A black and white photograph of two women. On the left, a younger woman wearing a white headscarf with black polka dots is smiling and looking towards the older woman. On the right, an older woman wearing a patterned headscarf is looking back at the younger woman. They are in a room with bookshelves in the background.

How to make the most of student nurse placements in social care settings – for the person who needs care and support, employer, student and education provider

Foreword

Nurses working in social care make up a vital part of the health and care workforce, providing nurse-led person-centred care. For nursing students, undertaking a placement in social care brings a broad range of learning opportunities. As well as enabling them to experience health and care provision across a diverse range of settings, students build an understanding of the work of the sector and the crucial role in supporting people to live their lives the way they want to and be cared for in surroundings where they are comfortable.

Demystifying information about placements in social care is both necessary and beneficial. This will allow us to develop nursing students' understanding about what opportunities are available to them and how to make the most of them, and also enable universities and employers to ensure that they maximise the learning that students are getting from their placements.

This guide does just that. Created in partnership by Skills for Care and Health Education England (HEE), it provides essential information about making the most of placements in social care for students, education providers and employers alike. Co-produced with those who are working and living within social care settings, the guide has been commissioned to support the system to understand the depth and breadth of nursing and nurse-led services within social care and the richness of learning that can be accessed by students should they take up a social care placement.

This important work will support students to understand how such placements can build their knowledge and skills, support universities to understand what nursing in social care can offer and support employers to develop their practice placement offers. With people living longer, having more complex health needs and an increasing number being cared for at home or close to home, showcasing the value of placements in social care and ensuring that student nurses get the most out of these is a hugely positive move - for nursing students, for social care and for the system as a whole.



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Context

This guide will cover:

- what social care is – diversity of settings and offer
- the ethos of social care
- the learning which is available to healthcare and nursing students
- what a person who needs care and support wants nurses to know about them and the environment
- how the standards of proficiency for registered nurses map to different settings and experiences
- the richness of learning on offer.

Social care is used as an umbrella term to cover a whole range of people, settings, needs and wants. It can become complex when looking at funding or the needs that can be met in a social care setting, which can be healthcare needs as well as social care needs. Complex care can and is delivered in residential social care establishments, through outreach services, and in individual homes for many people, spanning all ages and circumstances, from birth to death.

A defining factor of social care isn't what service is being delivered or how it's funded but the ethos and model that surrounds it. Think Local, Act Personal's 2018 'Making it real' framework is a good starting point to develop knowledge and understanding of how to deliver good care and support across the health, care, and housing sector. The framework has been co-produced and led by people who need care and support to "reflect the reality of how they wish to live their lives as citizens in the community, and not as 'service users' or patients."

Care, be it health or social, when seen from a position of a social model perspective is about the whole person, taking into account active participation, choice, and ensuring the person who needs care and support is seen and heard. Understanding the individual and the complexities of their life can support the way that professionals and services can best have impact.

Social care gives students the opportunity to see health and care in different settings, work with a range of teams and individuals, and experience the privilege of supporting people in their own environment to live their lives the way they want to.

Welcome and introduction

Skills for Care and Health Education England, working in partnership, welcome you to this guide which aims to support the understanding of nursing placements within social care.

It's clear from literature, policy, and demography that people are living longer and with more complex health needs at all stages of life. It's also clear that people wish to live in their own environments. A growing number of people are being cared for in their own homes, and as their health needs continue to increase the aim is for this further care to be delivered, where possible, in their own home and community.

Many of us have heard the term social care, and this may mean different things to each of us. For many, nursing homes usually come to mind or possibly homecare. However social care can cover a broad range of settings, so let's explore this in more detail and find out about different social care settings, including the people who live there and the people who care for them.

A student nurse will experience a range of placements in their training and education. Although clinical interventions are very much undertaken in social care, nursing, whatever field, is about more than clinical activity.

Our intention is to encourage recognition that it is a person who has a journey through services, rather than a service or diagnosis led approach to a person.



Who is this guide for?

Student nurses

You can use this guide to develop your understanding of social care, different settings, views of people who have lived experience and to gain insight into the knowledge and skills that you can develop if you're offered, or indeed ask for, a placement in a social care setting. This guide will also add to your knowledge base relating to personalisation, social model of care and hopefully encourage further research in this subject.

Employers

You can use this guide to develop your training offer and prepare for educational audit and developing your staff to think about supporting students in the workplace. By offering supported, quality experiences for student nurses you will be sowing the seed of working in social care and potentially growing the registered nursing workforce, who will as a minimum have a better understanding and appreciation of social care, but who may also then choose to work in social care.

Approved educational institutions (AEIs)

Approved educational institution refers to any education institution which has been through the NMC approval process and been given approval to run a nursing, midwifery or nursing associate programme. You can use this guide to promote placements in social care settings within your own institution, your local area, with your own workforce and to students. This guide can be the starting point to introduce social care and social care nursing into the curriculum and supporting the integration agenda and long term plan. As soon as it's been published, you could use this guide alongside our learning environment guide (which is currently in development) to support new employers to develop internal systems and prepare for educational audit and workforce development.

Personalisation is rooted in the belief that people want to have a life not a service. 'Making it real' is a framework and a set of statements that describe what good, citizen-focused, personalised care and support look like from the point of view of people themselves. The statements can be used to inspire and motivate organisations to keep getting better at what they do. They apply to a broad range of organisations, including those in health, social care, housing, and the voluntary and community social enterprise sector, as well as user-led organisations.

Think Local, Act Personal (2018)

Providing a person-first service for all

Skills for Care supports a workforce expert by experience advisory group who were invited to discuss the topic:

“What a student nurse on placement should know about me and my environment.”

Many of the people in the group have had previous experience of accessing healthcare and were keen to have their voice heard.

This is what they had to say.

The key to encouraging understanding:

Points raised about how student nurses in social care could better understand the individuals they support include:

- Before a placement, nursing students should do some preparation researching and understanding issues including safeguarding and conditions such as autism.
- Student nurses should think about how to ensure people using the services feel like active participants, feel respected and don't feel that they have different people coming and going regularly.

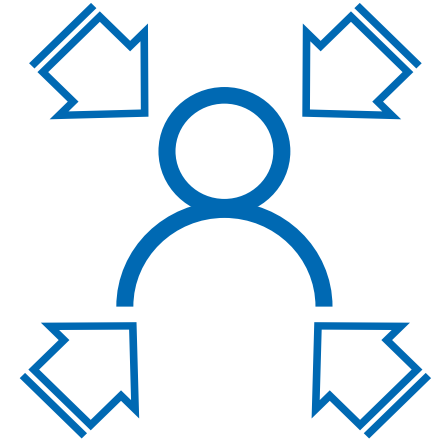
Considerations which social care providers should account for before, during and after a nursing placement include:

- Preparation for the people being supported – deciding if they want to offer a placement and what to share.
- During the placement, providing support for the people using the service.
- Afterwards, ensuring support remains for the people using the service when a placement ends.

Key learning points:

Lessons our Workforce Expert by Experience advisory group felt that student nurses could learn on placement in social care include:

- compassion humanity and listening in action
- how to make sure that people feel respected
- learning about the social model of disability from disabled people
- how to think about disability.



Direct points raised by those we spoke to included:

“Everyone with a disability can do anything, anything they want in their own life. Student nurses need to know that. They need to know how to support people to make choices and do the things they want.”

“Don’t think every person is the same, because we’re not all the same; it depends how you look at other people.”

“I want nurses to understand how I communicate – and how to communicate in an easy way.”

“Nurses should learn how to help doctors and consultants to talk to the person themselves rather than their workers.”

“They should learn about how people move around – wheelchairs, walkers and hoists etc. I want them to know I can’t walk for a long distance, and that I might be in pain. I use a wheelchair because it’s easier.”

“Student nurses need to learn how to let people speak up on their own, and how to support people to speak up if they need it.”

Other learning points raised by the group included:

- How to make a service work around the person, rather than making the person fit into a service.
- Understanding that people with a learning disability will likely have experienced long-standing trauma or PTSD, and knowing how to recognise this especially if it’s not obvious. Plus understanding how this might be amplified when someone is in pain or scared.
- Undertaking placements with more diversity, for example working within the justice system or with asylum seekers.
- Being person-centred and ensuring person-centred planning.
- Getting experience of self and peer advocacy groups to understand how they operate and how to support and work in partnership with them.
- Learning what co-production is and what it should look like.
- Understanding that people with a learning disability or other disability support each other, peer support, and have relationships and families that ‘include’, so that disabled people and all autistic people and people with a learning disability families and relationships are a whole support circle
- Knowing that not all people will have families to fall back on.
- Understanding how to help people be relaxed for essential health tasks.
- Knowing how to understand and arrange the support that people currently have, what they really need, and what they would choose.
- Understanding medications people take, and how to help people be in control and make choices about medication for themselves.

What can a student nurse expect?

This very much depends on what you're prepared to give!

Social care offers a vast range of potential experiences, much of which will depend on the individual setting, but it also depends on how engaged you are with the placement and having clear objectives of what you would like to achieve.

You're likely to be working with people from a range of backgrounds in places outside of a hospital setting. Social care nurses in particular have a range of responsibilities wider than nursing care, for example this could be the running of the care home, sorting out the boiler if it breaks, calling in emergency services, arranging financial packages, and continuing health care plans.

Many of the settings that offer placements will be delivering complex nursing care but in a very different environment. You'll also be able to experience and develop wider skills in relation to communication, activities, end of life care, and working with families over a long period of time. Social care also gives the opportunity of developing knowledge in relation to the wider public health agenda and inequalities in health.

Perhaps most challenging and intriguing is the opportunity to work with people on their terms and to listen and to support people to live their lives and to still be themselves regardless of any health needs.

Included in this guide are ten descriptions of a range of different social care settings, these have been developed by practitioners from the workforce with input from people who need care and support. The aim of the descriptions is to introduce the depth and breadth of what can be offered within this type of placement setting. Each description has then been mapped to the [Nursing and Midwifery Council future nurse standards of proficiency](#).

Pages 12-16 have a table showing a wide range of key aspects of what is happening/could be happening in a social care setting. These have been identified by senior practitioners who between them have a wealth of experience in working in social care. These aspects have been broken down into subheadings and linked to the seven platforms and two annexes.

We then have the ten descriptions. It is hoped that students will look for learning opportunities and be able to link their experience in social care back to their theoretical learning or take to other placements, all underpinned by the NMC proficiencies.

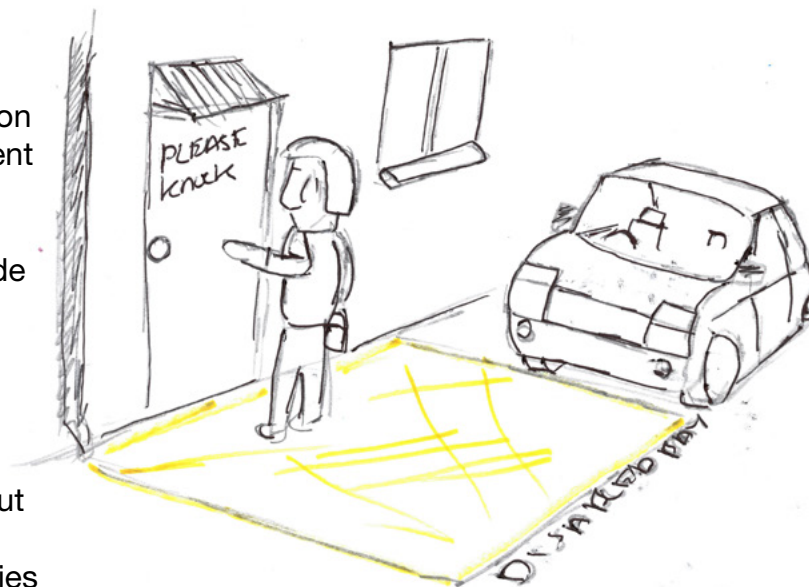
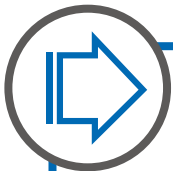


Illustration by Chris Burns

The list is not complete or exhaustive as each individual setting will have some differences. The mapping shows a range of criteria that could be met but again this is not exhaustive however is included to encourage students and colleagues to think about the richness of experience and how this both evidences the standards and provides opportunities for embedding theory into practice.

The social care settings are:

- children's residential service
- community care services for adults and children (alternatively known as home care services or domiciliary care services)
- day care services
- registered care home with nursing for working age people with enduring mental health problems
- registered care home with nursing, learning disabilities and complex health needs: working age
- registered care home with nursing, physical and mental health, dementia and end of life care
- registered care home without nursing, learning disabilities and autism
- residential care home with nursing neurological disabilities and rehab
- residential care home without nursing for elderly people including dementia and end of life care



Next steps

Our aim is to further develop this resource to include a wider and more diverse range of multi-disciplinary social care settings, for example local authority teams. We're also keen to explore the opportunities of the role of technology in placement experience, including the use of Artificial Intelligence and Avatars. If you're an employer and would be interested in this aspect of simulated experience, please email socialcarenursing@skillsforcare.org.uk

References

[Nursing and Midwifery Council \(2018\) standards of proficiency for registered nurses](#)

[Think Local, Act Personal \(2018\) Making it Real Framework \(how to do personalised care and support\)](#)

	Platform 1 - Being an accountable professional	Platform 2 - Preventing ill health	Platform 3 - Promoting health and planning care	Platform 4 - Assessing needs and evaluating care	Platform 5 - Providing and nursing care and working in teams	Platform 6 - Improving and managing quality of care	Platform 7 - Improving safety and relationship management skills	Annexe A: Coordinating care	Annexe B: Nursing procedures
Equality, diversity and inclusion	✓	✓	✓	✓	✓	✓			
Person-centred nursing practice	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialist communication skills	✓	✓						✓	
Experience of end of life care	✓				✓	✓		✓	✓
Clinical skills employed in this social care environment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leadership and management in a complex regulatory and organisational landscape	✓				✓	✓	✓		
Collaborative ways of working	✓	✓	✓	✓	✓	✓	✓	✓	
Safeguarding	✓	✓	✓	✓	✓	✓	✓	✓	
Professional accountability and autonomous practice	✓				✓			✓	

Equality, diversity and inclusion

- Valuing people
- Safe ageing no discrimination
- Integration
- Awareness of diversity
- Ageism
- Promoting rights of those with protected characteristics Legal literacy in relation to Care Act, Mental capacity act
- Person centred care – individual human rights
- Best interest assessments
- Spotighting LGBT issues in health social care
- Spotighting on new wave of older residents going into care with long term HIV diagnosis
- Trans awareness
- Anti-racist practice

P1
P2
P3
P4
P5
P6

Specialist communication skills

- Intensive interaction
- Positive behaviour support
- Communication with those with dementia
- Augmentative and alternative communication devices
- Total communication- with a view to supporting the means, method, and opportunities to support individualised communication
- Motivational interviewing
- Behaviour wheel change
- Communication skills – Verbal and non-verbal
- Mental capacity assessments
- Social stories

P1
P2
AxA

Person-centred nursing practice

- Individualised risk assessments
- Person-centred care
- Positive behaviour support
- Care planning individualised care plans
- More personal approach
- Holistic care and support
- Positive risk taking
- Evidence based care
- 8 core values for PCC: independence; rights; privacy; choice; individuality; dignity; respect; partnership.
- MDT sharing information

P1
P2
P3
P4
P5
P6
P7
AxA
AxB

Experience of end of life care

- Managing deterioration
- Symptom management
- Stages of dying
- Stages of bereavement
- Managing the experience of the family
- Holistic support
- Risk assessments
- Person centred care
- Reflect form
- Understanding meaning of loss of independence
- MDT approach to prescriptions
- Understanding loss of independence to me comes under grief reaction.
- Individual's right to choose and have an input into their own death

P1
P4
P5
AxA
AxB

Clinical skills employed in this social care environment

- Complex clinical care
- Rehabilitation
- Application of infection, prevention and control
- Risk assessments (environmental, moving and handling, medication)
- Multi-disciplinary team (MDT) sharing information
- Venepuncture
- Catheterisation
- Vaccination and immunisation
- Tracheostomy care
- Percutaneous gastrostomy tube care
- Undertaking and recording of clinical observations -
- Use of SBAR to relay clinical information. SBAR stands for Situation, Background, Assessment, Recommendation. It is an evidence-based technique to aid health care communication, advocated by the Royal College of Physicians.
- Continuous clinical and risk assessments for each clinical domain
- Managing deterioration (link to Stop Look Care Booklet)
- Knock on effects of poor discharge
- Understanding frailty
- Understanding falls risk
- Monitoring of various conditions i.e. diabetes management (BGM)
- Intensive support interaction
- Effective discharge planning from hospital/sharing information – MDT include home care agencies to reduce re admissions
- Introduction to concept of telecare
- Ongoing monitoring – Must/Waterlows/News2

P1

P2

P3

P4

P5

P6

P7

AxA

AxB

Leadership and management in a complex regulatory and organisational landscape

- Quality improvement
- Regulation and inspection
- Leadership and management roles
- At the front line of health and social care boundaries
- Coaching in nursing and social care
- Leadership vs Management
- Coaching
- Mentoring
- Setting goals/objectives
- Leading a team
- Individual development
- Reflective practice
- Clinical supervision
- Role modelling
- Role dynamics
- Working across different regions and implications for social care

P1

P5

P6

P7

Collaborative ways of working

- Systems working together
- Confidence with MDT
- Good communication standards
- MDT ways of working on site
- Working with the people we support and families
- Admission from home to hospital/discharge hospital to home
- Improved communication/health passport
- Co-production
- Knowledge of funding/CHC funding
- Difference between nursing and care homes
- Reviews
- And domiciliary care/own home support
- Self-funding
- Attendance allowance
- Carer's allowance
- Social services funding
- Personal health budgets
- PIP
- NHS continuing health care
- Supporting residents to manage finance/budgeting
- Education systems – local colleges/training providers
- Community relationships/intergenerational work
- Social prescribing - befriending etc
- Housing - movements towards independence
- Employment - contracts with employers/work experience
- Commissioning
- Difference between regulatory authorities
- Organisational cultures
- Business related activity e.g. marketing, social media, multi-tasking, bottom lines

P1

P2

P3

P4

P5

P6

P7

AxA

Safeguarding

- Personal relationships
- Early intervention and prevention
- S17 leave/CTO/DOLs/guardianships
- Prevent training
- Mental capacity/MCA
- Advocacy
- Positive risk taking
- Rights and responsibilities
- Person centred care
- Human rights
- Best interest
- Dealing with Court of Protection (briefing on nurses)
- Whistleblowing
- Incident reporting
- Restraint reduction practices
- Positive behaviour support
- Adult safeguarding – where the boundaries lie (also children's safeguarding – need to understand both)

P1

P2

P3

P4

P5

P6

P7

AxA

Professional accountability and autonomous practice

P1

P5

AxA

- Autonomy
- Nurse led provision
- Decision making
- Professional independence
- Clinical reasoning and decision making
- Acknowledging the limitations of the role
- CQC/NMC
- Risk assessments
- Skill mix
- Supervision
- Reflection of practice
- Balance rights of people with their safety and well being
- Critical decision making
- Professional boundaries
- Report writing
- How to carry out an investigation
- Business management

Social care setting

Children's residential service

There are a range of different settings and services, some of which are outlined in this document, the contributor provides a national service, services on offer will differ in each area and may also have some differences dependent on the provider.

Working or being placed in one of these environments can be challenging but also provides a rich source of wide learning opportunities and an engaged student will be able to experience the breadth of the curriculum. It is important to remember that as a worker or a student you are a guest in someone's life and environment.

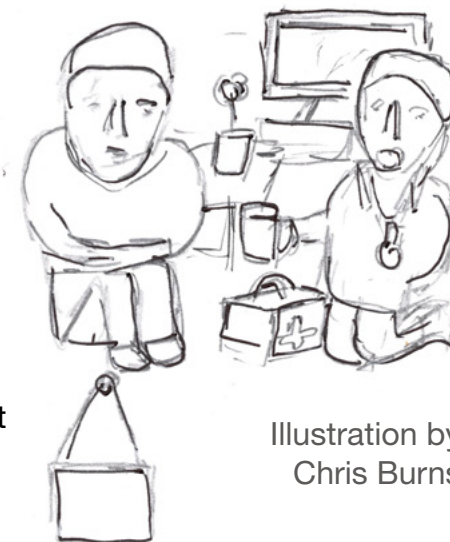


Illustration by
Chris Burns

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

Special Educational Needs (SEN)

Our schools and colleges provide support to children with autism spectrum disorders, Asperger's syndrome, moderate or severe learning difficulties and disabilities, social, emotional mental health and complex needs. Our provisions include 38 to 52 week placements including both day and residential provisions in which a child needs to be educated across all waking hours. These education services support students from the age of five. Our education and transition pathways services range from specialist primary schools, secondary schools and further education services that help young people with learning and communication difficulties.

Social Emotional Mental Health (SEMH)

Children's specialist residential services help children and young people with a range of complex needs and social, emotional mental health stabilise their lives and develop their potential. Services are customer focused and have a personal approach to ensure we provide high quality care in over 137 homes. We offer a complete pathway designed to reduce levels of 1:1 support leading to supported living or foster care.

Our placement objectives include our referral process, ensuring that each young person is matched rigorously, to the correct service type. This maximises the potential for placement stability and the right home provides the right service to suit a young person's needs and manage the risks that they present. Our homes are tiered in respect of the level of acuity they deal with, the staffing ratio provided and consequently the tier of therapeutic support they require. Each geographic region has a robust operational structure, consisting of regional managers, supported by central quality and governance teams.



Toby's Story

When we first met Toby* was only seven years old when his mother's partner began to sexually abuse him. His mother was aware of this but did nothing to protect him from it. He came to the attention of social services after telling his teacher about the abuse that he was experiencing and was immediately taken into care. Toby was initially placed into foster care, though this broke down very quickly. He subsequently went through a variety of further broken placements before he was placed with a specialist residential service for victims of child sexual abuse at the age of eight.

When Toby came to us, he had not been enrolled at a school, was extremely withdrawn and did not communicate well. Toby struggled with attachment issues and could not be left alone. He also suffered from bedwetting and anxiety caused by flashbacks. When Toby came into our care, a full assessment of his needs was undertaken. Toby's carers supported him using attachment-based interventions, working with him in a healthy, safe and stable environment to develop his social interactions and to generate better trust in adults. They began working with him to increase his confidence, encouraging him to interact with other children and to feel more comfortable at night.

Toby has been in care for a year and now attends a mainstream primary school while living in a group home with other children his age. Toby is preparing to move on to a very well matched foster placement and he has a bright future. Transitional work has been undertaken by all adults supporting Toby including his key carer, all home staff and his clinical team. This has included placement planning recommendations.

Everyone is very hopeful for his future and he is completing impressive work with his key carer about moving on. An educational provision has been sourced for Toby when he moves to his foster home which will fully meet his needs. Toby will likely receive therapeutic input for some time as he still suffers from anxiety, but the placement within the residential service has laid the foundations for this work in the future.

*Toby is a not their real name

Children and Adolescence Mental Health (CAMH)

Mental health children's residential care

Our services focus on preparing individuals to transition into the community by promoting independent living skills, community activities and choice. In addition to residential care, we also offer planned respite services. Our team consists of an occupational therapist, assistant psychologist, a registered manager, team leaders, key workers and support workers. Our specialist mental health residential homes for children and young adults are for those individuals who have mental ill health as a presenting primary need. We have dedicated team(s) to provide the support that these young people need to stabilise and thrive in our homes.

We support residents through an in-depth and integrated approach to recovery, with a view to helping them gain skills for independent community living. Our efforts are underpinned by our mission to ensure that every young person is safe and free from harm, and to provide outstanding individualised care. We cater for people from a range of cultures and ethnicities, with varying emotional, social or behavioural difficulties. This ethos runs through the core of our homes and staff team and it helps us to plan care packages tailored to each individual young person. The emphasis is on building positive relationships with the young person and providing strong role modelling.

Our multi-disciplinary team(s) consist of assistant psychologists who will use aspects of dyadic developmental psychotherapy, including PACE techniques, and incorporated these into a therapeutic package, alongside dialectical behaviour therapy techniques, targeted therapeutic work and trauma-focused cognitive behavioural therapy.

Our overall aim is to provide a stable environment for young people, where they can learn to utilise and build upon their own self-soothing skills, mindfulness, resilience and emotional regulation abilities, and are able to move forward in their journey towards independent living.

Trauma

We're a specialist therapeutic service that supports young children who have experienced complex trauma. Our team around the child are extensively trained in dyadic developmental psychotherapy (DDP) to support the children in our homes. The children therefore are in an environment where every interaction they receive is therapeutic in nature. In addition to this we have a multi-disciplinary team of clinicians who can offer direct therapeutic work to the children using a range of therapeutic models.

Staff are supported through clinical supervision, reflective practice and regular ongoing training. We do not see the children as simply "existing" in our homes. Once they begin their time with us, they are on a therapeutic journey of healing from their past and learning new ways to cope. The aim is to allow the young person to improve in their social, education, psychological and general wellbeing abilities to achieve a sense of recovery from their early negative life experiences, to progress such from our service to live in a family setting.

Learning difficulties

Our specialist children's residential services for children with learning difficulties offer a complete pathway designed to reduce levels of 1:1 support leading to supported living or foster care. Our services enable children to progress from home to home (step-down care model), i.e. from a complex needs home to a small group home.

Deaf and profound hearing loss

Our services are based on years of experience and passion for working with deaf or hearing impaired children. We cater to a wide range of needs and abilities, including communicating in British Sign Language (BSL).

People likely to be working during a normal shift

Clinical team consisting of:

- clinical psychologists
- occupational therapists
- child and adolescent psychotherapist
- art psychotherapist
- therapeutic life story worker
- drama therapist
- care teams
- support workers
- senior support workers
- team leaders
- deputy managers
- managers
- social workers.



We believe that every interaction with our children should be therapeutic in nature and all of our clinicians foster this approach. We achieve this through direct training, reflective practice and working closely with the homes managers and wider team to look at each individual and how best to support their needs. We further support the home by providing therapeutic skills to staff which help them in working with the children on a day to day basis. Direct work is considered following an assessment in order to clarify the individual's therapeutic needs.

We are aware that sometimes children do not cope well with direct work and we therefore look at more creative ways in which we can provide this therapeutic care. As well as a clinical psychologist and mental health practitioners, we offer therapy and life story work through our psychotherapists and this includes art and drama therapy. Our therapists each possess unique skills, which allow us to provide the relevant care of each child.

Clinical care

The clinical psychology service is integrated within the school's multi-disciplinary service and works jointly with psychiatry, occupational therapy, speech and language therapy, nursing and holistic therapy to deliver a service that is complete and collaborative.

✓ Clinical psychology	✓ Self-management and coping skills	✓ Access to psychological therapies	✓ Development of adaptive living skills
✓ Assessment and support cognitive development	✓ Assessment and enhancement of psychological well-being	✓ Assessment and management of challenging behaviour allied therapists	✓ Art therapies: music and drama
✓ Equine therapy	✓ Physiotherapy	✓ Play therapy	✓ Holistic therapies
✓ Dietician nursing	✓ Healthy diet programme	✓ Promotion of health awareness	✓ Medical health reviews
✓ Management of physical health problems and associated conditions	✓ Medication reviews	✓ Assessment of physical health	✓ Management of minor illnesses medical
✓ Psychiatric review	✓ Paediatric review	✓ General practitioner review	✓ Management of associated physical illnesses
✓ Regular medical reviews	✓ Pharmacological management	✓ Behavioural management programmes	✓ Cognition
✓ Sensory processing	✓ Language acquisition	✓ Life skills	✓ Independence
✓ Motor skills	✓ Adaptive behaviour	✓ Psychological wellbeing (mental health)	✓ Diet
✓ Communication	✓ Meaningful engagement in activities	✓ Outcome domains of our clinical services	

Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals

In this setting, a student would get the opportunity to work with:



Positive behaviour support coaches

All of the work carried out in this service is based on a therapeutic approach known as the STEP Framework (this framework aims to be Sensory supportive, Totally inclusive and Enabling to facilitate personal positive Progression). The STEP framework recognises and encompasses four key domains: social, educational, emotional and psychological, within three specific phases that each child will go through.



Occupational therapist

Occupational therapists cover the whole complex trauma region, supporting both the young people and the staff through identifying goals using both standardised and non-standardised assessments determining and recommending interventions to promote independence and develop life skills. Provides assessments for evaluating a child's sensory processing patterns in the context of everyday life. Also looks at the home and school environment to identify how sensory processing may be interfering with participation.



Speech and language therapist

Many children will have delayed speech, and some may not develop speech at all and will need other communication aids, e.g. pictures, photos, gestures, etc. Eye contact may also be difficult for them.



Head of safeguarding

Head of safeguarding is a national position although we would have safeguarding leads in services.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, click on the proficiency to be taken to the full criteria:

Promoting health and preventing ill health

2.1	2.3	2.4	2.6	2.7	2.8	2.9	2.10	2.12
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Assessing needs and planning care

3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.13	3.15	3.16
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Providing and evaluating care

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.10	4.11	4.12	4.14	4.15	4.16	4.18
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Leading and managing nursing care and working in teams

5.1	5.2	5.3	5.4	5.6	5.7	5.8	5.9	5.10	5.11
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Improving safety and quality of care

6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.10	6.11
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Coordinating care

7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.2.1
4.2.2	4.2.3	4.2.4	4.2.5	4.2.6													

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.2	1.2.3	2.1	2.6	2.10	2.11	2.12	2.13	2.14	2.15	2.16
2.17	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	4.8	5.1	5.2	5.3	5.4	5.5
6.1	6.2	6.4	6.5	6.6	7.1	7.2	7.3	7.4	8.1	8.6	9.1	9.2	9.4	9.5	9.6	9.7	9.8
9.8	10.1	10.2	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.10	11.11					

Social care setting

Community care services for adults and children (alternatively known as home care services or domiciliary care services)

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

Community care services provide care and support to individuals of any age in their own homes. The people who use these services are likely to have health and social care needs that they can't meet themselves. These may include physical disability, mental ill health, dementia, sensory loss, learning disability, people recovering from illness, and palliative care/end of life care. The people you support may or may not have loved ones who provide informal care, and there's a need for additional support to assist them to remain living independently in their own home. Community care services provide care tailored to the needs of each situation and they work with the people they support and that person's family, carers, and other professionals to deliver this. The overarching goal is to enable people to remain in their homes as far as possible and to live enriched, fulfilled lives. Services are offered at all times of day and night and include:

- personal care
- medication assistance
- meal preparation
- companionship
- overnight care
- end of life care
- domestic assistance
- short term respite care
- rehabilitation support
- support with social interaction in the community.



As a learning environment we offer an introduction to compassionate, person-centred care and person-centred approaches to care and support that are holistic and rights-based. Community home care environments allow the student to consider what care and nursing requirements are needed to support individuals to remain within their own home and maintain their independence, and how this can link to being a nurse in a community setting. When working in the acute sector and discharging patients home it gives the student nurse a greater understanding of the requirements needed to safely ensure an effective hospital discharge to reduce re-admissions into hospital. It will encourage the student nurse to develop their critical thinking, problem solving through assessment and evaluation, and work with the people they support, helping them identify their outcomes. Nursing students will also achieve a greater understanding of how the domiciliary/community care services work with and alongside other professional teams such as GPs, district nursing services, occupational health, physiotherapy, pharmacists, and various specialist nursing teams.

Working with the people we support, their family members, adult social care providers, and community nurses we work as full partners in the care of the people we support through personalised care and support planning, to help them recover from or manage ill health, stay well, or support and maintain their independence.

As a community care provider, we work closely with the hospital discharge teams, continuing health teams, and adult care teams. It's vital that we have open and effective communication and information on discharge as this will assist in the seamless transition of the people we support from hospital back to their own home environment and avoid unnecessary re-admission.

We assist and care for people with complex needs such as multiple sclerosis, motor neurone disease, chronic obstructive pulmonary disease and various other respiratory issues, brain injury, stroke, cancer, dementia, cardiovascular disease, elderly needs, and frailty. We also support people with mental health needs, including people with depression and people who self-harm.

As a community care provider, we support individuals at home who are terminally ill and require end of life care and support. We provide sensitive care for people who are in the final weeks or months of life. Their wishes at this stage of their care are incredibly personal and we ensure those needs are respected and provided with dignity enabling their end of life decisions to be upheld during this difficult time. We work closely with the district nursing teams and palliative care services to ensure effective pain management throughout all stages of end of life care.

We support the family members in their understanding of these changes which may cause some distress and provide them with any supportive information they may require.



Hello, my name is... Albert

I live on my own following the sudden death of my wife. I'm very close to my daughter, grandchildren and great grandchildren. I've worked all my life, including as ground crew for the RA, as a delivery man and as a tanker driver for 30 years. I was always a very active man prior to having a stroke a few years ago which has left me with some right-sided weakness and balance problems leaving me at risk of falling.

Support that I receive includes assistance with my personal care needs and encouragement to participate in my care routine to maintain my independence. This includes cleaning and management of my gastrostomy tube site, monitoring of urine output, observation of my skin integrity, support in maintaining a healthy diet, mobility support, support with communication, management of my medication, and facilitation of social activities and a safe home environment. I have also received support in enabling me to make my own end of life decisions.

Clinical skills employed in this social care environment

- complex clinical care
- rehabilitation
- application of infection prevention and control
- risk assessments (environmental, moving and handling, medication)
- multi-disciplinary teams sharing information
- catheterisation
- percutaneous gastrostomy tube care
- stoma care
- use of SBAR communication tool to relay clinical information
- knock-on effects of poor discharge
- understanding frailty
- understanding falls risk
- monitoring of various conditions i.e. diabetes management using blood glucose meter
- effective discharge planning from hospital/sharing information, working with multi-disciplinary teams including home care agencies to reduce re-admissions
- ongoing monitoring using tools including MUST and the Waterlow score.

All the people supported by home care services have a holistic, person-centred needs assessment. Care planning and risk assessments are undertaken and regularly reviewed when the needs of the individual change.

All staff are trained and have experience in catheter care and gastrostomy tube feeding, and care and assist people using continuous positive airway pressure.

Staff are trained to relay all clinical information of any changes in the people they support to the relevant people, for example, urinary infections, changes in skin integrity, raised blood glucose, increased falls, or reduced appetites.

We work closely with specialist nurses, speech and language therapy teams, physiotherapists, and occupational therapists, and have extended training to safely ensure the people we support receive the appropriate care and know when to seek further assistance and advice.

As a community care provider, we work closely with the hospital discharge teams, continuing health teams, and adult care teams. It's vital that we have open and effective communication and information on discharge. This will assist in the seamless transition of the people we support from hospital back to their own home environment and avoid unnecessary re-admission. Changes to medication or monitoring of their clinical needs can also be addressed.

Risk assessments and care plans will require updating as well as ensuring the correct equipment and aids are in situ if required.

Staff wear appropriate personal protective equipment and have rigorous infection control training.

People likely to be working during a normal shift

- care co-ordinators
- team leaders
- community support staff
- registered manager.

Many will be professionals who are not part of the regulated workforce.



Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals



Community nursing/district nurses

Community nursing/district nurses provide wound care management/tissue viability checks, continence management, diabetes care, and venepuncture.



GP services

GP services include GP home visits to assess various medical conditions and instruct on medication changes.



Social workers

Social workers provide care assessment and review of services.



Occupational therapists

Speech and language therapists carry out assessments and reviews of people they support who have swallowing difficulties following such conditions as a stroke, multiple sclerosis, brain injury, cancer, and motor neurone disease.



Physiotherapists

Physiotherapists provide physiotherapy assessments to improve mobility of people they support.



Specialist nurses

Specialist nurses support people with complex needs such as gastrostomy tube care, epilepsy management, diabetes management, stoma care, respiratory care and palliative care. Training is provided by specialist nurses for staff.



Pharmacists

Pharmacists liaise with home care services regarding medication issues and issuing various medication aids.



Community psychiatric nurses

Community psychiatric nurses work with the people we support who have mental health issues to effectively manage these patients in the community. Also, links with crisis teams.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, click on the proficiency to be taken to the full criteria:

Promoting health and preventing ill health

2.1	2.2	2.3	2.4	2.7	2.8	2.9	2.10	2.12
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Assessing needs and planning care

3.3	3.4	3.6	3.7	3.8	3.9	3.10	3.11	3.12	3.13	3.14	3.15	3.16
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Leading and managing nursing care and working in teams

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9	4.10	4.11	4.13	4.15	4.16
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Providing and evaluating care

5.1	5.2	5.4	5.6	5.7	5.8	5.9	5.10	5.11
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Leading and managing nursing care and working in teams

6.1	6.2	6.3	6.5	6.6	6.8	6.9	6.10	6.11	6.12
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Leading and managing nursing care and working in teams

7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12	7.13
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.2.1
4.2.2	4.2.3	4.2.4	4.2.5	4.2.6													

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.2	1.2.3	2.1	2.6	2.10	2.11	2.12	2.13	2.14	2.15	2.16
2.17	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	4.8	5.1	5.2	5.3	5.4	5.5
5.7	5.8	6.1	6.2	6.4	7.1	7.2	7.3	7.4	8.1	8.5	9.1	9.2	9.4	9.5	9.6	9.7	9.8
10.1	10.2	10.3	10.4	10.5	11.1	11.2	11.3	11.6	11.8	11.10	11.11						

Social care setting

Day care services

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

Day care facilities described here are based in a care home and support those who have similar presentations but are living independently in a community setting.

The home is fully wheelchair accessible, with many spacious communal areas used for activities, including a dedicated art room and a pottery kiln, an on-site gym, physiotherapy department, and a large dining room. This supports our home to share our services for day care clients to join in for a few hours and be able to access a selection of our facilities, have lunch, and enjoy the large range of resident activities alongside Chaseley residents.

This environment will give you the opportunity to experience day care services involving a wide range of therapeutic activities for a complex range of day care residents. You'll be able to observe and participate first-hand in a wide range of activities including art, pottery, relaxation, gardening, quizzes, bingo, singing, and seat-based exercise.

As Chaseley has a rehabilitation focus, you'll also see a variety of different programmes from physiotherapy sessions undertaken by day care clients wishing to access these.



Day care also offers the opportunity to observe:

- autonomous practice – less nursing oversight than in the main home
- decision making – independent, nurse led decisions
- duty of care – possible disclosures or signs of neglect as this is likely to be the only service the person is accessing when they live at home
- professional independence
- risk assessments
- skill mix – on occasion may need to quickly upskill the workforce due to changing individual needs or a new person we are supporting.

You'll also support the social interaction side of day care, ensuring all participants get to enjoy seeing a familiar group of faces in a safe and secure setting.

All care support interactions are carefully recorded as part of the electronic care planning for day care residents.

We also:

- support day care residents to manage finance/budgeting
- engage in community relationships/intergenerational work – connecting up with the community e.g. with schools and local college students
- champion disability in all activities including sport
- have very individualised ways of communicating for people who are non-verbal.

Hello my name is... Jean

I live at home with my husband Ian, who enjoys bringing me to Chaseley's day care services as this gives him a respite from providing dedicated care and support. I really enjoy meeting up with familiar friends and joining in on lots of activities that are on offer at Chaseley. I feel supported and well looked after and really enjoy spending time in a safe and familiar setting where my care needs can be supported.



Clinical skills employed in this social care environment

- complex clinical care
- rehabilitation – therapies including physiotherapy
- application of infection prevention and control
- risk assessments (environmental, moving and handling, medication)
- multi-disciplinary teams sharing information
- percutaneous gastrostomy tube care
- undertaking and recording of clinical observations
- continuous clinical and risk assessments for each clinical domain
- managing deterioration
- understanding frailty
- understanding falls risk
- monitoring of various conditions i.e. diabetes management using a blood glucose meter
- intensive support interaction.

People likely to be working during a normal shift

- wider home care team and nurses
- activities staff
- management team
- administrative teams
- housekeeping teams
- maintenance
- catering team.

Therapy team

- physiotherapists
- occupational therapists
- therapy assistants.



Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals



Placement funders and social workers

Placement funders and social workers are often regularly in touch to gather updates on day care residents, their interactions, and their enjoyment and progress within the day care settings.

At times it may be necessary to raise safeguarding alerts due to day care resident disclosures or presentations when attending the service which require escalation to other healthcare professionals to gain help or support.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, **click on the proficiency to be taken to the full criteria:**

Promoting health and preventing ill health

2.1	2.2	2.3	2.4	2.5	2.7	2.8	2.9	2.10	2.11
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Assessing needs and planning care

3.3	3.4	3.6	3.7	3.8	3.9	3.10	3.11	3.12	3.13	3.14	3.15	3.16
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Providing and evaluating care

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.10	4.11	4.12	4.13	4.14	4.15	4.16	4.17
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Leading and managing nursing care and working in teams

5.1	5.2	5.3	5.4	5.6	5.7	5.8	5.9	5.10	5.11
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Improving safety and quality of care

6.1	6.2	6.3	6.4	6.5	6.6	6.8	6.9	6.10	6.11	6.12
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Coordinating care

7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12	7.13
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.2.1	4.2.2	4.2.3	4.2.4	4.2.5	4.2.6

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.10	2.11	2.12	2.13	2.14	2.15	2.16	2.17	3.1	3.3	3.4
3.5	3.6	4.1	4.2	4.3	4.4	4.5	5.1	5.3	5.4	5.5	5.7	5.9	6.1	6.2	6.3	6.4	6.6
7.1	7.2	7.3	7.4	8.1	8.4	9.1	9.2	9.4	9.5	9.6	9.7	9.8	9.9	10.1	10.2	10.5	11.2
11.3	11.6	11.7	11.8	11.10													

Social care setting

Registered care home with nursing for working age people with enduring mental health problems

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

This type of service aims to provide a long-term home environment for individuals of working age who have enduring mental health problems and who are unable to live on their own or in a family setting.

The philosophy emphasises the fact that it is an individual's home, and all care is delivered in this vein. The approach is holistic, underpinned by the principles of maximising choice, independence and inclusion. Services are tailor-made, person-centred, designed to meet and individual's specific needs.

Registered mental health nurses and care assistants work with multi-disciplinary colleagues to offer assistance with all aspects of life, and they do this in a way that recognises and maximises the abilities of the people they support. The team adopts the applied recovery model in their service and using co production and person-centred approach, and positive risk taking, the team encourages the service users to become more independent and where possible move on with their recovery journey.

Asher nursing home works closely with its sister home, Parkview Care Home, a mental health rehabilitation home, where residents have more opportunity to develop their independent living skills such as cooking, doing laundry and increasing their independence in managing their own mental health recovery by adhering to their co-produced support plans.

You will be able to witness how health and social care interconnect and also how social care services aim to support people towards maximum independence in their lives.



You are likely to work alongside both mental health and adult nurses.

You will understand the importance of relationship-based care and you will have opportunities to learn about the many aspects of community nursing including the provision of nursing services in a home environment. Through the relationships we develop with people who need care and support, we aim to support them in their individual choices. We work with them to make joint decisions about their care plans and in areas such as delivery of personal care.

People who need care and support tend to be younger and still sexually active. Due to their vulnerability, they can be at risk of exploitation and abuse. It's important for the team to equip them with the correct sexual health knowledge.

Hello my name is... Oakley

Welcome to Asher and Parkview. I have lived here over three years and the staff here have embraced my mental health condition and also my gender identity. The home here is very nice, it feels very homely here and the staff here helped me to be independent.



Promoting independence

People who need care and support are encouraged to develop their independent living skills so that they could return to their previous homes in the community or move on to supported living and possibly return to employment. We apply the concept of normalisation, staff do not wear uniform, we encourage residence to interact and integrate with the community. We actively support people with lived in mental health conditions to be part of the team.

Proactively promoting better awareness and better outcomes for our LGBTQI+ residents

We have supported staff and residents to live freely in the way that they choose, by celebrating their protected characteristics.

Support for trans and non-binary people

Student nurses will have the opportunity to support those who identify as trans, including with some of their appointments with other professionals and to support with their day-to-day health and wellbeing.

A student nurse on placement in this setting will have opportunities to:

- experience a very specialist service for working age adults.

People likely to be working during a normal shift

In a normal shift, there is likely to be one registered nurse working plus a team of carers, and recovery workers (activity coordinators), in addition to ancillary staff.



Clinical skills employed in this social care environment

- risk assessments (environmental e.g. falls and medication) for each clinical domain
- complex clinical care including ongoing monitoring (e.g. must/waterlow/News2)
- managing long-term physical and mental conditions
- general frailty
- monitoring deterioration
- undertaking and recording of clinical observations
- rehabilitation
- effective discharge planning from hospital/multi-disciplinary teams sharing of information (use of SBAR) recognising the importance of careful planning to avoid negative impact on coping behaviours.

Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals

The nurses and carers work collaboratively with a range of multi-disciplinary community mental health teams including psychiatrists, social workers, community psychiatric nurses as well as occupational therapists.



The assertive outreach team

The assertive outreach team works with service users who are on community treatment orders but who are reluctant to engage with services. They provide a 7 day a week service and will visit people at home to make sure they get their treatment and try to prevent a crisis. They provide support to the nursing home and will provide a very quick response if required.



The community rehabilitation and transition teams

The community rehabilitation and transition teams have a focus on rehabilitation, and they provide the necessary support to enable people to transition into community independent living.



The forensic mental health team

This team has responsibility for working with service users who have been through the court and the prison systems. They also provide rapid response.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, click on the proficiency to be taken to the full criteria:

Promoting health and preventing ill health

2.1	2.3	2.4	2.6	2.7	2.8	2.9	2.10	2.11	2.12
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Assessing needs and planning care

3.1	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.12	3.13	3.14	3.15	3.16
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Providing and evaluating care

4.1	4.2	4.3	4.4	4.6	4.8	4.9	4.10	4.11	4.13	4.14	4.15	4.16	4.17	4.18
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Leading and managing nursing care and working in teams

5.1	5.2	5.4	5.5	5.6	5.7	5.8	5.9	5.10	5.11
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Improving safety and quality of care

6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	6.10	6.11	6.12
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Coordinating care

7.1	7.3	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12	7.13
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.2.1
4.2.2	4.2.3	4.2.4	4.2.5	4.2.6													

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.2	1.2.3	2.1	2.6	2.9	2.13	2.14	2.15	2.16	2.17	3.1
3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	4.8	5.1	5.2	5.3	5.4	5.5	6.1	6.2
6.3	6.4	6.5	7.1	7.2	7.3	7.4	8.1	9.1	9.2	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8
11.10	11.11																

Social care setting

Registered care home with nursing, learning disabilities and complex health needs: working age

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

Huws aims to provide a long-term relaxed and happy home environment for individuals with a learning disability and/or complex health needs who are unable to live on their own or in a family setting. People using these services may also have a range of communication and behavioural needs alongside those associated with their physical health needs.

Huws is first and foremost the home of the people we support, and we extend this welcome to the friends and relatives as well as the staff team. Understanding the individual needs of the people we support, respecting their rights to informed choice, privacy, and care and support delivered in a dignified way is our daily priority. Ensuring that the person is at the centre of our service enables us to deliver a very person-centred and holistic nursing and care service.

Huws offers both personal care and nursing care as regulated activities and as such, we're able to provide direct nursing care as well as the planning, supervision, and delegation of care. We have an established staff team who have the ethos of the organisation and the service at its heart, and this is reflected in our core values.

Key worker and named nurse roles are in place to ensure consistency and good communication between everyone involved in an individual's life. We have access to and are supported by a multi-disciplinary team to wrap services around this service provision.

Nurses and support workers work in conjunction with multi-disciplinary colleagues to establish best practice and guidance with aspects of life where additional support is required, with an ultimate aim to ensure that choice, independence and development of skills maximises the abilities of the people they support.



This type of placement setting enables the student nurse to understand the complexities of the individual and how we strive to meet the specific needs of the people we support. There are opportunities to:

- acquire a range of clinical experience such as medication administration, percutaneous endoscopic gastrostomy feeding, and manual handling
- develop the softer skills of engagement, communication, and how to anticipate people's specific needs
- develop specialist communication skills and how to use them appropriately
- develop leadership skills and influence decision making in line with best practice
- meet other professionals and contribute to support planning, rota management, assessments, and care delivery
- increase confidence in professional practice by being a reflective practitioner.

In a setting where the majority of clients don't use verbal communication, the staff develop a range of different approaches. They employ a total communication approach which means using whatever means, methods and opportunities to support individualised communication.

Hello my name is... CH

The staff that work with me know me well and this is what they say about me:

“CH has lived at Huws for a number of years and although she doesn't use verbal communication, we're able to interpret her needs and wishes by her very subtle body language and gestures. She has an excellent sense of humour. She enjoys all the gossip that she can get hold of and is more than happy to share this information in her own unique way.

“CH wants to be fully involved with her support, she wants to know exactly what's going on and she's very good at letting us know when we don't get it right. CH doesn't see a distinction between staff members and herself. She enjoys a full and active family life, and she's included in all activities despite her very complex health needs. In short CH's personality transcends her disability on every level.”



Clinical skills employed in this social care environment

- continuous clinical and risk assessments for each clinical domain – managing deterioration, understanding frailty and falls
- monitoring and managing the needs of people with profound and multiple disabilities and long-term conditions e.g. epilepsy management especially during and post-seizure
- undertaking and recording of clinical observations – use of SBARD communication tool to relay information, information sharing with multi-disciplinary team
- obtaining, dispensing, and administering medication
- continence care
- vaccination and immunisation (supported by Huws staff but delivered by external practitioner)
- percutaneous endoscopic gastrostomy tube care and feeding.

People likely to be working during a normal shift

- service manager
- registered mental health nurses
- registered learning disability nurses
- adult general nurses
- support staff.



Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals



Occupational therapist

Occupational therapists conduct assessments of individual needs and then provide/guide staff in the use of specialist equipment. They also undertake behaviour assessments and develop strategies to enable staff to work positively with individuals. All people we support have a positive behaviour support plan that's unique to them.



Medical practitioner

Medical practitioners work with the staff team to meet an individual's primary care needs including medication reviews. A student nurse may support a person with their medical appointments, referrals, and house visits.



Speech and language therapist

Speech and language therapists work with clients to support them with dysphagia. They also develop communication passports with individual clients and provide advice and guidance about how to use them.



Physiotherapists

Physiotherapists work with individual clients and advise staff about their care, including seating solutions, mobility requirements and exercise.



Social workers

Social workers from the local authority are involved in decisions about a person moving into the service and ongoing monitoring and reviews to ensure that it continues to meet the person's needs.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, click on the proficiency to be taken to the full criteria:

Promoting health and preventing ill health

2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12
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Assessing needs and planning care

3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.13	3.14	3.15	3.16
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Providing and evaluating care

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9	4.10	4.11	4.12	4.13	4.14	4.15	4.16	4.17	4.18
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Leading and managing nursing care and working in teams

5.1	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10	5.11
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Improving safety and quality of care

6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	6.10	6.11	6.12
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Coordinating care

7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12	7.13
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.2.1
4.2.2	4.2.3	4.2.4	4.2.5	4.2.6													

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.2	1.2.3	2.1	2.10	2.11	2.13	2.14	2.15	2.16	2.17	3.1
3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	4.8	5.1	5.2	5.3	5.4	5.5	6.1	6.2
6.3	6.4	7.1	7.2	7.3	7.4	8.1	9.1	9.2	9.4	9.5	9.6	9.7	9.8	9.9	10.1	10.3	10.5
10.6	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.9	11.10	11.11						

Social care setting

Registered care home with nursing, physical and mental health, dementia and end of life care

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

As a care home with nursing, we support people who require nursing care. We refer to our residents as 'family members'. The majority of our family members are over 65 years old.

However, we also support younger physically disabled persons from the age of 45 years.

We can meet a broad range of care needs such as:

- general nursing care of older people
- those with physical disability
- those with mental illness/learning difficulties
- those in need of rehabilitative care
- those living with a dementia
- those requiring end of life care.



Illustration by
Chris Burns

Staff at Wren Hall strive to deliver person-centred relationships focused care. This means we deliver individualised, personalised care to each person recognising the people, pets, activities, and objects that add meaning to their life and being. Our approach involves:

- recognising, supporting and celebrating each person
- the creation of a homely place to live, work and visit
- the provision of specialised care and support
- promotion of wellbeing
- supporting life skills and individuality
- enabling freedom through choice
- providing a meaningful environment where someone can live and not just exist
- involvement of a family, friends, partners, pets, hobbies and belongings through enabling continuing care, relationships and social gatherings and support networks.

In addition to residential services, Wren Hall offers day care. This service supports individuals to remain living as independently as possible at home and offers socialisation, meaningful engagement and occupation outside of the home setting.

Wren Hall embraces relationship-centred care with the aim of building stronger relationships. This takes person-centred care one step further with the recognition that to enable family members to be happy and fulfilled, we must understand their past and present relationships with others. This reflects the importance of interactions among people and recognises that these provide the foundation of any therapeutic care activity. We embrace a three-dimensional approach between our family members, their family and friends and our staff team. Throughout our support and care delivery of an individual we recognise the relationships which are of importance to the person. These relationships may be with people but may also be with pets, nature, sports, religion etc. These are the things that give meaning to a person's life. This approach informs the delivery of personal care. It means that we are committed to joint decision making and shared care planning with the family member and their relatives.



The registered nurses are responsible for writing personalised care plans which will ensure that each person receives the level of care and support in an optimal manner that suits the individual. Individuals living with dementia may not recognise their needs. In order to gain their co-operation nurses must use our knowledge of the person and what is important to them to try to secure their participation. You will see this same approach used by the Dementia Outreach Team during their involvement with our family members.

Individualised risk assessments and positive risk taking – an example is a lady with dementia who spent her working life in a laundry and wants to undertake this role in the care home. A risk assessment identifies the hazards but offers ways of avoiding them so that she can maintain a sense of purpose in her life.

Hello my name is... **Barrie Welch**

“Thank you for coming to my home. I hope you enjoy your time with our Wren Hall family. I came to live here a year ago when I contracted COVID-19. Before this I lived alone, and I was lonely and neglecting myself. I like to have banter with my ‘family’ here. You may be coming into my room to dust me down from head to toe. If you do, I need you to know all about me and what matters to me... a laugh and my cigs. You obviously need to know about my medication and at times I may tell you I’m not having them. If I trust you, you’ll eventually persuade me to take them. I need you to listen to me and be a friend to me.”



























Specialist communication skills

Tailoring communication approaches to the individual with dementia is crucial to relationship-based care. The student nurse is likely to develop their understanding of such approaches as:

- “Dementia Capable” care, a form of positive behaviour support, that offers guidance on the most effective ways of responding to individuals when they are anxious, agitated, experiencing a distress reaction, and also in tension reduction.
- Total communication approaches which use all means, methods and opportunities to support individualised communication.
- Life history work.
- Making use of the “Therapeutic Lie” which involves entering the reality of the person in order to support them without creating agitation e.g. not challenging if a family member is focussed on the need to go and collect their child from school, going along with this until it is possible to distract them onto other things.

Most family members lack the mental capacity to make many decisions because of their dementia. As a result, most need a deprivation of liberty safeguard in place to ensure the individual is legally residing at Wren Hall. The student nurse will observe mental capacity assessments being conducted by best interest assessors, mental capacity assessors and you will witness the involvement of paid representatives. You will gain knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. You will gain insight as to when and how to make safeguarding referrals.

Complex clinical care

 rehabilitation	 application of infection prevention and control, practices and environment	 risk assessments (environmental, moving and handling, medication)	 venepuncture
 catheterisation	 vaccination and immunisation	 tracheostomy care	 percutaneous gastrostomy tube care
 undertaking and recording of clinical observations	 use of SBAR or News2 to monitor and relay clinical information	 continuous clinical and risk assessments for each clinical domain	 managing deterioration
 dietician nursing	 healthy diet programme	 Promotion of health awareness	 medical health reviews
 knock on effects of poor discharge	 understanding frailty	 understanding falls risk intensive support interaction	 effective discharge planning from hospital/ sharing information – MDT include home care agencies to reduce re admissions
 introduction to concept of telecare	 Ongoing monitoring – e.g. must/waterlow/weight loss	 GP oversight	 monitoring of various conditions i.e. diabetes management.

A student nurse on placement in this setting will have opportunities to:

- gain an understanding of “relationship-based” care and, in particular, the importance of this in identifying and supporting the needs of those people living with dementia
- build experience of engaging and supporting a person with dementia or other long term health condition in their daily living
- get involved with development and implementation of health and care plans including the undertaking of health checks
- participate in collaborative working with MDT professionals
- develop understanding of the social policy and regulatory frameworks in which social care is provided, and the implications for the nursing role.

The student nurse will build their understanding of the policy framework in which social care operates and the role of the nurse within this. They will find out about the reality of working at the interface between health and social care services.

They will develop their confidence as a professional leader and understand their responsibilities for modelling excellent practice to others in the care team.

They should experience clinical supervision and develop their reflective practice.

People likely to be working during a normal shift

Staff members likely to be working alongside the student nurse include:

1. The managing director (a registered nurse) has overall responsibility for the running of the nursing home and as such has control of formulating company policy, financial planning, business strategy, family member care, staffing matters and control of drugs. She is supported by a team of other colleagues with responsibilities for staff recruitment, training and quality, health and safety.
2. The clinical and care team which comprises:
 - a team of 10 registered nurses
 - an assistant practitioner who supports the registered nurses and leads the care team
 - nursing associates who supplement the nursing team acting as a bridge between the care assistants and the registered nurses thus supporting the health and wellbeing of “family members”
 - care coordinators who lead the teams of care assistants in providing person-centred relationship focused care
 - care assistants who offer 24 hour support.
3. The administrative and housekeeping teams
4. Staff delivering day care services.



Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals



Positive behaviour support (PBS)

PBS is a distinct role of the senior leadership team. This involves working alongside the care team to aid identification of triggers that lead to distressed reactions. Positive behaviour support coaches support meaningful activities and reduce behavioural incidents and by doing so increase a person's wellbeing whilst also reducing the experience of ill being.



Occupational therapist

Occupational therapists visit our family members to offer advice and support regarding meaningful activities, most suitable equipment e.g. specialist seating etc. The occupational therapists are usually part of the Dementia Outreach Team which offers supports to individuals living with a dementia who are experiencing behavioural issues.



Medical practitioner

Medical practitioners will visit to see a specific family member as necessary. The Primary Care Network (PCN) is moving to a 'one care home one practice' approach based on research evidence which suggests this approach offers optimised care. You will see GPs visiting, examining family members and collaborating with our nursing team. You will also see how our nursing team interfaces daily with the GP practice.



Speech and language therapist

Many of our family members experience swallowing difficulties and this can result in them aspirating and developing chest infections. SALT assess our family members eating and drinking and recommend the most appropriate fluid and diet consistency using International Dysphagia Diet Standardisation Initiative (IDDSI). You will be able to see our catering team provide textured modified food and fortified drinks for our family members.



Physiotherapy

Wren Hall employs our own physiotherapist who works with family members to keep their limbs moving so as to prevent joint stiffness and contractures thus alleviating pain. Some family members have physiotherapy post sustaining a fracture or fall in order to support rehabilitation.



Dietician

Family members are referred to NHS Dieticians by their GPs if we have concerns regarding weight loss or weight gain. The dieticians frequently work with SALT as often family members have swallowing difficulties.



The safeguarding team

Headed by the managing director and including the registered nurses are responsible for raising and reporting concerns to the local authority. They also ensure that all staff have safeguarding training and awareness.



Dementia outreach

Dementia outreach is an NHS community team. This team gets involved where a concern expressed about an issue that is affecting the family member's health and wellbeing, and particularly if it is impacting on the homes' ability to support that person.



Social workers

They often have a role in the placement of an individual when they move into the service. They may undertake reviews to ensure that the service is continuing to meet the needs of the family member. They may also be involved if there is a safeguarding concern.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, click on the proficiency to be taken to the full criteria:

Promoting health and preventing ill health

2.1	2.3	2.4	2.7	2.8	2.9	2.10	2.11	2.12
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Assessing needs and planning care

3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.11	3.12	3.13	3.14	3.15	3.16
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Providing and evaluating care

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9	4.10	4.11	4.12	4.13	4.14	4.15	4.16	4.17	4.18
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Leading and managing nursing care and working in teams

5.1	5.2	5.3	5.4	5.6	5.7	5.8	5.9	5.10	5.11	5.12
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Improving safety and quality of care

6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	6.10	6.11	6.12
---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	----------------------	----------------------	----------------------

Coordinating care

7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.2.1
4.2.2	4.2.3	4.2.4	4.2.5	4.2.6													

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.2	1.2.3	2.1	2.2	2.5	2.6	2.7	2.8	2.9	2.10	2.11
2.12	2.13	2.14	2.15	2.16	2.17	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	4.6
4.7	4.8	5.1	5.2	5.3	5.4	5.5	5.7	5.9	6.1	6.2	6.3	6.4	6.5	6.6	7.1	7.2	7.3
7.4	8.1	8.3	8.4	8.5	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	10.1	10.2	10.3	10.4
10.5	10.6	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.10	11.11						

Social care setting

Registered care home without nursing, learning disabilities and autism

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

This service supports men and women with a learning disability, autistic spectrum disorder and/or complex conditions such as mental health problems, behaviours of concern, personality disorder. We are also able to support young people transitioning to adult care.

The service is purpose built and comprises of a range of two, three and four bedded apartments with kitchens and living areas on the first floor and an activity room on the ground floor. The robust apartment based living environment has been designed to replicate domestic living as closely as possible, allowing individuals the opportunity to experience having their own “front door” and responsibility for planning and cooking their own meals, shopping, cleaning and budgeting.

The five apartments are either for two or three individuals and each apartment provides a bedroom with en-suite facilities for each person and shared kitchen, dining and living spaces. We also have a single person apartment delivering our high intensity service in a community setting

Support is person-centred with care planned outcome focused interventions to support recovery to better health and greater independence. We facilitate engagement in the community and the opportunity to develop new lifestyle choices to improve self-esteem and confidence.

Our ethos is built upon a shared belief that the person is central to everything we do, and we ensure we are responsive to service users changing needs, reviewing and revising plans to meet these needs. We value positive risk-taking opportunities within a context of robust risk assessment and management to ensure those we support are kept safe.





Hello my name is... Barry

Welcome to my home, this may be a short-term placement for you, whilst you are training to be a nurse, but this is my home. I would like you to spend some time, reading about who I am and what my needs are, before you start asking me a whole load of questions, that I have either already answered or might not know the answer to. I don't like to repeat myself or have to explain to myself to everyone who comes into my home, when people come to see you at home, do you have to answer a lot of questions about your health?

I like the staff who care for me, to have a basic understanding about who I am, then I would like you to actually spend some time getting to know me, as a person instead of my diagnosis or flat number. I am a person not a label/diagnosis. I have feelings, skills and sometimes I might display some behaviour that challenges. But if you know what my triggers are and who I am, you will know how to care for me.

A student nurse on placement in this setting will have opportunities to:

- gain experience of a service that supports people to make the often difficult, transition out of a hospital setting into a more permanent community-based placement
- see how the service allows individuals to experience support in a care setting but one which is robust and structured to enable any risks and behaviours to be supported.

Services are set up to respond to individual needs in a meaningful, person-centred manner. This process begins with a comprehensive needs-led assessment prior to admission to the hospital care setting. All assessments involve the individual, their family/carers, current care provider and commissioner to ensure that the needs of the individual with learning disabilities is met.

All residents have a person-centred care plan, which helps to ensure that their physical, psychological and social needs are catered for and they receive the correct support and skills required to move into supported living accommodation. For example, our staff provide patients with general support, meaning activities, arrange community outings, teach life skills e.g. cooking, games, socialisation, promote ground leave, and where appropriate residents have the opportunity to obtain qualifications.



Collaborative working is central to the running of this service. The student nurse will have the opportunity to witness health and care systems working together, and with other systems such as funding, education, housing, employment and the wider community networks.

The development of positive, trusting relationships with residents as a means of supporting people to feel good about themselves and achieve a sense of purpose is central to the delivery of personal care (including around sexual health) and the promotion of independence within this setting.

The student nurse will learn how to navigate the complexities of achieving this within the remit of relational security and professional boundaries.

Staff develop working relationships with families and other professionals within the multi-disciplinary team. This enables joint decision making and shared care planning.

People likely to be working during a normal shift

The service is staffed 24/7 and other staff that a student nurse may be working alongside include:

- the registered manager
- a team of support workers
- administration staff
- housekeeping staff.

Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals

It is important for student nurses to have a basic understanding of the job roles before commencing a placement. Then once the student arrives at the relevant learning disability and autism service that they learn intricacies of each role as the boundaries of each role blur and merge into each other depending on the service.

Some of the multi-disciplinary roles that you will have the opportunity to work with include:



Positive behaviour support (PBS)

By working alongside the PBS team, you will learn why it is important to understand a person's behaviour, taking into consideration environmental triggers and reinforcing consequences. PBS is the basis for formulation and intervention. It values led and promotes resident involvement. It focuses on prevention of challenging behaviour through feedback, skills training, altering or reducing triggers or reinforcements, and improving service user quality of life. It eliminates the use of punitive approaches. It has a long-term focus, is developmental and can be resident directed. The PBS team's analysis and treatment plan provide a strong basis for any intervention or treatment of the resident.



Occupational therapist

By working alongside the occupational therapy team, you will learn about the role of the occupational therapist and how occupational therapy assessments uniquely ascertain the impact of someone's learning disability on their occupational performance, highlighting how the learning disability affects their life and engagement in occupations that are important to them. Information from these assessments is used to evidence the need for and design of support packages e.g. participating in recreational activities and learning life skills. Occupational therapists also able to provide our staff with a real understanding of the strengths and needs of the patient. They provide an independent assessment of an individual's needs, allowing them to be very specific about what the resident can and cannot do as well as the amount and type of support they need.



Medical practitioner

By working along our doctors/medical practitioners, you will gain a better understanding of how a resident's treatment is decided, reviewed and implemented. You will gain an insight into the decision-making procedures surrounding the Mental Capacity Act, authorising a resident's leave, Revoking Section 17, authorising room and individual searches for harmful substances or materials.



Speech and language therapist

By working with the speech and language therapists you will gain a greater understanding of how important it is for them to work in our learning disabilities and autism service. It is crucial for the residents to receive an assessment, diagnosis and a person-centred care plan focusing on their communication impairment.

Our speech and language therapists work with a variety of different communication issues, for example:

- awareness of and response to people
- how the person communicates
- their expressive skills
- understanding of concepts and complex ideas/language
- understanding and use of signing
- use of high tech communication aids
- the use of symbols/photos and objects of reference.

Speech and language therapists also provide training for staff on all aspects of communication related to the person with learning disabilities communication needs. In addition to communication work the speech and language therapists are also part of the dysphagia multi-disciplinary team which provides a specialised service for people with learning disabilities who have eating, drinking and swallowing difficulties.



Support workers

By working alongside our support workers, you will be able to understand the importance of being part of a team, that strive to deliver exceptional care and support to the residents living within the service. A large part of the role is to help individuals gain new life skills, connect with their communities, and provide outcomes to help them to live an ordinary life. Although, you will see that support workers are also involved in reviewing a resident's care plan, as they are working with the residents 24/7. Support workers may also have additional responsibilities such as monitoring a resident's physical health and supporting patients in the administration of medication.



Administration staff

By working along our administration staff, you will gain an insight into how the service is run. For example, the importance of record keeping, receiving and processing referral, discharges, booking transportation, monitoring visitors to the service, booking staff training.



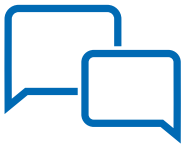
Housekeeping

By working alongside our housekeeping team, you will learn that being a housekeeper is so much more than cleaning, it's an opportunity to create a safe environment for the team as they deliver great healthcare to people in our care.



Clinical psychiatrists and assistant psychologist

By working alongside our clinical psychologists and assistant psychologists, you will gain a greater understanding of their role and how they are essential members of the team. Psychologists are trained to understand human behaviour within the context of the person and their environment. Their role is to help staff be more responsive and person-centred. During your placement you will be able to observe the impact the clinical psychiatrists assessment, and treatment plans have on resident's behaviour through the development of effective care plans/pathways within the service and in partnership with a range of other care providers and mainstream services.



Advocacy team

During your placement, you will be able to observe the importance of working with the advocacy team. Independent advocacy services visit the service on a regular basis or on request. An advocate is independent, they are not a member of the in-house team and they play no part in treatment and care. This means that an advocate can help residents to have their voice heard and support them whenever they need it, and they can also help to explain and the rights of your family member, in relation to the Mental Health Act 1983 (amended 2007) and the Mental Capacity Act.



Social workers

By working alongside our social workers, you will gain an insight into what is involved when conducting a social care assessment, what reports are required from the pre-admission to discharge stage. You will also learn about how social workers liaise with the local authorities at the point of admission and maintaining this liaison function through to discharge stage. How they also collaborate with the local authorities and patients to support families in decision making/care planning process, what contributions are needed when preparing reports for mental health review tribunals and appeals.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, click on the proficiency to be taken to the full criteria:

Promoting health and preventing ill health

2.1	2.3	2.4	2.6	2.7	2.8	2.9	2.10	2.12
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Assessing needs and planning care

3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.13	3.15	3.16
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Providing and evaluating care

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.10	4.11	4.12	4.14	4.15	4.16	4.18
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Leading and managing nursing care and working in teams

5.1	5.2	5.3	5.4	5.6	5.7	5.8	5.9	5.10	5.11
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Improving safety and quality of care

6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.10	6.11
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Coordinating care

7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.2.1
4.2.2	4.2.3	4.2.4	4.2.5	4.2.6													

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.2	1.2.3	2.1	2.6	2.11	2.13	2.14	2.15	2.16	2.17	3.1
3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	4.8	5.1	5.2	5.3	5.4	5.5	6.1	6.3
6.4	7.1	7.2	7.3	7.4	8.1	9.1	9.2	9.4	9.5	9.6	9.7	9.8	10.1	10.2	11.1	11.2	11.3
11.4	11.5	11.6	11.7	11.8	11.10	11.11											

Social care setting

Registered care home with nursing, neurological disabilities and rehabilitation

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

Chaseley is a charity owned nursing home providing complex care and rehabilitation support to 55 adult residents who have a wide range of ages, needs and physical abilities. Chaseley support residents who have a neurological related disability, including multiple sclerosis (MS), stroke, acquired brain injuries, cerebral palsy, locked-in syndrome and motor neurone disease (MND) disease.

We have a large compliment of 150 staff who work over a 24 hour period, 7 days a week.

This environment will give you the opportunity to experience a complex level of **nursing led** care delivery.

You will also see extensive moving and handling deployed to assist residents who have a complex mobility needs and specialist equipment including standing frames to transfer, specialist slings and overhead hoists.

Clinically you will see first-hand the complex care being delivered to support low care and high care needs including those who require 24 hour, 1-1 care support to remain safe and well. This care setting is in between a care home and a hospital. Care planning is always individualised and care plans will include advanced care wishes and plans.

Chaseley has a rehabilitation focus, so you will also see a variety of different programmes from physiotherapy, occupational therapy, speech and language therapist (SALT), dietician inputs and the use of the disabled adapted gym working together as part of a multi-disciplinary team. As well as sexual health, an area of need that can be overlooked, enabling relationships to continue.

Residents are supported to regain their lost skills for daily living, or mobility on their journey towards greater independence; this is crucial particularly as some people may have had a life changing injury. Psychological wellbeing and supporting the family who may be grieving the loss of the person they knew is an important part of the work that we do.





Hello my name is... Mark

I am a resident here at Chaseley. It would be lovely to have you work here, this is my home and I love living at Chaseley. You will be able to see the brilliant care team, supporting the different range of complex care residents and how care is delivered to meet our needs. Most importantly you will see how I am supported to enjoy an active and independent life, participating in a range of stimulating activities and enjoying exercise classes, relaxation and physiotherapy to help support my continued rehabilitation following my brain injury.

Clinical skills employed in this social care environment

- complex clinical care
- rehabilitation
- application of infection prevention and control, practices and environment
- risk assessments (environmental, moving and handling, medication)
- multi-disciplinary team sharing information
- venepuncture
- catheterisation
- vaccination and immunisation
- tracheostomy care
- percutaneous gastrostomy tube care
- undertaking and recording of clinical observations
- use of SBAR or News2 to monitor and relay clinical information
- continuous clinical and risk assessments for each clinical domain
- managing deterioration
- knock on effects of poor discharge
- understanding frailty
- understanding falls risk intensive support interaction
- effective discharge planning from hospital/sharing information – MDT include home care agencies to reduce re admissions
- Introduction to concept of telecare
- Ongoing monitoring – e.g. must/waterlow/weight loss
- GP oversight.

People likely to be working during a normal shift

Clinical team

- clinical and quality nurse manager
- nurse unit manager
- registered nurse
- retained GP (Monday to Friday)

Care team 1:3 resident to staff ratio day shift

- senior support worker
- team of support worker colleagues

Therapy team

- physiotherapists
- occupational therapists
- therapy assistants
- management team
- administrative teams
- housekeeping teams
- maintenance
- activities team
- catering team



Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals



Positive behaviour support (PBS)

Staff are continuously monitoring and identifying potential behaviour triggers, reducing triggers if observed through re-direction and calming strategies that defuse the situation and avoid escalation or injury to themselves or others.



Occupational therapist

To help residents overcome the effects of disability caused by illness, ageing or accident so that they can carry out everyday tasks or occupations. The occupational therapist considers all of the resident's needs - physical, psychological, social and environmental.



Medical practitioner

Proactively reviewing resident changing care needs or responding and directing to signs of deterioration. Offering residents, a wide range of diagnostic and therapeutic services in primary care and access via referrals to acute and specialist hospital-based physical and mental health services.



Speech and language therapist

Speech and language therapists provide life-changing treatment for adults who have difficulties with communication, eating, drinking and swallowing or ability to speak has been impaired by illness or injury. The support may include treatment for those who have difficulty with eating or swallowing and refer to dieticians for specialist diets.



Physiotherapy

Assessment and treatment of residents with a condition impacting on the central nervous system that affect the brain, spinal cord and nerves. Residents often have complex mobility issues.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, click on the proficiency to be taken to the full criteria:

Promoting health and preventing ill health

2.1	2.3	2.4	2.7	2.8	2.9	2.10	2.11	2.12
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Assessing needs and planning care

3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.12	3.13	3.14	3.15	3.16
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Providing and evaluating care

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9	4.10	4.12	4.13	4.14	4.15	4.16	4.17	4.18
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Leading and managing nursing care and working in teams

5.1	5.2	5.4	5.5	5.6	5.7	5.8	5.9	5.10	5.11
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Improving safety and quality of care

6.1	6.2	6.3	6.4	6.5	6.6	6.8	6.9	6.10	6.11	6.12
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Coordinating care

7.1	7.3	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.2.1
4.2.2	4.2.3	4.2.4	4.2.5	4.2.6													

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.2	1.2.3	2.1	2.2	2.5	2.6	2.7	2.8	2.9	2.10	2.11
2.12	2.13	2.14	2.15	2.16	2.17	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	4.6
4.7	4.8	5.1	5.2	5.3	5.4	5.5	5.7	5.9	6.1	6.2	6.3	6.4	6.5	6.6	7.1	7.2	7.3
7.4	8.1	8.2	8.3	8.4	8.5	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	10.1	10.2	10.3
10.4	10.5	10.6	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.9	11.10	11.11				

Social care setting

Residential care home without nursing for elderly people including dementia and end of life care

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

Residential care homes provide a home environment for elderly vulnerable people who are unable to live independently in their own homes. People may live in the care home on a long-term basis or visit for short-term, respite care. The principles that underpin the care provided are based on choice, independence, dignity and respect. Support is person-centered and relationship-based, with care plans built around an individual's needs and abilities.

Residential care homes are embedded within the local community, and they place a lot of importance on building and maintaining links with various community groups and resources e.g., places of worship, local friendship groups etc. This is vitally important to enable residents to maintain their connections and a presence within their local area.

Residential care homes operate at the intersection between health and care systems. The difference with residential care homes without nursing is that they have not been registered by the Care Quality Commission to provide nursing care. This means that the complex health care needs of the individuals who live within this type of service are provided for by a multi-disciplinary team of community health professionals who work alongside the support team to meet their needs.

A student nurse will gain knowledge of the regulatory framework in which residential care homes operate and what they offer. You will find out about the differences between health and social care and see how they connect with each other. You will find out about the benefits of person-centred care in terms of enabling people to live their lives as fully as possible.



You will gain experience of building relationships with residents and with other professionals that work alongside the care team. Understanding what is needed to enable a resident to feel that their life is worth living and helping them to achieve this. Working with the resident and their family to make joint decisions and to share care planning.

Finding out about how the services take part in broader initiatives and research studies that drive up standards of care e.g. Transforming care for the future, working in community based practice hubs and local excellence partnerships, and observing how they put the learning into practice.

Intergenerational working - we do various intergenerational events throughout the year, we partner up with the National Citizen Scheme for a week in the summer, we have a good relationship with a local primary school who come to visit the home and have kept in touch via Zoom throughout the pandemic. Before the pandemic we also used to host the monthly Brownie meet at the home where the children would take part in activities with the residents. We also host various events throughout the year for a local nursery. For example, we invited the nursery round to the home to take part in a 'Zoo Lab' activity.

- Insight into the ways that health and social care systems connect together.
- The regulatory and quality assurance frameworks including the differences between residential and nursing care.
- Funding arrangements in social care – self funding, benefits, social services funding, CHC funding.
- Developing confidence in working within a multi-disciplinary team and the importance of good standards of communication.
- Working with families.
- Admission from home to hospital/discharge hospital to home – implications of poor discharge and the negative impact on a resident's health and wellbeing.
- Improved communication/health passport - manager was the lead social care representative who activity encouraged the hospitals to join the initiative.

Hello my name is... Ahmina



It is not home, but it's the next best thing.

Homely, safe, home from home, we get choice, staff have time for us.

Typical staff:

Other staff that the student is likely to work alongside include:

- registered manager
- care staff
- housekeepers/kitchen staff and administration staff
- volunteers.



Clinical skills employed in this social care environment

- risk assessments (environmental – falls risks, moving and handling, medication)
- use of digital technology such as eMARS, Painchek, electronic care planning, biometric sensors
- undertaking and recording of clinical observations - this started during COVID-19
- monitoring long term conditions and managing deterioration – under the supervision of the district nursing teams
- ongoing monitoring – MUST/Waterlow
- understanding frailty
- application of infection - prevention and control
- catheterisation - able to observe and take care of catheterised residents
- rehabilitation support.

Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals



Medical practitioner

Medical practitioners who meet the health needs of the residents.



District nurses

District nurses who take responsibility for overseeing the health and treatment needs of residents. They are not employed by the care home but work closely with members of the care team in this task.



Occupational therapists

Occupational therapists are not employed by the care home, however they can provide an essential service to staff and residents. They provide an independent assessment of an individual's needs, allowing them to be very specific about what the resident can and cannot do as well as the amount and type of support they need.



Social workers

The majority of our residents will have undergone a social care assessment. By working alongside social workers, you will gain an insight into what is involved when conducting a social care assessment, what reports are required for pre-admission and aspects of the admission process. You will also learn about how social workers liaise with the local authorities at the point of admission, how they also collaborate with the local authorities and residents to support families in decision making/ care planning.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, **click on the proficiency to be taken to the full criteria:**

Promoting health and preventing ill health

2.1	2.2	2.3	2.4	2.5	2.7	2.8	2.9	2.10	2.12
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Assessing needs and planning care

3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.12	3.13	3.14	3.15	3.16
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Providing and evaluating care

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9	4.10	4.11	4.12	4.13	4.14	4.15	4.16	4.17	4.18
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Leading and managing nursing care and working in teams

5.1	5.2	5.6	5.7	5.9	5.10	5.11
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Improving safety and quality of care

6.1	6.2	6.3	6.4	6.5	6.6	6.8	6.10	6.11
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Coordinating care

7.1	7.2	7.3	7.4	7.5	7.6	7.8	7.9	7.10	7.11	7.12
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.8	3.9							

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	2.11	2.13	2.14	2.15	2.16	2.17	3.1	3.2	3.3	3.4	3.5
3.6	4.1	4.2	4.3	4.4	4.5	4.8	5.1	5.2	5.3	5.4	5.5	6.1	6.3	6.4	6.5	6.6	7.1
7.2	7.3	7.4	8.1	9.1	9.2	9.4	9.5	9.6	9.7	9.8	10.1	10.2	10.3	10.5	10.6	11.1	11.2
11.4	11.5	11.6	11.8	11.10	11.11												

Social care setting

Specialist residential college for the training and development of young people with learning difficulties and disabilities

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

Specialist residential colleges offer students the opportunity to learn new skills in real work environments. Staff are highly trained and committed to ensure students achieve their full potential educationally, vocationally and socially.

Examples of curriculum pathway opportunities for students include:

- hospitality and housekeeping
- retail
- performing arts
- horticulture
- work skills.

Most campus' offer students residential accommodation, sporting facilities, a wellbeing centre, student union and excellent IT facilities.

Development of independence skills takes place for all students during timetabled sessions each week and are a combined approach of planned and experiential learning. The aim of independence is to enable students to grow in confidence in living as independently as possible.

Work with students may include the active support and active participation models. Care staff will actively support and guide students to undertake a range of daily living activities such as shopping, travelling, choosing suitable clothing, preparing a snack or meal and community safety. Programmes are personalised for each individual student, enabling them to gain the skills they need to live their lives as they see fit. It is vital that students continue to practise these skills when they go home during holidays, to keep them learning as much as possible.



This setting offers the opportunity for student nurses to learn about the development of independence and work skills of a young person with special educational needs and disabilities (SEND). Enabling the young person to be the best they can be and to live as independently as is possible.

- Supporting young people to develop independence regarding personal care of helping those that require assistance to bath, shower, care of teeth, hair, nails.
- Promoting independence with cooking, shopping, budgeting, housekeeping.
- Supporting students to develop positive relationships with others. Supporting with understanding of sex and relationships and communicating this information in the most appropriate format to enable understanding.
- Supporting with student autonomy around decision making. Often this is the first time our students have lived away from home, they have been used to mum and dad making decisions for them.
- Students will be able to attend and contribute to our student union board
- As part of a college student's curriculum, they will study a Personal, Social, Health and Economic education (PHSE) module, student nurses will be able to attend some curriculum sessions with students
- Trans awareness – we currently have two students who are in the process of transitioning from male to female. Student nurses will have the opportunity to support these students with some of their appointments with other professionals and to support with their day to day health and wellbeing.
- Positive risk taking to enable development of student independence and enables the students in college to grow. Student nurses will have the opportunity to be involved in decisions regarding positive risk taking with college students.
- Apps for the workplace e.g. some of our students are learning to work in Premier Inn. We have an app, which supports our students to service rooms to industry standard. We also have a small Premier Inn on site.
- Working with local businesses to support with providing work experience for students. Student nurses will be able to attend work placements and support our students with the placement.

Hello my name is... Tom

I'm in my final year at college. I like to be called Tom or Thomas. I don't mind whatever here at college. I was dating another student and now we have broken up unfortunately. I do not like fire alarms because, I hate the noise and the sound. I don't like mushrooms as well, I tried them once and I didn't like them.

How would I be supported here at college?

I like the nurses to remind the care staff to tell me to take my inhaler in the morning and evening. But I do self-medicate on my own anyway. I like the nurses to watch me with my medicine from time to time to make sure I don't make any mistakes, I do sometimes. Extra things for the new nurse. To help me to check my inhalers are up to date and in date. Need help cutting my toe nails, and a shave with an electric razor. And finally, to check my ears if there's wax. Sometimes I like a chat too.



Clinical skills employed in this social care environment

- application of infection, prevention and control
- risk assessments (environmental, moving and handling, medication)
- multi-disciplinary team sharing information
- venepuncture - college students regularly have bloods taken for monitoring medication levels
- vaccination and immunisation – college students each year will be offered the flu vaccination
- percutaneous gastrostomy tube care – we have a small provision of periodic limb movement disorder (PLMD) students. Some require daily feeds and PEG management
- undertaking and recording of clinical observations – student nurses will be involved with regular temperature taking, oxygen saturation levels, BP, blood glucose monitoring. Testing urine for suspected urinary tract infections (UTI).

People likely to be working during a normal shift

Clinical team consisting of:

- registered learning disability nurses x 2 working full time
Monday to Friday 9:00-17:00 across all residences
- five residences each with a lead practitioner (manager) working
Monday to Sunday 7:30-16:30
- in each residence - support practitioners who support the care needs of students,
number depends on the need, but general ratio is 1:5
- housekeeping
- head of care.



Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals



Learning disability nurses

Supporting both students and staff to manage both minor and complex health conditions. They provide training for staff on epilepsy and administration of buccal midazolam, mental health, diabetes, and learning disability and autism. They promote the health needs of individuals and provide health facilitation support to them. This will also include supporting students in the development of their health action plan.

Our nurses provide health promotion sessions for students - healthy eating, diabetes, health needs (e.g. smear testing, quitting smoking, anxiety management, first aid). Nurses liaise with members of the multi-agency team, attending and contributing at student reviews or meetings and communicating appropriate information to students, parents and carers and internal and external members of the multidisciplinary team. Our nurses advocate on behalf of people with learning disabilities to ensure they access mainstream services. Depending on the student need there may be occasions when nurses have an identified student with more intense requirements for periods of time. Sometimes this work is undertaken with the support of community learning disability team. Our nurses will regularly provide support and mentorship to student nurses and allied health professionals.



Occupational therapist

Undertaking specialist assessments with many of our students. Occupational therapists (OTs) use an embedded approach which enables all staff in college to support students in their learning and independence and to achieve successful outcomes. An example of some OT assessments student nurses will experience are:

- personal care
- domestic skills and meal preparation
- workplace assessments
- environmental and ergonomics
- sensory
- assessment for aids and equipment to promote independence.

Ways in which OTs can help college students include:

- enabling them to do things that are interesting and valuable to them
- working to build new skills and confidence in their own abilities
- increasing opportunities for them to take part more fully in new experiences and look towards a future beyond college
- encouraging them to build relationships with the people around them
- helping them to develop routines and organise their time so that they have a balance between self-care, work and leisure.



Positive behaviour support coaches

Developing behaviour support plans, observe students with behaviours of concern and give support by advising care staff how to support the student. Coaches regularly support with undertaking quality of life tools with students and undertaking functional assessments. Student nurses will have the opportunity to observe and potentially get involved with this activity.



Medical practitioners

Managing the general health needs of the students while they are at college. Student nurses on placement will have the opportunity to help students to make appointments to see GPs and hospital consultants and support with attending the appointment. They can support college students to attend annual health checks. Student nurses will learn about a range of medications and medication processes and procedures across college.



Speech and language therapist

Derwen College is 'Makaton Friendly'. We work collaboratively to promote a total communication environment across the whole college. A variety of communication strategies are used in a personalised way to meet the needs of the students, e.g. communication passports, Makaton signs and symbols, pictures and augmentative and alternative communication devices. Other forms of communication and information gathering to enable us to support students are the use of social stories, zones of regulation, talking mats and the listening programme. Student nurses will be able to observe these but also be involved in the delivery. Our speech and language therapists also undertake regular assessments for students with dysphagia and develop plans of care and risk assessments for those students.



Physiotherapy

Some students at college may need a specialist physiotherapy assessment. Recommendations and advice is given by our physiotherapists to promote functional independence and access to the curriculum. Physios support staff to embed strategies into work and living areas of our students to ensure needs are met throughout the day in all environments. We encourage learners to take as much responsibility as possible for looking after their own bodies through exercise and accessing physiotherapy in the community if required.

Student nurses will be able to observe and be involved with:

1. Support for client handling
 2. Managing posture and movement
 3. Optimising independence and functional movement – working with students in the hydrotherapy pool and in the multi-equipped gym.
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Counsellors/psychology

Many of our students required support from a psychologist or counsellor for a variety of reasons. It is important that students know they can talk to anyone in college, but at times the support required needs to be more specialist. Students can refer themselves to this service or can be referred by staff. Our counsellors undertake 1:1 counselling support or group sessions.

Counsellors take a person-centred approach to let students decide what they would like to focus on during their session whether its support with anxiety, anger management, relationship management or support with loss and bereavement. This service will support the student with strategies to make positive choices and processing their thoughts and feelings in a way which helps them. With student consent our counsellors and psychologists are happy for student nurses to experience the work they are undertaking with students. The counselling service offers the opportunity for the students to be listened to, accepted and be heard, in a safe, person-centred and non-judgemental environment.



The college safeguarding team

Safeguarding students is of paramount importance. All staff have a role to play in working to create a safe environment for students to be able to progress with building life skills and increased independency whilst taking measured risks, which enables them to learn and develop.

Policies and procedures are in place for staff guidance around their role in safeguarding students and themselves. These are led by the safeguarding team which includes the head of safeguarding and student service, director of clinical care health and wellbeing, safeguarding manager, online safety officer and student services team who all work closely together to support students if there are concerns around safeguarding issues. The safeguarding manager works closely with external professionals and safeguarding teams if there are concerns that need further referral. This may include the Care Quality Commission, the local adult safeguarding board and safeguarding boards in the student's home areas across the country.

If students have worries or concerns they are encouraged to speak with the student services team or the safeguarding team about them and discuss actions that can be taken to help students feel safe and ensure safeguarding policies are followed. Students are involved in the safeguarding process throughout, in line with government advice of making safeguarding personal. There are "Be Safe in College" posters around college with photos of the safeguarding team and contact details for students and staff to use.

Student nurses will have the opportunity to find out and possibly become involved with safeguarding work during their placement. This will provide a very clear insight into how safeguarding processes and procedures are applied, not just within the organisation but also the wider community.



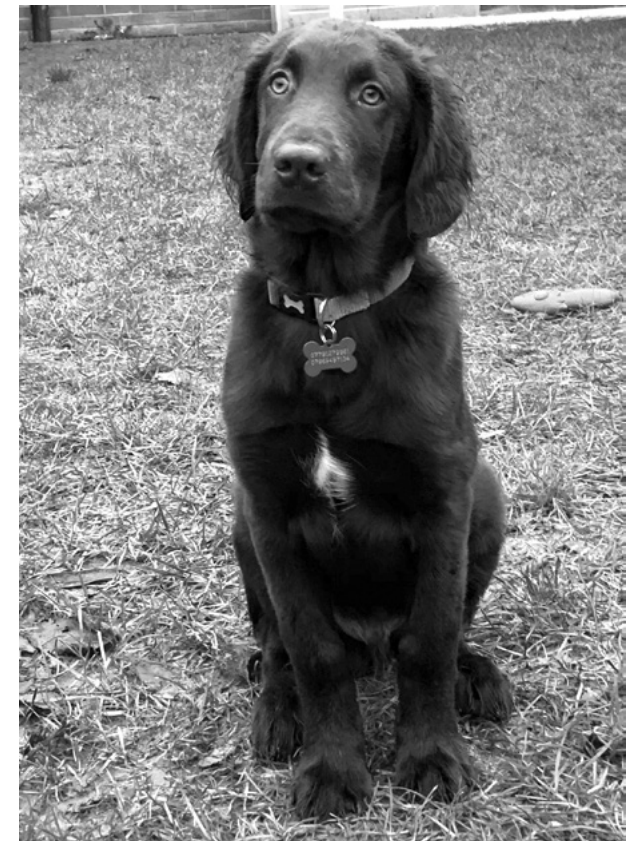
College pets

Animals can have a therapeutic impact on the wellbeing of college students, and many colleges have a therapy animal that is integrated within college life. Student nurses will be able to observe the benefits of this to the student's mental health.



Social workers

Social workers from the individual's local authority are involved in arranging and supporting the student to settle into the placement. They participate in regular MDT team meetings and undertake regular reviews to monitor a student's progress and the impact of any issues that may arise with the placement.



What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, click on the proficiency to be taken to the full criteria:

Promoting health and preventing ill health

2.1	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12
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Assessing needs and planning care

3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.13	3.15	3.16
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Providing and evaluating care

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.10	4.11	4.13	4.14	4.15	4.16	4.17	4.18
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Leading and managing nursing care and working in teams

5.1	5.2	5.4	5.6	5.7	5.8	5.9	5.10	5.11
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Improving safety and quality of care

6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	6.10	6.11	6.12
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Coordinating care

7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12
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Communication and relationship management skills

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.2	2.3	2.4	2.5	2.6
2.7	2.8	2.9	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.2.1
4.2.2	4.2.3	4.2.4	4.2.5	4.2.6													

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.2	1.2.3	2.1	2.2	2.6	2.9	2.10	2.11	2.13	2.14	2.15
2.16	2.17	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	4.8	5.1	5.2	5.3	5.4
5.5	5.6	5.7	5.9	6.1	6.2	6.4	6.5	7.1	7.2	7.3	7.4	8.1	8.4	8.5	9.1	9.2	9.4
9.5	9.6	9.7	9.8	9.9	10.1	10.2	10.3	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.10	11.11

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The Nursing and Midwifery Council launched 'Standards of proficiency for registered nurses' following extensive consultation in 2018. The new standards of proficiency represent the skills, knowledge and attributes all nurses must demonstrate – in a sense 'future proofing' the profession to meet the challenges and changes anticipated in the coming years.

The new standards broaden the experience that student nurses should have as well as increasing the skill level expected at point of registration.

Our aim here is to encourage the development of placements in social care settings, widen the knowledge of nurses regarding social care provision and share the social model of how care can be delivered.

This, together with the growing part that social care continues to play in delivering both health and social care has led to this document being created.

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