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# Chapter 1

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## Understanding Client Care

### Chapter Outline

- Identify relevant groups of people in need of healthcare.
  - Describe briefly the physical, emotional, social, psychological and spiritual needs of a range of groups of people, taking into account individual variation.
  - Respect client wishes and confidentiality in the delivery of care.
  - Apply effectively client safety and security procedures.
  - Adapt levels of assistance to the needs of particular clients.
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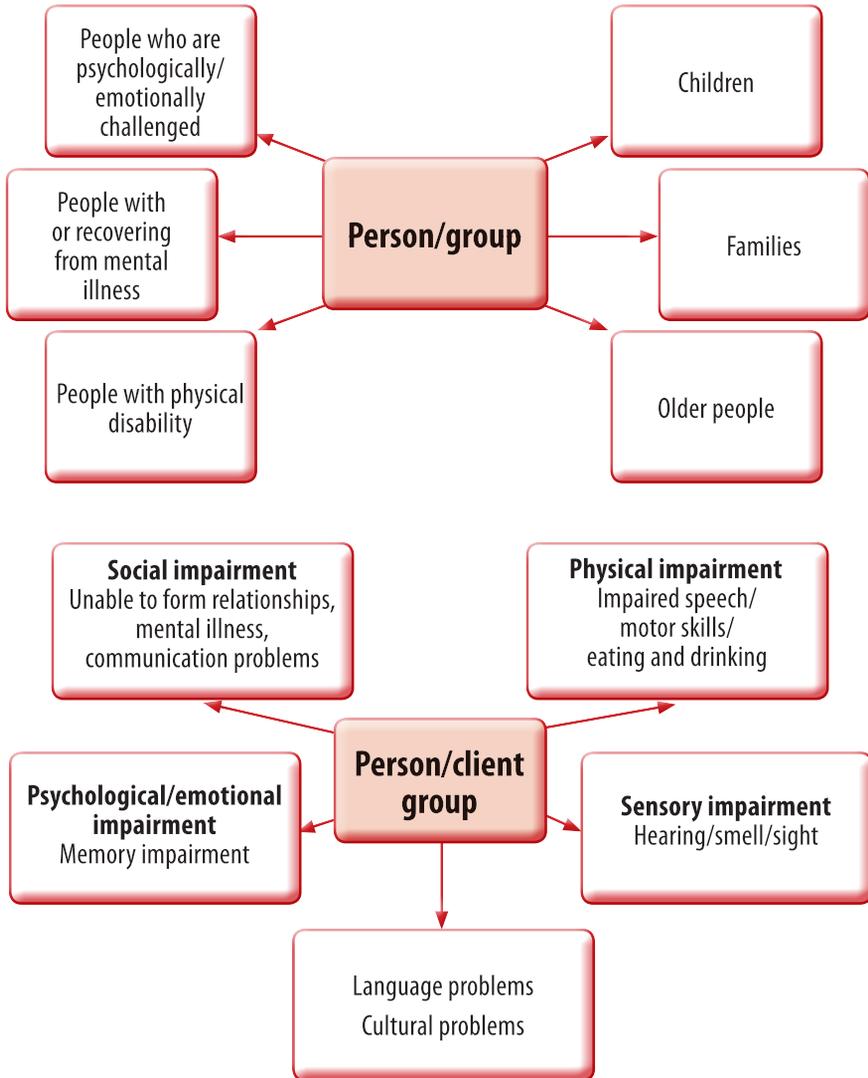
## Identifying People in Need of Healthcare

Who needs healthcare? Does everyone need healthcare? Everyone should visit the doctor at least once a year to ensure that they are in good health, to monitor any existing illness and to allay any anxieties about symptoms that may have developed since their last check-up. People who are living with chronic diseases need to visit the doctor more often. The following terms can be used to identify people with healthcare needs:

- **Physical:** Physical problems include people who, to a greater or lesser extent, have difficulty in caring for themselves. This will result in physical needs such as washing, dressing, eating, drinking, swallowing, walking and mobilising.
- **Psychological:** Psychological problems vary from everyday worries that people are unable to cope with to severe mental illness.
- **Emotional:** Emotional problems vary from loneliness to suffering from recent bereavement.
- **Spiritual:** This describes the problems people may experience from not being at one with themselves or the difficulties in not being able to pertain to God or religion.
- **Health:** This includes people who are living with a chronic illness.
- **Cognitive:** This refers to people who, for any reason, have an intellectual disability.
- **Dysphasia:** Dysphasia is a speech impairment; it is an inability to express words in an understandable way to communicate for something that is wished.
- **Sensory loss:** This includes loss of hearing, smell, sight and touch.

**TASK**

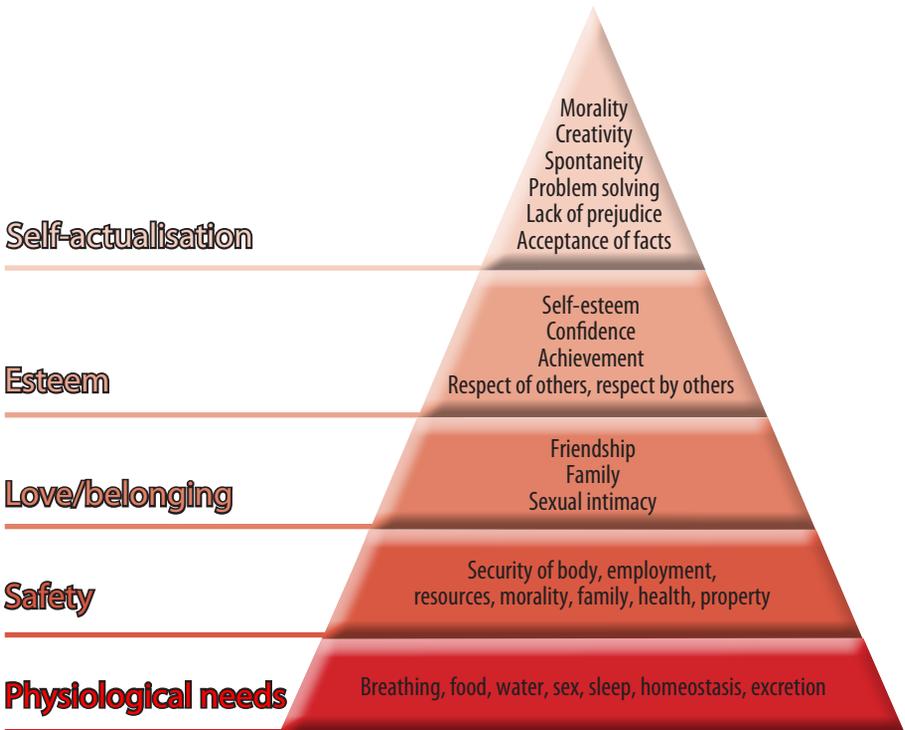
Create a spidergram to identify relevant groups of people in need of healthcare. Consider the examples below.



Describe the physical, emotional, social, psychological and spiritual needs of a range of different people.

All human needs can be arranged in a hierarchical order of appearance, describing the physical, emotional, social, psychological and spiritual needs of the person, as identified by Maslow's Hierarchy of Needs. Basic **physiological** or physical needs include food, water, fresh air, sleep, warmth and sex. The need to feel **safe** and secure means to have limitations, boundaries, laws and rules i.e. the need for stability, to be free from chaos and live in harmony. **Love, belonging** and affection needs refer to the need to be loved, respected and liked; to be able to form friendships, to be listened to and feel valued. **Self-esteem** needs concern the needs to feel confident, competent, respected and unique or different. The need for **self-actualisation** means achieving one's full potential and all one is capable of.

### Maslow's Hierarchy of Needs





## Client Wishes and Confidentiality in Care Delivery

In order to deliver individual care, client wishes must be respected. Clients are entitled to the basic right to have confidential information concerning them and their care restricted to those who have a need or a right to know this information. These include:

1. Next of kin
2. Doctors and consultants (at a clinic/care centre a client may be attending)
3. Other health professionals (where sharing confidential information may improve client care)
4. Legal services (making a will, advance directive etc.).

All major professional services, such as medical, legal, financial and police, have a strict code of practice with regard to confidentiality. Breaking the code of practice can lead to a worker's employment being terminated and, in almost all the professions above, it is implied that legal action can and may be taken if confidential information is divulged to people who have no right to know this information.

There may be a crisis situation where there is a need to break client confidentiality, but this is rare. For example, there may be occasions when client–carer trust may cause a problem because of a revelation – a depressed suicidal client may need to have information passed on to a doctor or nurse. The healthcare assistant should always try to persuade the client to tell the nurse.

Private information concerning clients should not be discussed outside the confines of the care setting. Healthcare assistants should not talk about a client’s care within earshot of other clients, to other clients, where members of the public can hear/understand what is being spoken, or to each other when other clients know the client concerned. Remember: confidentiality preserves dignity and privacy, ensures physical and emotional safety, prevents exploitation and increases client–carer rapport.

Confidentiality – the golden rules:

1. Do not discuss or repeat confidential information about a client’s care where others can hear – keep information safe.
2. Do not give reports of client care within earshot of the general public – carry out handovers confidentially.
3. Do not talk to each other about a client’s care while delivering care to another client – be professional.
4. Do not talk about confidential work matters in public places e.g. in a restaurant, on a bus or at a bus stop.
5. Ask for proof of identity if you think that someone is not who they claim to be; check with the client or take the person to the trained nurse.
6. Do not reveal confidential information about a client without their consent. Document clearly the client’s wishes.

**Note:** Healthcare assistants cannot impart confidential information to the family of a client, unless as part of an interdisciplinary team. Imparting this level of information is the role of the trained nurse. If questioned about a client, the healthcare assistant must take the person who requires the information to the trained nurse.

Maintaining a level of confidentiality promotes client–carer trust and facilitates personal safety and security. Exposing details of clients in care can lead to abuse or exploitation of vulnerable people. If a client’s trust is broken or threatened, emotional safety and security can be eroded. When in doubt about what information a client would like or not like to have revealed, the client can be consulted and their wishes documented clearly on their care plan notes; this prevents confusion and mistakes from being made.

Some clients are so private that they do not want their family or friends to know about medical or financial details. As healthcare assistants, this privacy and confidentiality is something that needs to be ensured. Clients must be allowed to be in control wherever possible – the care plan belongs to the client and not to the staff or family.

## Types of Record Keeping

Information can be gathered as written paper files or as computer records. Written information is usually permanent. Always remember that whatever is written down could be scrutinised by a lawyer or court of law someday, so information should be accurate and factual.

Data protection rights apply to information held on computer and in manual/paper files, and these rights are contained in the Data Protection Acts 1988 and 2003. There is a requirement for anyone or any organisation that holds data records to be registered and that the records: **(a)** are obtained and processed fairly and lawfully; **(b)** are held only for lawful purpose; **(c)** do not contain excessive information; **(d)** can be accessed by the client; and **(e)** are kept safe/secure in order to be used only for their intended purpose. All records must comply with European Law where provision has been made for greater control and security methods.



The Freedom of Information Act 1997, as amended by the Freedom of Information (Amendment) Act 2003, obliges government departments, the Health Service Executive, local authorities and a range of other statutory

agencies to publish information on their activities and to make personal information available to citizens.

The Act establishes three statutory rights:

1. A right to access records held by public bodies.
2. A right to have personal information in a record amended where it is incomplete, incorrect or misleading.
3. A right to obtain reasons for decisions affecting the person.

Part II of the Act deals with, in particular, access to records; it:

- Establishes a legal right for members of the public to access records held by public bodies.
- Sets out the practical arrangements for processing requests.
- Sets out the procedures for internal review.
- Requires public bodies to publish information about themselves, information they hold, and internal rules and guidelines used in decision making.
- Establishes a right to have personal information held by a public body amended where such information is incorrect, incomplete or misleading.
- Establishes a right for members of the public to access reasons for decisions directly affecting them.

## **Client Safety and Security Procedures**

Overall, a client needs to feel safe physically, psychologically and emotionally. According to Maslow's Hierarchy of Needs, the basic needs at the bottom of the hierarchical pyramid need to be met before the needs of self-actualisation at the top. For example, the environment in the care setting should be warm inside: 25°C is appropriate; there should be facilities for increasing and decreasing the heat and air conditioning, and settings on thermostats should be capable of being adjusted according to variable conditions.

Then, there are safety and security needs that need to be realised once those basic needs have been met. Safety and security can mean different things

depending on the individual. Most people would agree that ensuring safety from physical danger includes locking the door at night, avoiding dark areas to walk in at night and wearing luminous jackets while walking on the road. In a care setting doors should be compliant with fire safety regulations and fire doors equipped with an alarm. The fire door alarms should be tested weekly and the results recorded.



The care setting should comply with all health and safety regulations, as well as the Control of Substances Hazardous to Health (COSHH) regulations in the identification and use of noxious and harmful substances and in the storing and decanting of such substances. The onus is also on the care setting to be in compliance with safe practice in the administration of medicines and to adhere to recommended adaptations by the occupational therapist.

Behaviour in all clients should be monitored so that one person's behaviour does not cause problems for others. Clients have a right to their own space and this right should be respected. In particular, the healthcare assistant should be aware of clients who wander and invade the space of others. Remember: always have an awareness of the safety and dignity of the client.

Psychologically, the client needs to be free from fear or anxiety in their environment. Regulations for a safe environment should be complied with while simultaneously addressing the need for independence of the individual.

## Adapting Levels of Assistance to the Needs of Individual Clients

Complete assistance is not needed by everyone in care. Clients require assistance depending on their levels of ability/disability and each client has an individual care plan. The 12 Activities of Daily Living are used to assess each client; their problems are drawn from this and an individual care plan is formulated. Once assessed the care team will know how much assistance is required: whether it is partial assistance, full assistance or just some occasional help to maintain the optimum level of independence.

A risk assessment may be drawn up to ascertain if a client needs an aid/aids to help them with mobility or otherwise. **Mobility aids** include the walking stick, tripod, Zimmer frame, stair lift, ramps, rails for hand support (on stairs, in bathrooms, telephone areas, near the front door etc.), and scooter (specially adapted for cars). A client may also need aids to help with feeding, eating, drinking or preparation of food if they live at home.



Some aids help with washing and dressing. **Washing aids** include the hoist, bath seat, bath chair, non-slip surface, push-on taps (rather than twist), ramp and bath rail. Hoists can help with bathing needs as can bath chairs and rails to hold on to. **Dressing aids** include front-opening clothing for bras and shirts (easier than zips or fasteners); velcro closures; loops attached to socks and tights (easier to pull on and off); shoe horns; slippers and shoes with velcro ties; and loose clothing (for ease of dressing).





**Cooking/eating aids** comprise items such as thick-handled cutlery (allowing a better grip), plate stickers/suction pads, plate surrounds (for a person with the use of one arm), sliced breads, meat boards, plate holders, teapot stands, kettles/teapots that tip instead of having to be lifted, one-handed trays, jars with lids that clip on rather than twist, clip-on caps, clip-on aprons and guards on cookers.

There are **leisure aids** that help with a person's social life and leisure activities, such as gardening utensils with thicker handles; adaptations to pens and pencils i.e. wrapping an elastic band around a pen or pencil allows a better grip; magnifying glasses to facilitate reading (labels/small print); and large playing cards.



Adaptations can be made to a person's home, too. **Home adaptations** include the installation of ramps, hoists and stair lifts; adapting a room to become a bedroom on the ground floor; adapting a room to become a shower room on the ground floor; and fitting a bath hoist to a downstairs bathroom.

Remember that showing the client how to use mobility aids/other aids involves taking the client from the familiar to the unfamiliar. It is best to break up the task into small parts, allowing the client to work at their own pace. Listen to what the client says about the skill(s) they are being taught and talk them through their fears, advising where necessary. Give praise and encouragement and explain to the client the importance of developing a routine to practise new skills.

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## Revision Questions

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1. Name three groups of people who are in need of healthcare.
2. List the needs in Maslow's Hierarchy of Needs.
3. Name three ways to observe client confidentiality.
4. The Freedom of Information Act establishes three statutory rights, what are they?
5. What can you do as a healthcare assistant to make a client feel safe?
6. List as many Activities of Daily Living as you can remember.

## Needs Assessment

Put the needs below into the appropriate columns. They may apply to more than one category.

- |                        |                   |                            |
|------------------------|-------------------|----------------------------|
| Friendship             | To be loved       | Safety needs               |
| Learn new skills       | Fresh air         | Spiritual needs            |
| Sexual needs           | To be clean       | To be part of a family     |
| To go out with friends | To work           | Mental stimulation         |
| Order/structure        | To feel confident | To have financial security |
| Regular exercise       | Watching TV       | Relaxation                 |
| Eating/drinking        | Sleep             | To be respected            |

Physical	Emotional	Social	Intellectual