******Holy Cross Hospital**

**Local Induction Checklist –**

**Students and Clinical Placement**

Welcome to your placement as a trainee nurse at Holy Cross Hospital. This pack has been put together to provide you with information for your placement with us.

**Aim:** On completion of the induction process, you will be capable of undertaking your role in a safe and effective manner.

**Objectives of the induction process:** to ensure you understand what is expected of you; familiarise yourself with the Trust including policies and procedures, the local working environment and an understanding of how different teams work together to promote the health and wellbeing of our patients and service users.

**Holy Cross Hospital Philosophy of Care**

It is our belief that nursing staff will act as the patient’s advocate, working towards providing best practice according to the individual’s needs. We believe that care is best provided in a warm friendly atmosphere, where each person keeps his or her identity and independence and where confidentiality is respected. We aim to provide high quality holistic care on an individual basis. The emphasis is on the uniqueness of the individual and takes into account the physical, psychological, spiritual, social and cultural needs of the person. Staff members are encouraged to develop and expand their own specialised practice and to take a holistic, empathic approach to the patients and carers’ needs to achieve optimum potential and personal goals.

It is our belief that care should be provided in a safe, clean environment and in a climate, which aims to promote health, prevent further illness and / or helps individuals to cope with their limitations. The aim of the nursing team is to ensure that patients receive care/assistance whilst they are in hospital and gain the maximum benefit from their stay prior to transfer to home or an appropriate safe place.

We will treat our patients in a dignified and courteous manner at all times, respecting their individual needs. We recognise that the care patients receive cannot be provided by any one person or profession, and so we value the contribution of the multi-disciplinary team in planning patients’ care both in hospital and in the community. We endeavour to provide an atmosphere that is sensitive to patients’ cultural, biological, social and emotional needs.

The hospital provides a valuable placement for student nurses at various stages of their training, offering the opportunity to develop a wide range of essential care skills in a supportive and learning environment. We are constantly striving to improve the quality of the inpatient experience and our communication with relatives and carers, and welcome feedback to ensure our standards continue to be met. Staff development is fundamental to our achievements and future progress, and is likewise an ongoing process.

**As a healthcare professional, which parts of this philosophy stand out to you most and why?**

**What will you cover during your induction period with us?**

During your induction period, you will work with a number of different departments and cover a number of key areas that will support you in fulfilling your role as a nurse.

The aspects you will cover during this placement with us include:

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| --- |
| **Working with people with specific needs in the health and social care sector** |
| An introduction to our patients:* Ill health, both physical and mental.
* Learning disabilities.
* Physical and sensory disabilities.
* Age categories, which will include early years and later adulthood.
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| **The roles of organisations in providing health and social care services** |
| An overview of how we work with other organisations, including:* NHS Foundation Trusts – hospitals, mental health services and community health services
* Adult social care
* Children’s services
* GP practices
* Day care units
* Hospice care
* Residential care
* Domiciliary care
* The workplace.

An overview of the responsibilities of people who work in health and social care settings* Policies and procedures in each setting
* Healing and supporting recovery for people who are ill
* Enabling rehabilitation
* Providing equipment and adaptations to support independence
* Providing personal care, to include washing, feeding and toileting
* Supporting the routines of service users, to include day-to-day family life, education, employment and leisure activities
* Assessment and care, support planning, involving service users and their families.
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| **Specific responsibilities of people working in health and social care settings** |
| How we apply our care values and principles* Promoting anti-discriminatory practice, including our codes of practice and policies that identify and challenge discrimination
* How we adapt the ways health and social care services are provided for our different types of service users.

How we empower individuals, including:* Putting the individual at the heart of everything we do and promoting individualised care
* Promoting and supporting individuals’ rights to dignity and independence
* Providing active support which is consistent with the beliefs, cultures and preferences of our service users
* Supporting our service users to express their needs and preferences
* Promoting the rights, choices and wellbeing of our service users
* How we balance these individual rights to our services with the rights of other service users and our staff
* How we handle any conflict that may arise, including an overview of how this is managed in other health and social care settings (e.g. residential homes, GP surgeries etc.).

How we ensure your health and safety through:* Use of risk assessments
* Safeguarding and protecting individuals from abuse
* Illness prevention measures (to include clean toilets, hand-washing facilities, safe drinking water)
* Control of substances harmful to health
* Use of protective equipment and infection control
* How to report accidents and incidents
* Our complaints procedures
* Provision of first aid facilities.

How we promote effective communication and ensuring confidentiality through:* Applying requirements of the Data Protection Act (1998)
* Adhering to legal and workplace requirements specified by codes of practice
* The recording, storage and retrieval of medical and personal information, including mobile phones, social media, written records and the use of photographs
* Maintaining confidentiality to safeguard our service users
* Respecting the rights of service users where they request confidentiality
* Following appropriate procedures where disclosure is legally required.

How our employees are accountable to professional bodies, including:* Following codes of professional conduct
* Being familiar with and applying current codes of practice
* Ensuring that revalidation procedures are followed
* Following safeguarding regulations
* Following procedures for raising concerns / whistleblowing.

How we partner up with other service providers in the health and social care sector. How the work our employees do is monitored, including line management, external inspection, whistleblowing, service user feedback and criminal investigations. |  |
| **The roles of organisations who provide health and social care, issues that can affect access to services and the regulation of our settings** |
| How services are provided by NHS Foundation Trusts, the voluntary sector and the private sector. Issues that may affect access to services, including:* Referral
* Assessment
* Eligibility criteria
* Barriers to access (e.g. specific needs, individual preferences, financial, geographical, social and cultural).

How the interests of our service users are represented, including:* Charities / patient groups
* Advocacy
* Complaints policies
* Whistleblowing policies

How our settings are regulated, by Care Quality Commission (CQC) and Ofsted, including:* How regulation and inspections are carried out
* How individuals within organisations respond to regulation and inspection
* Changes in working practices required by regulation and inspection
* How services are improved by regulation and inspection.

How organisations regulate professions in health and social care services:* Nursing and Midwifery Council (NMC)
* Royal College of Nursing (RCN)
* Health and Care Professions Council (HCPC)
* General Medical Council (GMC)

Including:* How regulation is carried out
* How organisations and individuals respond to regulation
* Changes in working practices required by regulation
* How services are improved by regulation.
 |  |
| **Our responsibilities towards you** |
| Ensuring that you:* Understand how to implement the codes of practice
* Meet National Occupational Standards (NOS)
* Undertake continuing professional development (CPD)
* Are safeguarded through being able to:
	+ Have internal / external complaints dealt with properly
	+ Take part in whistleblowing
	+ Have membership of trade unions / professional associations
	+ Follow protocols of regulatory bodies
 |  |
| Working practices:* What skills you will need to work in this area.
* Our policies and procedures.
* Regulation and how this will affect you in your role.
* Working practices and how this will affect you in your role.

Recent examples of poor working practices and how we can avoid these. |  |

**Part 1: Our service users**

1. **Physical and mental ill health**

When supporting people with physical and mental ill health, a multi-disciplinary approach is usual practice.

What is meant by a multi-disciplinary approach?

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Why might this be important?

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Care professionals aim to take a holistic approach to meet the needs of the whole person.

What is meant by a holistic approach?

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Can you apply this to a specific need to give an example?

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People with mental health problems often have associated physical ill health.

TASK: Considering this, complete the table below with at least one example for each column.

|  |  |
| --- | --- |
| Mental health problems that could lead to physical ill health | Physical ill health that could lead to mental health problems |
|  |  |

Think higher… can you think of any issues with identifying and monitoring mental ill health? Why might these be issues?

1. **Learning disability**

MENCAP define a learning disability as:

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What activities could be affected by a learning disability?

Research by The Foundation for People with Learning Difficulties has found that between \_\_\_\_\_\_\_\_\_ of people with learning difficulties also suffer from mental health problems.

The chances of someone with a learning difficulty also developing dementia is also higher compared to the general population.

The **Community Care Act (1990)** increased the number of people with learning disabilities who were cared for and supported in the community rather than in large institutions or hospitals.

The **Disability Discrimination Act (1995)** provided people with legal protection against **discrimination** in the workplace, access to public buildings and in renting of accommodation.

However, despite these changes in the law, there are only small numbers of people with learning disabilities in employment, education or training. MENCAP’s 2015 report identified that 65% of people with a learning disability wanted to work (and were capable of working), yet only 7% of people with a learning disability were in paid employment.

1. **Physical and sensory disabilities**

Before the **Community Care Act (1990)**, there was less focus on a holistic approach in supporting service users with physical and sensory disabilities.

What is a physical and sensory disability?

|  |  |
| --- | --- |
| Physical | Sensory |
|  |  |

A person with an **impairment** may only be disabled if adaptations and services are not in place to ensure they are able to perform their daily routines and other activities of daily life independently.

A **disabling environment** is where appropriate adaptations and services are not in place to support people with impairments.

What examples can you think of, that could be **disabling environments**?

Think higher… the poverty rate for adults with disabilities is twice that for adults without a disability. Why do you think this might be the case?

1. **Specific age groups –**

**(a) Early Years**

The care and education services supporting children in early childhood are required to follow a curriculum - the Early Years Foundation Stage (EYFS) curriculum. This sets out clear standards and measures progress from 0-5 years.

All schools and Ofsted-registered early-years providers must follow this curriculum. This includes nurseries, childminders, pre-schools and school reception classes.

The EYFS curriculum covers the following areas of learning and development:

|  |  |  |
| --- | --- | --- |
|  | My initial thoughts… | The EYFS curriculum actually covers… |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |

 **(b) Later adulthood**

The effects of ageing for most people are most accurate in later adulthood.

What are the effects of ageing?

Many older people, however, live active and busy lives. They may contribute to community activities, extend their education, online or through attending courses for example and provide essential family support for their children and grandchildren.

Think higher… which theory/theories from Unit 1 could this link into and why?

We will be exploring specific case study examples of some of our service users next.

**Case Study 1 - Carlos**

Carlos is 19 and is studying at a university in Manchester. His parents and friends are very concerned about the amount of weight he has lost over the past year. Carlos is unwilling to talk about the situation.

During a lecture, Carlos collapses and is taken to the health centre on the university campus where he is seen by a nurse. She asks him about his weight loss and he discusses the reasons for it with her. His height is 175 cm. He weighs 50kg and his body mass index (BMI) is 16.3.

Carlos attends an appointment with his GP, who refers him to a specialist service for people with eating disorders. The service also provides support to enable people like Carlos to manage their mental health.

During conversations with specialist staff at the service, Carlos reveals that the reason for his weight loss is linked to his fear about telling other people that he is gay.

**TASK 1:** Identify the specific need group referred to in this case study.

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**TASK 2:** Using the table below, outline the specific needs of this service user. You must consider all the ‘holistic’ care needs and give examples where appropriate from the case study to demonstrate your knowledge and understanding.

|  |  |
| --- | --- |
| **Holistic needs** | **Outline Carlos’ needs…** |
| **Physical** |  |
| **Holistic needs** | **Outline Carlos’ needs…** |
| **Intellectual** |  |
| **Emotional** |  |
| **Social** |  |
| **Spiritual/ Cultural** |  |

**Case Study 2 - Salome**

Salome has a profound learning disability. This means that, according to the Department for Health, she has a significantly reduced ability to

* understand new or complex information
* learn new skills
* cope independently.

Some people are born with a learning disability. Other people develop learning disabilities as a result of an accident or illness during childhood or later life.

Salome finds it very difficult to communicate. She has additional sensory needs, physical disabilities and mental ill health. Some of her behaviour is challenging. She sometimes makes her preferences known through her behaviour and her reactions.

Salome needs a wide range of support. This includes help with day-to-day needs, including dressing and toileting. She currently lives with her family and has trained specialist carers. These carers also enable her family to have respite.

Her carers are trying to find ways to enable Salome to be involved in decisions about her needs. They are working on different ways of communicating with her, based on techniques developed by the learning disability charity Mencap in their ‘Involve Me’ project.

**TASK 1:** Identify the specific need group referred to in this case study.

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**TASK 2:** Using the table on the following page, outline the specific needs of this service user. You must consider all the ‘holistic’ care needs and give examples where appropriate from the case study to demonstrate your knowledge and understanding.

|  |  |
| --- | --- |
| **Holistic needs** | **Outline Salome’s needs…** |
| **Physical** |  |
| **Intellectual** |  |
| **Emotional** |  |
| **Social** |  |
| **Spiritual/ Cultural** |  |

**Case Study 3 - Fay**

Fay is 40 and she has been diagnosed with multiple sclerosis. She has two young daughters. When they were first told about Fay’s diagnosis, they were very upset. Recently, however, they have been helping Fay with some of her day-to-day routines.

Multiple sclerosis has a range of symptoms. These include extreme tiredness (fatigue), numbness and tingling, not being able to see clearly, problems with mobility and balance, and muscle weakness.

Fay is finding the Multiple Sclerosis Society a great support. It has given her information about symptoms, how she can manage her condition and how her family can support her.

Fay’s home will be adapted and, in time, she will need respite care.

Following her care assessment, Fay will have a support worker for five afternoons a week.

**TASK 1:** Identify the specific need group referred to in this case study.

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**TASK 2:** Using the table below, outline the specific needs of this service user. You must consider all the ‘holistic’ care needs and give examples where appropriate from the case study to demonstrate your knowledge and understanding.

|  |  |
| --- | --- |
| **Holistic needs** | **Outline Fay’s needs…** |
| **Physical** |  |
| **Holistic needs** | **Outline Fay’s needs…** |
| **Intellectual** |  |
| **Emotional** |  |
| **Social** |  |
| **Spiritual/ Cultural** |  |

**Case Study 4 – Drake**

Drake is 80. He was diagnosed with Alzheimer’s, a type of dementia, when he was 75 and he is now at a late stage of the disease. He has an appointment every six months with his gerontologist, a doctor who specialises in illnesses in older people.

Because he is becoming increasingly weak, Drake is almost totally dependent on other people for care. He is currently living in a nursing home.

He has very little memory and is usually unable to recognise familiar objects or surroundings. From time to time, he does recognise people he knows, but usually he does not know who they are. This upsets members of his family.

Drake does not understand what is happening to him. At times, he becomes very angry, especially when he is receiving personal care.

Drake may live for up to another five years, but this depends on how his dementia develops.

**TASK 1:** Identify the specific need group referred to in this case study.

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**TASK 2:** Using the table below, outline the specific needs of this service user. You must consider all the ‘holistic’ care needs and give examples where appropriate from the case study to demonstrate your knowledge and understanding.

|  |  |
| --- | --- |
| **Holistic needs** | **Outline Fay’s needs…** |
| **Physical** |  |
| **Holistic needs** | **Outline Drake’s needs…** |
| **Intellectual** |  |
| **Emotional** |  |
| **Social** |  |
| **Spiritual/ Cultural** |  |

**Case Study 5 – Baby Jack**

You are working as a trainee nurse on a local hospital ward. The children on the ward are aged from 0 to 6 years. The children’s ward has been poorly equipped and understaffed. Baby Jack is one of the children on the ward, who has late-onset sepsis. A few weeks ago, a nurse miscalculated the dose of a drug needed to reduce baby Jack’s blood pressure. She gave him 10 times the dose he needed and he became seriously ill.

You think that this hospital ward has not been providing effective care for the babies, young children and their families.

**TASK 1:** Identify the specific need group referred to in this case study.

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**TASK 2:** Using the table below, outline the specific needs of this service user. You must consider all the ‘holistic’ care needs and give examples where appropriate from the case study to demonstrate your knowledge and understanding.

|  |  |
| --- | --- |
| **Holistic needs** | **Outline baby Jack and his family’s needs…** |
| **Physical** |  |
| **Intellectual** |  |
| **Holistic needs** | **Outline baby Jack and his family’s needs…** |
| **Emotional** |  |
| **Social** |  |
| **Spiritual/ Cultural** |  |