

Level 2 End-point Assessment for ST0216/AP01 Healthcare Support Worker (9041-12)

You must use this section to record your reflective statement.

Level 2 Healthcare Support Worker Reflective Statement

Recently we had a patient with autism on the ward. I spoke with the carer who was supporting this individual and established that he used a picture and symbol book to communicate. I used this book to establish the individual's preferred choice of drink. I used the book to support the individual to communicate to me why he was distressed. He pointed to the home symbol and so I established he wanted to go home and was able to reassure him.

Currently we have a patient who has dementia. I introduce myself to the patient each time I approach him reminding him of my name. I clearly explain everything and give the patient time to respond. I use visual prompts to support this patient, like showing them their wash bag when asking the patient if they would like to wash.

I ensure I am approachable and always try to make families feel welcome to the ward. I recently supported a family who were anxious and upset regarding the rapid deterioration of their family member. I was compassionate and empathic towards them.

I frequently support other professionals on the ward. I update the professional with any changes with the relevant patient and refer them to the RN, where the information required is outside of my role. I ensure I move away from the patients whilst sharing information so I cannot be overheard by others. Recently a doctor had left a patient's medical notes open on the patient's bed table. I politely reminded him that he should return the notes to the trolley once he had finished with them. I have a personal log in and password to access the electronic records. I always complete my records of activities undertaken directly after completing them. Recently we had a new skin assessment form that I was unsure about completing accurately and approached my RN for support. She demonstrated how the form should be completed, and I have now supported other colleagues with this.

In my daily work I am required to complete several different records including the daily activity section of each care plan for the patients I am supporting that day. I clearly record food and fluid intakes, skin and wound assessments and other charts. I use a black pen, clearly and accurately write date, times and sign the record as required by the Trust policy for record keeping.

Recently I made an error whilst recording in the daily activity and following trust procedure I put a line through the incorrect information and initialled the error.

I complete NEWS2 forms and inform the RN if the patient is scoring on the NEWS2 scale. I recently took a lady's blood glucose levels and found they were high. I established with the lady what she had recently consumed, and then immediately reported the result to the RN and that the patient had recently had two glasses of orange juice. I followed the RN's instruction to retake the level and reported back to them that the levels were now within an acceptable range. I then clearly and accurately recorded this in the daily activity notes.

I refer to the patients care plans before supporting them and check for any specific needs and preferences such as communication. Where patients are self-caring, I will check with the patient what support they need and then gather anything the patient might have requested. I recently supported an older gentleman who was reluctant to complete his own personal care. I was aware that this patient required minimal support. I collected the gentleman's toiletries encouraging him to choose which he wanted to use. I suggested he went to the bathroom to complete his wash and offered to carry his toiletries and walked with him. I offered him a seat to sit on whilst he completed

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his wash and showed him the call bell, suggesting he call for me once he was ready. I said I would come back at an agreed time and would support him with anything he had been unable to do. On return I supported the patient to wash and dry his back and put his socks on as he was unable to easily do this for himself.

I asked another gentleman if he would like support with personal care. The gentleman declined personal care saying he felt too tired. I suggested he had a rest and I would support him later if he would like a wash then. I recorded in the daily activities that the patient had declined personal care.

One patient needed adapted cutlery to eat. I went to the kitchen to collect the required cutlery as these had been left off his tray. I then encouraged this patient to eat his meal. I followed his care plan where it detailed, he often needed encouragement to start eating by loading his spoon and placing it in his hand. I did this and then encouraged the patient to start to load his own spoon. As he had spilt some food on his top, I supported him after he had finished his meal to change into a clean top.

A patient with dementia was becoming agitated and trying to leave the ward. I checked with the RN if the patient had had a DOLS assessment as I thought it would be unsafe for him to leave the ward. I was told by the gentleman's wife that he liked to listen to the radio, and she used this at home to reduce his agitation. I located a patient loan radio and sat with the gentleman establishing which channel he wanted to listen to by going through each of the channels. The gentleman indicated to me that he wanted a 70's music programme on. I sat with the gentleman as he became less agitated. At times I sang some of the tunes with him which he appeared to find amusing. When this gentleman's wife arrived, she was extremely grateful when she found out how I had followed her advice in calmly settling her husband.

Recently we admitted an older gentleman with dementia, who has English as his second language and was struggling to use English. He was communicating automatically in his first language. This gentleman had a large extended family who I spoke to regarding some of this gentleman's preferences, and between myself and his family supporting the gentleman I completed the Trust's "All about Me" booklet where I could record specific needs and preferences for this gentleman. I identified that this gentleman follows a halal diet and notified the housekeeping staff of this. One of the gentleman's sons also informed me that the gentleman liked to pray, and I checked how the ward could support him with this and agreed that closing the bed screens would provide privacy. I recorded the times the gentleman liked to pray and recorded these both in the All about Me and on his care plan so others would be aware and could plan interactions around these times.

Earlier this year we had a young female patient on the ward who was admitted following an episode of self-harm. I was a similar age to the patient who appeared to trust me. I developed a positive, professional relationship with this patient. Due to a history of previous abuse this patient became anxious with male professionals. I recorded this in the patient's care plan highlighting that female professionals should support her where possible, or at least, be present to support and reassure her.

Whilst supporting a patient who was approaching the end of life, the family requested that the hospital chaplain visit their mother as she had been a regular member of the local church. I asked the RN how I could contact the chaplain and then I did this explaining clearly to the chaplain the family's request. I went back to the family, informed them the chaplain would visit shortly and gave them directions to the chapel if they felt they would like to visit it.

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In my everyday work I respect privacy by ensuring I pull screens around patients before tasks are commenced. I ensure patients are suitably covered particularly those in hospital gowns. I lower my voice if discussing personal issues, such as bowel movements, with a patient.

I recently supported a colleague to become familiar with the electronic observations machine. I gave a demonstration and clearly explained the process and recording. Having demonstrated on a couple of patients I then encouraged my colleague to try. During this I gave quiet reassurance to my colleague and discreetly supported her in correctly taking the respiratory rate.

I recently challenged a colleague who had been supporting a patient who was in isolation and was leaving the side room with her PPE still on. I politely reminded her of the need to remove her PPE before leaving the side room and to complete hand washing.

Recently a patient's wife was concerned that her husband did not have a jug of water. I apologised to the patient and his wife and immediately collected a fresh jug of water from the pantry. The gentleman's wife remained unhappy as this wasn't the first time this had happened. I asked her if she would like to speak to the RN on duty and made the RN aware of the issue. Fortunately, we were able to resolve the complaint before it escalated further.

Once I complete personal care for the patients, I am supporting I ensure the bay I am working in is tidy. This includes ensuring there are enough gloves in all sizes, hard surface wipes, hand gel and paper towels in each area. I also remove any full waste bags and place these in the correct bin. I take linen bags to the designated store ready for collection.

A gentleman arrived on the ward who I didn't recognise. I politely stopped him from going into a bay and asked why he was on the ward. The gentleman was from the company the Trust uses for air flow mattresses and was responding to a maintenance request. I checked his ID and then checked that the bed was free before taking him to the bed. I informed the RN in charge of the bay aware that he was on the ward.

We frequently have patients who are in isolation I follow the isolation protocols to prevent the spread of infection. I use the correct PPE, changing this at appropriate intervals, disposing of it in the correct waste bag. I follow handwashing guidance after every task. I also ensure I follow the Trust's procedures for using blue aprons and gloves when preparing or supporting with food and drinks. I follow procedures in ensuring I take a sharps bin to the bedside when taking blood glucose samples.

Some patients require equipment to support moving and handling. I have supported in moving a patient up the bed using a slide sheet. The patient had slid down the bed and was struggling to move themselves into a more comfortable position. I asked the patient if she would like some support and gained her consent. I asked my colleague to support me. I explained to the patient what I was going to do and raised the bed to an appropriate height for myself and my colleague. I asked the patient to roll herself onto her side so I could position the slide sheet. I gave the lady a lot of verbal encouragement, encouraging her to move as far over as she could. The bed rail was then lowered as we repeated the roll to the other side. Once the slide sheet was position correctly and both bed rails lowered I co-ordinated with my colleague, informed the patient what we were going to do and encouraged her to keep her arms across her body. I used "ready, steady, slide" and with my colleague moved the patient up the bed, I removed the slide sheet and checked the patient was more comfortable before lowering the bed.

Word count:

1999