





The Care Certi cate was introduced in 2015 to ensure that all social care and healthcare workers have the knowledge, skills and behaviours to provide compassionate, safe and high quality care and support.

Some of the standards have been contextualised to different working situations or services to help new workers, or workers new to a particular area of care, to apply the content to their speciec roles.

The Care Certi cate has been contextualised into six areas:

autism

dementia

end of life care

learning disability

lone working

mental health.

This document includes the I

contextualised standards.

This resource doesn't cover all of the Care Certi cate standards as not all need contextualising, some are universal and apply in the same way to all areas of work. For example, 'Standard 12 Basic life support', applies in the same way to all areas of care.

This resource is a land designed to be used in to, and to current Care Certicate delivery and resources, such as the Care Certicate workbooks and presentations.

?

Further Care Certi cate resources can be found here.

Tailoring the Care Certi cate: Lone workers is designed to support workers new to lone working contextualise the content of Care Certi cate to their role. The resource can be used by learners, Care Certi cate trainers and assessors.

Tailoring the Care Certi cate: Lone workers is not a mandatory resource. It can be used in a number of ways, by a number of people, to enhance current Care Certi cate learning and development. There are activities included throughout. These could be completed verbally or written down, or adapted to be included within a trainer's or assessor's other resources.

The resource could be used:

in group learning environments, face-to-face or virtually in one-to-one learning or supervision sessions, face-to-face or virtually as pre-reading or 'homework' for learners as part of assessment resources as part of staff supervisions.

might use this resource:

to refer to during their Care Certi cate programme, or refer back to after completion, to provide context to their other learning.

might use this resource:

as a handout in training sessions to stimulate discussion in group or one-to-one environments to review their current training package against.

might use this resource:

to stimulate discussion during assessment to aid in reviewing their assessment documentation.

Standard 1: Understand your role	5
Standard 3: Duty of care	7
Standard 5: Work in a person centred way	
Standard 6: Communication	11
Standard 7: Privacy and dignity	14
Standard 8: Fluids and nutrition	15
Standard 10: Safeguarding adults	16
Standard 13: Health and safety	17
Standard 15: Infection prevention and control	1

Ļ,

You regularly visit Frank in his own home. One of your responsibilities, as documented within his care plan, is to administer his lunchtime medication.

L

Unexpectedly, a friend arrives at his house during one of your visits. This causes you to overrun and you forget to give him his medication. You do not realise until you arrive at your next appointment. You would have to report this to your supervisor immediately in order to rectify the situation. They may provide you with instructions or might take action themselves.

For instance, they could:

Contact Frank

1,

Inform or seek guidance from Frank's GP or Pharmacist

Contact Frank's next of kin

This would all be in line with agreed ways of working and organisational policies.

4 , ,

Consider the scenario described above. Make sure you can answer the following questions:

Who is your supervisor whilst you are lone working?

Where are your supervisor's contact details?

Responding to comments and complaints can be stressful, particularly when you are in the community without the immediate support of a co-worker or if someone is upset when making their complaint. As well as following your organisation's complaints procedure, you'll also need to make decisions about whether a complaint suggests you need to take any immediate action prior to a full investigation, for instance if the complaint suggests someone could be at risk.

L

You are working a night shift in a supported living service. You are the only member of staff working on that particular area of the building, so are considered to be a lone worker. One of the residents approaches you. They are visibly upset. They tell you they are very angry because another resident keeps stealing their food and they wish to make a complaint. You have completed your Care Certi cate and all your induction training but are still quite new to the job and feel nervous about dealing with a complaint.

How should you approach this situation? What action should you take?

3.



As a lone worker it is imperative that you understand the needs and preferences of the person you are supporting and that any changes are recorded in their care plan and communicated with others providing care and support. The records that you make may be the only record other carers are able to access immediately and as such it is important that you keep these accurate and up-to-date.

Ī

It is possible that, after you leave the person you are supporting in their home, their room, or in the community, they may not see another carer for a long time. You have a responsibility to ensure the person is safe when you leave them.

You will need to recognise if someone is in discomfort, pain or distress. But you will also need to get to know the individuals you are supporting and understand their preferences in order to take action to reduce or remove these feelings. This might be in relation to:

lighting noise temperature unpleasant odours

Sometimes there could be people in the environment you are working in whose actions or behaviours may be causing upset or distress to others. It is important to raise this in line with agreed ways of working.

There may be occasions where people you are supporting choose to live in environments which may be cluttered and unhygienic. This can be dif cult sometimes as how the person chooses to live may be against your own beliefs and preferences. In these situations, always discuss with your line manager and inform them of any concerns you have in relation to the person's safety and well-being.



Ī

4

Think of a person you have met who is accessing care and support.

How would you know if they were distressed, in pain, or uncomfortable?

What factors in the environment might cause them distress, pain or discomfort? What could you do to help?

How would you record and communicate your actions?



6

As a lone worker, you may not regularly see other colleagues. This can pose challenges in accessing information, sharing information, and seeking advice or support. You need to understand, and be able to appropriately use, various communication tools and methods to support and enable the important ow of information between yourself and others. These might include:

Ī

care plans
handover discussions and records
out-of-hours' support systems
electronic recording systems
lone-working emergency contacts
phone calls and text messages
emails
team meetings and supervisions sessions

Practices and requirements regarding con dentiality may differ between working environments. When working in a care home, care plans and residents' personal information will be stored in a secure of ce, whereas this level of additional security is not available in someone's home. You should therefore ensure you store all personal information in an agreed place and in line with agreed ways of working.

When working in someone's home, or supporting them in the community, you may also be in receipt of personal and con-dential information about their loved ones and their relationships. You must respect professional boundaries and maintain con-dentiality – with exceptions relating to keeping yourself and others safe. Follow your organisation's procedures and raise any concerns with your manager.

I, I

Eugene lives with his partner in their own home. He has various health conditions and is visited regularly by different health and care professionals and his care plan is shared across these different professionals. When you nish your visit, you always return the care plan and notes to a particular kitchen drawer and tell Eugene and his partner where you have put it. But you keep nding it out on the side or left in different cupboards.

Ī

You are concerned that:

6

Information may get lost

Professionals may not always be able to not the care plan and associated notes Other visitors to Eugene's house, such as friends, family or trades people, could have access to condential information **4** , L

6



I

Every week you support Abbie to do her grocery shopping. Whilst you are waiting in line at the check-out, an old friend approaches you and starts chatting. They ask you about where you live and about your family. You are aware that Abbie can hear the conversation. You don't want to be rude to your old friend but feel uncomfortable sharing some of the information with Abbie.

How might you handle this situation?

Ш

Working in someone's home, or within the community, may pose particular challenges in ensuring and promoting the privacy and dignity of the people you support. This might be because:

some of the care and support you provide takes place in a public place, such a communal living area or a GP's waiting room

Ī

family or friends' visits may coincide with yours

loved ones may expect information to be shared which you know should remain con dential.

You may need to adapt your support as best as possible to ensure you can maintain the persons privacy and dignity. This might include for example asking others to leave the room for a short while. This may also include gaining permission from the person to share information.

4 🕠



Jose is accompanying Bernadette to an appointment at her health centre. She wants to talk to a nurse about contraception and sexual health. Whilst in the busy waiting area, Bernadette starts to talk about some concerns she has about her relationship with her boyfriend. Jose recognises that this information is sensitive and can be overheard by lots of people, and that Bernadette may not understand this. Jose tells Bernadette that now is not the time to discuss this and they will talk about it later.

Did Jose maintain Bernadette's privacy and dignity? What could you have done differently to Jose?

Working in someone else's home may pose particular dilemmas in supporting them maintain their uid and nutrition intake. For instance, a person may not have food in their cupboards, or the food they do have may be out-of-date.

Ī

Regardless of whether part of your role is to make meals for those you are supporting, or not, you should:

follow the person's care plan

You need to have the con dence and courage to speak out if you have any concerns about a person's safety or well-being. It is part of your duty of care.

You must ensure you know how to raise any safeguarding concerns you have in an appropriate and timely manner. Delaying action and/or monitoring the situation could put the person you support, or others, at risk of harm. If in doubt, always act promptly and use agreed ways of working to record and report your concerns and protect all those involved.





Ī

What are your organisation's policies and reporting tools for safeguarding? Make sure you have read and understood these.

Ī

You must always adhere to your organisation's health and safety policy and procedures. However, you may be working in environments where aspects of health and safety are outside your, and your organisation's control. Never put yourself at risk.

You should respect the home environments of the people you are providing care and support for and how they choose to live. If you feel the environment poses a risk to you or others, you should seek advice from your manager.

Other people, such as visitors and household members, could affect the dynamics of a visit and change the associated risk. You should remove yourself from a situation you feel has not been fully risk assessed or could put you or others at risk of harm. You may need to end a visit early or not carry out a visit.

Risk assessments must be in place for the activities you are carrying out. You should familiarise yourself with where these are kept, what they include, and how to adhere to them. In addition to adhering to these recorded risk assessments, you will need to continually assess your environment, the situations you are in and the activities you are undertaking to ensure they remain safe for you and for others.

Organisations have systems and procedures in place to keep you and others safe. It's important to follow these. They could include:

signing in and out

security measures for gaining entry and leaving settings

processes to follow if you are unable to gain entry

the use of ID badges

the use of personal safety equipment, for instance a charged mobile phone, personal alarm or torch.

At no time should you undertake an activity you are not properly trained to carry out, for example using new hoist equipment.

Lone working can be particularly stressful. You could feel isolated or encounter emergency situations on your own. To reduce the risks of stress, and manage these feelings, ensure that

you understand your responsibilities and parameters, that you're fully trained for the job, and know who to contact for support.



Ī

If you're working in someone else's home, what health and safety risks might you look out for?

For each of the risks you think of, think of ways to keep yourself and others safe.

1

This work was made possible through the involvement of the following organisations and people:

Accomplish Group, Cambridgeshire Shared Lives, Excel Care Holdings, Greenlight PBS Ltd, Halow Project, High Oaks, Huthnance Park, Learning Disability England, Liaise Loddon Ltd, Manor Community, Mencap, Mears Group, My Care at Home, My Learning Cloud, My Options - Activity, Wellbeing and Care, NACAS, Oakland Care, Partners in Care, The Alzheimer's Society, The Stable Family Home Trust, Your Life Care and Support.