might apply person centred values to medication management. Choose any two of the values and describe how they might be applied in meeting nutritional needs.
4. Give an example of a way in which having set meal times might discriminate against an individual client.