9043-12 Level 3 End-point Assessment for ST0217/AP01 Senior Healthcare Support Worker

You must use this section to record you reflective statement.

Level 3 Senior Healthcare Support Worker Reflective Statement
When providing personal care I ensure I pull the screens around the bed before proceeding in supporting patients with these tasks. Whilst completing personal care for patients I ensure that I expose only the appropriate parts of the body as required. Recently a younger male patient had been incontinent in the bed and was extremely embarrassed by this. I quietly reassured him, and discreetly puled the screens around his bed. I spoke quietly to him and tried to distract him by talking about his family. Recently a patient was admitted who was a vegan. At lunch time the housekeeping staff offered the patient a meat meal, as this had been the choice of the patient who had previously been in the bed. I checked the days menu so the patient could select a suitable option. I then contacted the main kitchens and requested that a suitable meal be provided. I support any new colleagues to meet the different members of the team follow the ward induction pack in supporting the colleague to meet the different induction areas. We also have student nurses on the ward and again I always make them feel welcome and offer support to them if required such as correctly making a bed and taking physiological measurements. I complete these with the student nurses discreetly offering support when required. Recently I observed a more experienced HCA attempt to support a patient who had slipped down in their chair. The HCA was about to reposition the patient by using a drag lift. I immediately intervened suggesting to her that we used a slide sheet to re-position the patient. I supported the HCA with this. I explained the risks of injury both to the patient and herself from using the drag lift. I suggested that we both spoke to the RN on Duty. Following this the RN was able to request re-fresher moving and handling training for the HCA. During the recent pandemic I am aware that patients struggle with not being visited by their family and friends. I observed an older lady crying and immediately went over to her and positioned myself so I could quietly speak with the patient. The patient expressed she was missing seeing her family. I saw the lady had an I-Pad and suggested that I supported her to set up facetime on it so she could see and speak to her family when she wanted to. Both the patient and her family were extremely grateful for this. Earlier this year a patient was unhappy when his procedure was cancelled for the second day running. I explained to him the reasons why procedures are cancelled at short notice. As the patient's consultant was still on the ward, I asked the patient if he would like to discuss this with him. I discreetly spoke to the consultant and explained the patient's concern. The consultant asked me to let the patient know he would return in a little while to discuss the issue. I did this and informed the RN on duty of the issue. I regularly assist registered practitioners in monitoring more complex wounds and completing more complex dressings. I also assist different therapists with activities. Recently there was a patient the therapists were supporting with an exercise programme. The therapist demonstrated the different exercises to me so I could support the patient in completing these regularly. I attended eating and drinking training delivered by the speech and language therapy team. I ensure patients with an eating or drinking plan receive the correct consistency of diet and the

correct thickener in fluids. I complete any monitoring that is in place and report back to the SALT if there are any changes.

Recently there was a patient on the ward who had previously had a stroke. This patient struggled with verbal communication. The patient was struggling to read the menu as the size font is rather small. I enlarged the font and printed a copy out so the patient could point to their meal choices. This has now become a normal part of completing meal choices with patients to ensure any patients who are visually impaired can clearly read the menu. I also supported this patient to use a white board and pen to write down what they were trying to communicate.

Recently a patient's hearing aid stopped working. I contacted the audiology department and requested their support in getting the aid repaired.

I complete all records as required following the trusts record keeping policies and procedures. This includes both paper and electronic records. Having completed a patient's observations, I clearly record these on the NEWS2 recording sheet and make the registered nurse I am working with aware if there are any concerns or if the patient is scoring on the NEWS scale. I follow up where an observation has fallen outside the patient's expected ranges checking with the patient how they are feeling. I then record this in the patient's daily care notes and make the nurse aware. Recently I made the RN on duty aware that a patient's blood pressure was very low. I informed the RN the patient had stated they felt dizzy and light-headed. I also informed her that the patient had had very little fluids to drink that morning and she had suggested I encouraged the patient to drink more. I followed the guidance to support the patient back to bed and to monitor and encourage fluids. I recorded all of this in the patient's notes.

I am aware of maintaining confidentiality of patient information and will ask to speak to a colleague away from patient areas. On a number of occasions I have referred patient's family and friends to the RN on duty where they have been requesting information that I am not qualified to give.

Daily I support patients with activities of daily living. I encourage individuals to be as independent as they are able. When supporting the patient with the exercise programme arranged by the physiotherapist initially the patient was reluctant to complete the programme as he found it painful. I broke the exercises down into shorter sessions and encouraged the patient to gradually increase repetitions until he was meeting the full exercise programme.

Earlier this year we had a patient admitted with unstable diabetes. The patient was reviewed by the dietician who expressed the patient was aware of their poor dietary choices that was impacting on managing their diabetes. I supported this patient make menu choices. I pointed out better choices but acknowledged the patient needed to take responsibility for their own wellbeing. Once the patient realised, I would not stop her from making poor choices she started to listen to me and agreed to swap some of her choices for more healthy options.

Recently there was a gentleman with Down syndrome on the ward who was being supported for a part of the day by his usual carers. I found out from the carers what interests this man had and found out he liked motorbikes and fast cars. When the carer left for the day, I asked a couple of other patients if they had finished with their car and bike magazines. I took these to the gentleman and started to show him the pictures. He immediately became animated and interested in the pictures. I managed to make this hospital admission a positive experience for this gentleman.

I will always ask for consent before proceeding with any activity. Where patients have reduced, or limited capacity I will clearly explain what I want to do in simple and short sentences. I will often

show the patient an object of reference. With the gentleman with Down syndrome I showed him the observation machine prior to taking his observations. With this gentleman I would also use thumbs up and thumbs down. Recently there was a patient with dementia on the ward who was reluctant to be changed. The patient would become verbally challenging if they did not want to be changed. I expressed to my RN my concerns of the patient remaining soiled and his refusal for personal care. Together we agreed to try leaving the gentleman for ten minutes and then trying again as sometimes he was more receptive if given time. Together we agreed if this wasn't successful, we would again leave him for ten minutes and another carer would attempt to gain his consent. This approach did work with limited success. I found by offering him a cup of tea and suggesting he would feel fresher if he was supported with personal care first was generally successful. This approach reduced both anxiety for the patient and for those trying to support him.

In our last supervision we discussed the new wound assessment tool the trust had introduced. My supervisor agreed I would attend the training session for this new tool and that I would then provide training to my colleagues on its completion.

I am the health and safety representative for the ward and attend bi-monthly health and safety meetings. On return from the meeting I email each member of the ward team to update them on any changes etc that are relevant to the ward.

Recently one of the wheels on the hoist had become stiff and was making it difficult to move smoothly during patient transfer. I was made aware of this so I could request maintenance support. I check stock levels of disposable bed pans, bottles and bowls and then ring supplies to order where the ward requires replenishing. I will then record on the ward checklist that I have ordered further supplies.

Recently a patient tripped on a trailing wire from the electronic observations machine. I had observed the incident and immediately went to the patient who fortunately was shaken but not injured. I followed the correct trust procedure in initially reassuring the patient, calling for help and asking the patient to remain on the floor until she was checked by a registered nurse. I completed the trusts electronic accident recording form. I suggested to the RN that a small poster be put up in the storage areas for the observation machines reminding staff to ensure the leads are correctly reeled, secure and not left trailing while on charge.

On occasions we have patients who require to be transferred by hoist. More frequently we use slide sheets to move patients up the bed or to change position. I always raise the bed to an appropriate height, explain to the patient what we are going to do and encourage them to participate as much as possible. Following the move, I ensure the slide sheet is safely stored and return the bed to an appropriate height.

I am aware when supporting new colleagues that they must have attended the trust's manual handling training before they can assist with moving and handling. I have encouraged a new colleague who had just completed the training to talk through the procedure of positioning and securing the sling whilst assisting her to hoist transfer a patient from bed to chair.

Whilst making beds I will use the bed steer function in pulling the bed out from the wall, so I have easy access to the bed. I will put the brake back on, raise the bed appropriately and re-make the bed. I will then return the bed to its correct position, taking care not to trap any lines or leads and put the brake back on. I ensure the bed is in a low position so the patient can easily return to bed if they wish.

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Prior to taking bloods I clean and prepare the tray of all the equipment I require and take a sharps bin with me. I follow the correct procedures in taking blood disposing of the sharp immediately to the sharps bin. I follow the correct procedures when the sharps bin reaches its full level. I seal the bin, sign and date it and then contact the porters to collect the bin for disposal.

Word count:	2000