



A Guide for Nurses New to Adult Social Care Nursing





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1. Introduction to Adult Social Care Nursing

- + Completing this chapter will provide you with a greater understanding of adult social care provision in the UK.
- + It will introduce you to the differing adult social care regulatory bodies.

This learning resource is designed for registered nurses, registered nurse associates and student nurses who are interested in, or new to, adult social care, or nurses transitioning from other sectors, as well as those already practising in the field who are seeking an update or refresher. Nurses may come from backgrounds such as general nursing, mental health, or learning disabilities, depending on the expertise required. Unregistered carers and other professionals new to adult social care may also find this resource helpful.

This resource is not going to provide information about specific conditions that you may come across working in the social care sector. As a professional you will be expected to refer to the appropriate links to acquire new knowledge about the medical and physical conditions that you will see whilst working in adult social care.

This resource aligns with inspection and regulatory frameworks across the UK. It supports professional development across adult social care, from residential and nursing homes to domiciliary, learning disability, mental health and reablement settings. In England nursing practice is evaluated under the Care Quality Commission (CQC) Single Assessment Framework (SAF). In Wales, services must comply with the Regulation and Inspection of Social Care (Wales) Act 2016, reviewed through Care Inspectorate Wales (CIW) Lines of Enquiry. In Northern Ireland, the Regulation and Quality Improvement Authority (RQIA) set care standards, with oversight guided by the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) and the Northern Ireland Practice Education Council (NIPEC) career framework. It also reflects national nursing priorities such as the National Preceptorship Framework (2025). Scotland's Health and Social Care Service Renewal Framework (SRF) provide a high-level guide for change, ensuring that services meet the need of the population and are delivered effectively.

The Queen's Institute of Community Nursing (QICN) advocates for adult social care nursing in home and community settings, viewing all adult social care environments as an individual's home. The QICN is committed to highlighting the importance of nursing in these contexts.

Nursing Roles and Settings in Adult Social Care Variation Across Care Settings

This resource supports all nurses wishing to work in adult social care, offering valuable information for students, newly qualified nurses, and experienced practitioners looking to revisit key concepts. It also provides an overview of how social care is delivered and funded across the four UK nations, emphasising the importance of understanding the different types of community-based adult social care provision.

Nursing within adult social care encompasses a range of environments, each differing in size and service type. These include residential care homes, nursing care homes, domiciliary care,



supported living arrangements, and reablement or intermediate care services. Some of these services may be delivered by the local authority, private businesses, independent or charitable organisations. The specific nursing skills required depend on the needs of individuals receiving care. Increasingly, adult social care is called upon to support people with more complex health needs outside traditional NHS facilities.

Workforce Data

This evolving landscape is reflected in workforce statistics. According to the Nursing and Midwifery Council (NMC), there are approximately 853,707 nurses on the UK register in the most recent report published in June 2025, with a significant proportion employed in adult social care. Skills for Care (2024) highlights that nearly 50,000 registered nurses work in adult social care settings—8,400 in care homes and 35,000 in independent care organisations within England. The sector currently supports around 354,000 adult social care residents in England, demonstrating the ongoing demand for skilled nursing professionals in these settings. It is important to recognise that adult social care provision is becoming more integrated, and nurses may find themselves working with, or alongside reablement teams, domiciliary care agencies, housing providers, and local authority social work services. Understanding these relationships early in your transition will help you to navigate the system and support the holistic needs of the people you are caring for.

The term 'care home' typically refers to either a residential care home or a nursing care home. Care can also be delivered in private homes through domiciliary care or in supported living arrangements, where housing and support are tailored to help people with disabilities, mental health issues, or other needs maintain independence.

Across the UK, each country has a regulatory body ensuring social care is delivered safely, effectively, and with compassion:

England: Care Quality Commission (CQC)

The CQC in England regulates nursing in social care, ensuring that all health and social services provide safe, effective and compassionate care, responding to people's needs and monitoring how well-led the services are. The Care Quality Commission (CQC) Single Assessment Framework (SAF), measures performance against 34 quality statements structured around five key questions: Safe, Effective, Caring, Responsive, and Well-led. These statements focus on outcomes, continuous improvement, and organisational governance. Inspections now combine announced and unannounced visits, ongoing data monitoring, and feedback from individuals who require adult social care, their families, and staff.

Wales: Care and Social Services Inspectorate Wales (CSSIW)

Healthcare Inspectorate Wales (HIW)

The regulation and Inspection of Social Care Act (Wales) Care Inspectorate Wales Lines of Enquiry (CIW) provides the statutory framework for the regulation and inspection of social care in Wales. It ensures that care services meet the required standards and are safe, effective, and compassionate. In Wales, services must comply with the Regulation and Inspection of Social

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Care (Wales) Act 2016, reviewed through Care Inspectorate Wales (CIW) Lines of Enquiry. Healthcare Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) have come together to promote a joint equality, diversity and inclusion strategy to ensure that the services provided meet the needs of all those receiving services.

Scotland: Scottish Social Services Council (SSSC)

The Scottish Social Services Council is responsible for raising standards in the country's social care sector. The responsibility for nursing care in adult social care is primarily managed by local authorities and health and social care partnerships.

Scotland's Health and Social Care Service Renewal Framework (SRF) provide a high-level guide for change, ensuring that services meet the need of the population and are delivered effectively.

Northern Ireland: Northern Ireland Social Care Council (NISCC)

The Regulation and Quality Improvement Authority (RQIA)

The Northern Ireland Social Care Council (NISCC) is the workforce regulator for social work and social care in Northern Ireland, responsible for maintaining a register and settings standards for social workers and social care workers.

The Regulation and Quality Improvement Authority (RQIA) are an independent health and social care regulator in Northern Ireland who register and inspect health and social care services. It has a role in assuring the quality of services provided to ensure that every aspect of care reaches the standards laid down by the Department of Health and expected by the public. They set care standards, with oversight guided by DHSSPSNI and the NIPEC career framework. It also reflects national nursing priorities such as the National Preceptorship Framework (2025). Both bodies work together to ensure that information is shared, and they collaborate to drive up standards in social care and provide vision and leadership to registrants in line with organisational expectations and governance requirements.

The role of all the above regulators is to promote high quality standards of care. Regardless of location, providers share a commitment to raising the quality, performance, and overall level of excellence across the adult social care sector through the provision of person-centred and compassionate care.



Residential Care Homes

A residential care home offers 24-hour accommodation and personal care for individuals needing assistance with daily activities such as washing, dressing, eating, using the toilet, or medication management. Although primarily serving older adults, some younger adults may also reside in these homes. The goal is to foster independence.

Care is provided by trained social care professionals—often holding qualifications like the Care Certificate or a Foundation Degree in Health and Social Care. Registered nursing associates may also be part of the team. Managers are experienced professionals, usually holding a Registered Manager's Award or equivalent credential.

In addition to daily support, residential care homes often organise social activities to keep residents engaged and active. When complex nursing interventions are needed, referrals are made to district or general practice nurses.

Care homes may be operated by local authorities, charities, or independent organisations. Regardless of management, the environment should feel like a supportive, welcoming home.

Nursing Care Homes

Nursing care homes provide 24-hour accommodation, personal care, and qualified nursing support for those with medical conditions requiring expert oversight. At all times, a registered nurse is present—whether specialising in adult, mental health, or learning disability nursing. Nursing associates and trained support staff work alongside them.

This setting requires nurses to communicate effectively with residents and families, build trusting relationships, and deliver person-centred care, safeguarding and risk assessing as needed. Some homes specialise in areas such as dementia, learning disabilities, or mental illness, employing nurses with the requisite skills. Ownership varies—private, local authority, NHS, or charitable organisations.

Some homes are dual-registered, offering both nursing and residential care.

Domiciliary Social Care

Domiciliary care (home care) provides support within a person's own home, benefiting older adults, people with disabilities, those recovering from surgery, and individuals with chronic health or mental health needs. The aim is to help individuals remain independent at home, avoiding unnecessary moves to care facilities or hospitals.

Services cover personal care, household help, companionship, healthcare, and rehabilitation, all tailored to enhance quality of life. Providers include local authorities, charities, and independent companies.

Intermediate care and reablement

Intermediate care and reablement services are also designed to support individuals in

"Providers share a commitment to raising the quality, performance, and overall level of excellence through the provision of person-centred and compassionate care."



maintaining their independence and regaining skills after a hospital stay or an illness. This service is typically provided in the individual's home and is usually provided free of charge for up to six weeks. However, local authorities have the discretion to extend these services free of charge if necessary.

The philosophical approach of the reablement service is a 'doing with' model rather than a 'doing to' approach in supporting individuals to do things for themselves, such as washing, dressing, cooking and mobilising within their own home. This service is provided to anyone who would benefit from this reablement service, such as those with a physical or mental health condition, those with a neurodiversity and those with dementia.

Supported Living

Supported living includes various arrangements where nurses support individuals with daily activities. Some supported living may be for individuals with mental health issues or who have a learning disability or other neurodiverse conditions. Services are tailored to each person's unique requirements and may include:

- **Integrated Community Support (ICS):** Apartment-style housing for people with learning disabilities, with an emphasis on privacy, autonomy, and community engagement. Nurses oversee rehabilitation and medication management, supporting independence while providing care.
- **Community Residential Services (CRS):** Shared homes offering 24-hour intensive support, often requiring specialist nursing interventions and a stable, engaging environment for personal development.

On occasions individuals may be supported by a community-based care coordinator. This person does not have to be a registered nurse. Further information on this role can be found at NHS England (https://www.england.nhs.uk/workforce-and-training-/care-co-ordinator)

Multidisciplinary Working

Multidisciplinary teams (MDTs) are essential for providing high-quality care in adult social care nursing. Often those requiring care have complex, interconnected needs, clinical, cognitive, functional, social and emotional that no single profession can address alone. An MDT brings together nurses, GPs, pharmacists, physiotherapists, occupational therapists, dietitians, speech and language therapists, mental health specialists, learning disability specialists, social workers, care staff, family members and community link workers. It is therefore essential that all activities are accurately documented for all parties to refer to. Excellent communication between health and social care professionals will promote seamless care and demonstrate trusting relationships.

This approach improves health outcomes by reducing medication problems, preventing falls, and identifying issues early. It also helps use resources more effectively by reducing emergency visits and hospital stays. Individuals requiring care, their families and loved ones are guided by a team, ensuring that preferences are respected and future care is planned effectively. At all times the person being cared for must be at the centre of the decision-making process and the action taken must anticipate improved outcomes for the individual.



Exercise

- 1. What is the purpose of having a regulatory body for health and social care?
- 2. What are the 5 key questions that are asked of all health and social care services by the CQC?
- 3. Speak to your line manager and ask them how they prepare for a visit from the CQC or another regulatory organisation.
- **4.** Are you witnessing high quality health and social care provision where you are working?
- 5. What action would you take if you had concerns about the quality of care witnessed?
- **6.** Write a reflective account of your learning from this chapter.

Relevant links and References

- Care Quality Commission (2022) Key lines of enquiry for adult social care services. https://www.cqc.org.uk/key-lines-enquiry-adult-social-care-services
- Care Quality Commission (2025) Single Assessment Framework (SAF). https://www.gcaregroup.co.uk/latest-news/new-cqc-single-assessment-framework
- Florence Nightingale Foundation (2025) Preceptorship: Pulse Check 2024-2025. https://www.florence-nightingale-foundation-org.uk/wp-content/uploads/2025/06/Preceptorship-Pulse-Check-2025
- Healthcare Inspectorate Wales (HIW). https://www.hiw.org.uk
- NHS England (2022) National preceptorship framework for nursing. https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing
- NHS England Care co-ordinators NHS England https://www.england.nhs.uk/ personalisedcare/workforce-and-training
- Northern Ireland Practice and Education Council. https://www.nipec.hscni.net
- Northern Ireland Social Care Council. https://niscc.info
- Nursing and Midwifery Council (2025) Registration data reports. https://nmc+statistic+of-nurses+social+care
- Regulation and Quality Improvement Authority https://www.rqia.org.uk
- Regulation Inspectorate Northern Ireland. https://www.rqia.org.uk
- Scottish Social Services Council. https://www.sssc.uk.com
- Skills for Care (2024) A Workforce Strategy for Adult Social Care in England. https://www.skillsforcare.org.uk/Workforce-Strategy/
- Social Care Wales (2016) Regulation and inspection of social care in Wales. https://www.socialcare.wales/resources-guidance/information/regulationinspectorate+social+care+Wales
- The Scottish Government (2025) Health and Service Renewal Framework.
 https://www.gov.scot

"Excellent communication between health and social care professionals will promote seamless care and demonstrate trusting relationships."





2. Financing Adult Social Care

- + Completing this chapter will introduce you to the financial arrangements for funding adult social care in the UK.
- + Enable you to understand the concerns and fears for individuals regarding their adult social care provision.

England

Social care funding combines local authority funds and self-funding. Needs assessments determine eligibility and the level of support. Funding is means-tested, with thresholds for savings:

- Under £14,250: fully funded by the council
- Up to £23,250: partial funding
- Above £23,250: privately funded

Most adults with learning disabilities are funded by local authorities, with 85% of services delivered by independent providers. Funding may be managed by the local authority, an alternative provider, or via direct payments to the individual.

Wales

Social care is means-tested, with individuals holding less than £24,000 in assets receiving full local authority funding. For residential and nursing care, savings up to £50,000 are permitted before requiring personal contributions. Domiciliary care is mainly private sector-led, with capped weekly charges and allowances for daily living costs.

Scotland

All adults assessed as eligible for personal and/or nursing care receive these services free of charge. Contributions towards additional fees depend on individual circumstances.



Northern Ireland

Individuals entering care homes contribute financially, with those holding more than £23,250 in assets not receiving support. Financial assessments are conducted by health trusts. Domiciliary care may be funded directly or through direct payments, allowing individuals to manage their own support services, with oversight from the council or trust.

Exercise

- 1. Observe the care provided to individuals where you are working. Should you be able to differentiate those who are funded by the Local Authority or those who are self-funders?
- 2. Consider what it must be like for a person who is informed that they must move from their current place of care to another due to funding issues or closure of an establishment.

Relevant links and references

- https://www.ageuk.org.uk
- https://www.alzheimers.org.uk/paying-for-care-home-fees
- https://www.beaconchc.co.uk
- https://careagencymedia.co.uk/paying-for-social-care-in-the-uk
- https://www.careinfoscotland.scot/topics/care-homes-paying-care-home-fees
- https://www.caretobedifferent.co.uk
- https://www.gov.uk
- https://www.gov.wales/charging-social-care
- https://www.learningdisabilityengland.org.uk
- https://www.local.gov.uk/learning-disability-and-autism-finance-briefing
- https://www.nao.org.uk
- https://www.nhs.uk/money-work-and-benefits
- https://www.nhs.uk/social-care-and-support
- https://www.nidirect.gov.uk/articles/paying-your-residential-care-or-nursing-home
- https://www.skillsforcare.org.uk
- https://www.thegoodcaregroup.com/planning-costs-care

At the time of writing this resource all information in this chapter is correct. However, over time these figures may change.

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3. Prerequisite Qualities and Skills for Adult Social Care Nurses

- + Completing this chapter will introduce you to the qualities and skills required to work in the adult social care sector.
- + It will enable you to identify your individual strengths and weaknesses in relation to working in the adult social care sector
- + It will raise your understanding of your individual emotional intelligence
- + It will introduce you to using a SWOT analysis effectively to promote the essential qualities required to work in the adult social care sector and to inform your future learning

Nurses working in adult social care will need an approved nursing qualification, such as a preregistration nursing degree or a nursing associate apprenticeship and be registered with the NMC. If a nurse qualified abroad, they must register with the NMC. This may take a minimum of six months as the nurse who is internationally educated will be required to pass a test of competence (ToC) and an Objective Structured Clinical Examination (OSCE) and they will also need to meet the NMC's language standards.

Adult social care nurses must possess a high level of expertise, with a thorough understanding of long-term health conditions commonly associated with aging. Their responsibilities include managing complex cases involving multiple illnesses and varying degrees of frailty. You will be expected to research each health condition you see so that you have a complete understanding of the disease/illness/condition. It is also recommended that you speak to your senior colleagues and peers to gain a deeper knowledge of each individual you may be caring for.

It is essential for you to adopt a person- and relationship-centred approach, always recognising that the place of care is often the individual's home, and sometimes their 'home' may be in a formal care setting. The field of adult social care nursing is inherently diverse, requiring practitioners to work autonomously, apply advanced assessment and management skills, and collaborate with a range of health and social care professionals. Furthermore, you must have a solid grasp of relevant legislation and policies.

Building long-term, trusting relationships with individuals and those closest to them is also a fundamental skill in this area, supporting both the quality and continuity of care provided.

Core Responsibilities and Skills of Adult Social Care Nurses

Developing strong, trusting relationships with individuals and those close to them is a cornerstone of effective care, ensuring quality and continuity throughout the care journey. Adult social care nurses are expected to demonstrate a range of core responsibilities, including:

- **Compassionate Care:** Delivering high standards of care with empathy and understanding.
- Assessment, Planning and Implementation of Care: Carrying out thorough assessments, planning interventions, and delivering care tailored to the needs of the person they are caring for.
- **Ongoing Evaluation:** Continuously reviewing and updating care plans to respond to changing needs and circumstances.



- **Co-ordination and Teamwork:** Collaborating with the multidisciplinary team to ensure seamless care delivery.
- **Collaboration:** Working closely with general practitioners, families, carers, and external stakeholders to provide holistic support.
- **System Awareness:** Understanding the broader health and social care context, with a focus on leadership across allied health and social care professionals.
- **Promoting Independence:** Encouraging and supporting individuals to maintain as much independence as possible.
- **Managing Challenging Behaviours:** Providing care for adults who may present with behaviours that challenge.
- **Supporting Complex Health Conditions:** Delivering care to individuals with multiple and complex medical needs.
- **Leadership:** Demonstrating leadership within both the nursing team and the unregulated social care workforce.
- **Driving Innovation:** Fostering new approaches and improvements within the social care sector.
- **Education:** Teaching and supporting unregulated staff, student nurses, and the families and carers of those receiving care.
- **Advocacy:** Acting as an advocate for the individual, ensuring their needs and wishes are represented and respected.
- **Meeting Fundamental Standards:** Upholding the Care Quality Commission (CQC) 'fundamentals of caring' in everyday practice.
- **Demonstrate competence** in using the relevant technology

(Adapted from QICN Standards-of-Education-and-Practice, 2021)

Effective Communication

The ability to communicate effectively with people receiving care, their families, loved ones and members of the multidisciplinary team is essential for all nurses working in adult social care. Clear and empathetic communication ensures that everyone involved is fully informed and supported.

Nurses serve as vital links among individuals in need of care, their families, loved ones, doctors, and other members of the multidisciplinary team. Therefore, it is crucial for you to possess the knowledge required to educate people and their families and loved ones about their illness, medications, and treatment plans. This approach helps to ensure consistent care and reduces the risk of mistakes or lapses in treatment.

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Supporting Emotional Wellbeing in Adult Social Care

Nurses frequently encounter individuals who are experiencing anxiety, guilt, or fear—emotions that often arise when someone must leave their own home or needs additional help to stay in familiar surroundings. In these moments, showing compassion and empathy is vital to address both the emotional and psychological needs of those receiving care.

The Importance of Active Listening

Active listening is more than simply hearing words; it is about giving full attention to both what is spoken and what is conveyed through non-verbal signals. Recognising body language, eye contact, and a person's level of engagement helps nurses better understand and respond to individual needs. It is essential to be attentive to unspoken cues such as body language or eye contact, as these can reveal much about someone's comfort, understanding, or concerns. Additionally, being mindful of communication barriers—such as hearing or visual difficulties—is crucial, as these factors can influence how a person participates in a conversation and how effectively information is shared.

Respecting Diversity and Providing Person-Centred Care

It is essential for nurses to be mindful of each person's culture, religious beliefs, and sexuality, and to adopt a non-judgemental approach in all interactions. This awareness and respect help ensure that care is tailored to the unique needs and backgrounds of each individual, supporting truly person-centred care.

Advocacy in Adult Social Care Nursing

Nurses working in adult social care often serve as advocates for some of society's most vulnerable individuals. Their role involves ensuring that those receiving care have someone to safeguard their interests. At times, nurses may need to support the decisions made by the person in their care, even when these choices are not agreed upon by family members or loved ones. By acting as advocates, nurses help facilitate open and meaningful communication between all parties, protecting individuals from unnecessary discomfort or avoidable stress.



Empathy in Adult Social Care Nursing

Empathy forms the foundation of effective nursing within adult social care. It refers to the ability to sense, comprehend, and share the emotions and perspectives of others without passing judgment or trying to change their mindset. For nurses, practicing empathy means building genuine connections with those receiving care, along with their families and loved ones. This compassionate stance enables nurses to address unique circumstances, emotional states, and challenges, thereby improving both the quality of care and outcomes for individuals supported.

By actively drawing on their understanding of each person's story, nurses help create an environment built on trust and comfort. This caring approach allows them to truly impact the lives of those in their care in meaningful ways.

True empathy arises from a willingness to listen and understand the feelings of others. The more nurses open themselves to hearing the concerns, thoughts, and emotions of those they support, the more naturally empathy will be reflected in their everyday practice.

Compassion in Adult Social Care Nursing

Compassion in adult social care nursing involves a mindful recognition of the feelings and experiences of those receiving care, driven by a sincere wish to provide support. This quality is reflected through careful listening and attention to the daily routines and personal preferences that matter most to individuals.

By adopting a compassionate approach, nurses address not only the physical needs but also the emotional wellbeing of those they care for. You should encourage open and honest communication, helping individuals feel safe to share their thoughts and emotions without fear of judgment or discomfort. In doing so, you will uphold the dignity and comfort of each person, creating a nurturing environment where both practical and emotional needs are met with genuine concern.

Organisation in Adult Social Care Nursing

Effective organisation is a cornerstone of adult social care nursing. Nurses must carefully plan and coordinate every aspect of care, ensuring that support is delivered efficiently and consistently to meet each individual's unique needs. This high level of organisation enables you to provide seamless and responsive care, fostering a supportive environment for those being cared for.

Accurate Care Planning and Record Keeping

Meticulous care planning and precise record keeping are vital aspects of adult social care nursing. By maintaining organised, complete, and current records, you will ensure that each

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individual's needs are consistently met and that any changes in condition are tracked over time. Reliable documentation also forms the backbone of effective communication among multidisciplinary teams, supporting collaboration and continuity of care.

Making Referrals in Adult Social Care Nursing

Making referrals is an essential component of organised nursing in adult social care settings. By making timely and appropriate referrals, you will play a critical role in ensuring seamless coordination between various healthcare professionals and services. Effective referrals rely on the accurate and thorough sharing of relevant information, which helps to facilitate integrated care and supports optimal outcomes for the individuals receiving support.

Monitoring and Observation in Adult Social Care Nursing

Continuous and attentive monitoring forms the backbone of effective adult social care nursing. Through regular observation, you will be able to identify subtle or significant changes in those you support, such as shifts in behaviour, alterations in eating habits, variations in cognitive abilities, and changes in mental state. By remaining alert to these developments, you will ensure that any necessary interventions can be made promptly and appropriately.

Thorough documentation of all observations is equally important. Accurate records not only provide a clear picture of each individual's progress but also facilitate informed decision-making and effective communication within the care team. Ultimately, careful monitoring and detailed observation support timely responses to the needs of individuals, safeguarding their well-being and enhancing the quality of care they receive.

Clinical Reasoning and Intuition in Adult Social Care Nursina

Clinical reasoning involves assessing and managing an individual's care through careful observation, planning, implementation, and evaluation of outcomes. This process allows you to make timely and appropriate decisions for those you support. Effective clinical reasoning consists of six core steps:

- **Observation:** Assess the facts and context, paying close attention to any changes in the individual's condition.
- **Information Gathering:** Examine the current situation and consider past factors that may influence it. Interpret all available data and look for inconsistencies.
- **Identifying Key Issues:** Analyse and synthesize both facts and inferences to confirm a clear nursing diagnosis.
- **Setting Goals:** Define the desired outcomes and set a timeframe for achieving them.
- **Evaluation:** Assess the effectiveness of actions taken and the results achieved.
- **Reflection:** Consider what was learned during the process and identify possible improvements for future care.



While completing these steps, the nurse's role as a critical thinker is essential. By collecting and processing relevant information, you can approach problem-solving and decision-making with logic and care, ensuring that the needs of everyone are met.

Critical reasoning and thinking require recognising issues, prioritising care, making informed clinical decisions, implementing care plans, and reflecting on both decisions and outcomes. This structured approach supports high-quality care and ongoing professional development.

Emotional Intelligence in Adult Social Care Nursing

Emotional intelligence is a crucial attribute for nurses in adult social care. Self-awareness—recognising and understanding one's own emotions as well as those of others—directly influences the quality of care provided. By effectively managing stress and emotions, you can foster stronger, more harmonious relationships with both colleagues and those in your care. This capacity to navigate emotional dynamics leads to more effective communication and collaboration, enhancing the overall environment and outcomes within adult social care settings.

Leadership

Nurses working in adult social care are consistently called upon to show leadership, regardless of their environment. Often, as a social care nurse you may be the sole registered nurse present in nursing, residential, domiciliary, or supported living settings, requiring confidence in making immediate decisions independently. Unlike peers based in hospital wards, you do not have the support of other on-site nurses or doctors. This makes adult social care nurses' autonomous practitioners who must rely on their own expertise, assurance, and judgement when making care decisions. In addition to clinical responsibilities, you may also undertake administrative duties related to social care. Regardless of your formal role, every adult social care nurse is expected to have a comprehensive understanding of governance, policies, and legislation that apply to the services they deliver.

Clinical Competencies in Adult Social Care Nursing

Adult social care nurses are required to demonstrate a range of competencies as set out by the Nursing and Midwifery Council (NMC 2018). These competencies are organised into four core areas:

- 1. Professional values
- 2. Communication and interpersonal skills
- 3. Nursing practice and decision-making
- 4. Leadership, management, and team working

The Queen's Institute of Community Nursing (QICN) has also outlined Standards of Education and Practice for Nurses new to Care Home Nursing (2021). Although created with care home settings in mind, these standards and competencies are applicable to all adult social care environments.

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Some of the essential clinical competencies include:

- Conducting comprehensive health assessments
- Medication management
- + Wound care
- + Continence management
- + Intravenous/Naso-gastric feeding
- + Diabetes management
- + Dementia awareness and management
- + Heart failure
- Chronic Obstructive Pulmonary Disease (COPD)
- + Infection control
- Awareness and prompt treatment of sepsis
- Recognising deterioration in health
- + End of life care

- Risk assessment
- + Record Keeping
- + Capacity and consent
- + Developing therapeutic relationships with individuals and their support networks
- + Advocating for those receiving care
- Knowing when and how to refer to other services
- Identifying and addressing safeguarding concerns
- + Promoting ethical practice
- Exercising leadership and autonomous decision-making
- Utilising relevant technology
- + Engaging in research and CPD

While there are many clinical competencies required, the above list highlights some key areas of focus and is not exhaustive. The Social Care Nursing Advisory Council (SCNAC) are currently devising a set of competencies for nurses working in the adult social care sector so please refer to these also. For further guidance, links to key documents detailing clinical competencies are provided in the relevant links and reference list below.

Exercise

What key strengths do you have to prepare you to work in the adult social care sector?

- Are you aware of any areas that you need to develop to be able to work effectively in the adult social care sector?
- What and who can you go to for support in acquiring new knowledge to assist you in working in the adult social care sector?



• Plan and prioritise what are the most important areas you need to develop to assist you in delivering compassionate person-centred care.

To assist you in answering the above questions complete a SWOT analysis of your strengths, weaknesses, opportunities and threats (see Figure 2). This will encourage you to reflect on your strengths and weaknesses and acknowledge what barriers might be impacting on you achieving your full potential. This SWOT analysis can be updated as you acquire new skills and knowledge or if you become aware of new threats or opportunities.

Once you have completed the SWOT analysis discuss this with your mentor and if you are fortunate to have consistency in your workplace, make time to revisit and discuss this with your mentor.

Figure 2. SWOT ANALYSIS

Example of a completed SWOT Analysis

Strengths	Weaknesses
I demonstrate compassion and communicate well with those I care for.	I sometimes speak too much and don't always listen to others
I am confident carrying out diabetic checks and administering insulin (providing competency has been met)	I don't have a full understanding of the complexities of diabetes
Opportunities	Threats
I know that one of the team is very knowledgeable on caring for a patient with diabetes so I will seek them out and arrange to speak to them to improve my knowledge of diabetes.	Because I am qualified, or a nursing student I am expected to understand all the medical conditions that I will see in the adult social care sector.

Take a blank sheet of paper and divide into four sections as above and identify your own strengths, weaknesses, opportunities and threats that relate to you. You can add to the list and tick off when you have addressed your weaknesses and threats.

Reflecting on using a SWOT analysis will assist you when you are writing up your reflective accounts for your NMC revalidation.

Relevant links and References

- https://nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses
- https://qicn.org.uk/wp-content/uploads/2021/01/Standards-of-Education-and-Practice-for-Nurses-New-to-Care-Home-Nursing
- https://theoutstandingsociety.co.uk/competencies-for-social-care
- https://skillsforcare.org.uk/Regulated-professions/Nursing

"Once you have completed the SWOT analysis discuss this with your mentor."



4. Self-Preservation in Adult Social Care Nursing

- + This chapter will introduce you to the importance of looking after 'self'.
- + It will show you that it is 'alright not to be alright'.
- + It will provide you with strategies to assist you in your work when under pressure.

Working in Isolation

In adult social care, nurses may often find themselves working alone—whether in a person's private home, during supported living night shifts while others are asleep, or as the sole nurse on duty in a residential or nursing care home at night. These circumstances can sometimes lead to feelings of isolation, demanding strong coping skills and strategies.

Advice for Maintaining Motivation and Resilience

To support your motivation and resilience in these settings, consider the following practical advice:

- Recognise and address the unique challenges of working independently.
- Develop personal strategies to manage feelings of isolation.

Self-Reflection and Assessment

Using a checklist can help you reflect on your methods for maintaining resilience and motivation. This process supports goal setting for personal improvement. Regularly revisit this checklist to monitor your progress.

- Not Practising
- Partial Practice
- Full Practice

Do you practice any of the suggestions listed below?

Tick in the relevant box and you can revisit this table to see if your practices have changed.

1. Maintaining Personal Self Care	Never Practice	Some- times Practice	Always Practice
Maintaining Wellbeing Prioritise good sleep, balanced meals, and regular activity. Even brief walks or stretches during shifts support your health and energy.			
Maintaining Consistent Sleep and Unwind Routines			

Keep a steady sleep schedule and unwind routine to separate work and home life, improving rest and recovery.

Incorporating Practical Stress-Relief Techniques	
Use quick stress-management tools like box breatl	ng,
short mindfulness sessions, or muscle relaxation to	
stay calm and resilient.	



2. Emotional Health and Resilience Skills	Never Practice	Some- times Practice	Always Practice
Reflective Journaling for Emotional Health After shifts, jot down what went well, what to improve, and something you're proud of. Reflection builds resilience and perspective.			

Recognising and Challenging Negative Thoughts

Notice unhelpful thoughts and reframe them into realistic, solution-focused ones to maintain a balanced mindset.

Emotional Awareness and Grounding Strategies

Recognise your emotions, use grounding techniques, and practise self-kindness to stay calm and compassionate under pressure.

3. Workload and Time Management	Never Practice	Some- times Practice	Always Practice
Prioritising and Managing Tasks Break work into smaller steps and focus on your top three priorities each shift to stay organised and effective.			

Making Workload Manageable with Handovers and Checklists

Use clear handovers and checklists to share key information, stay organised, and reduce errors.

Recognising Fatigue and the impact on Work

If fatigue affects your performance, speak up early to adjust duties or schedules for your wellbeing and safety.

4. Professional Boundaries and Assertiveness	Never Practice	Some- times Practice	Always Practice
Setting Clear Boundaries Communicate your role and limits clearly to maintain professionalism and protect your time.			

Using Assertive Communication

Stay calm, factual, and concise during difficult conversations to manage challenges professionally.





Maintaining Safe Workloads through Assertiveness Say "no" or negotiate expectations when workloads exceed safe limits to protect both wellbeing and care quality.

5. Peer & Supervisory Support	Never Practice	Some- times Practice	Always Practice
Regular Debriefing and Peer Grouping After stressful events, debrief with colleagues to share experiences and support one another.			

Dealing with Moral Distress

Seek supervision or talk to your manager when facing complex ethical challenges to maintain emotional balance.

Building Peer Support Networks

Form small, trusted peer groups for informal support and reflection through clinical supervision.

6. Ongoing Learning & Purpose	Never Practice	Some- times Practice	Always Practice
Ongoing Learning through Bite-Sized Sessions Engage in short, focused learning sessions to keep skills and knowledge up to date.			

Setting Short Professional Goals

Set small, achievable goals to maintain motivation and a sense of progress.



Maintaining Meaning and Motivation

Reflect on positive moments and keep a "good-care" file to remind yourself of your impact.

7. Coping with grief and signs of burn out	Never Practice	Some- times Practice	Always Practice
Recognising and Addressing Early Signs of Burnout Watch for signs like exhaustion or cynicism and act early to protect your wellbeing.			

Accessing Formal Supports

Use employee assistance, occupational health, or counselling services when needed for professional support.

Processing Grief in the Workplace

Acknowledge loss through quiet reflection or team remembrance to support collective healing.

8. Workplace culture	Never Practice	Some- times Practice	Always Practice
Fostering a Positive Team Culture			
Celebrate small wins, share tips, and rotate demanding			
duties to build a fair, supportive team.			

Advocating for Safer Staffing and Resources

Raise concerns through formal channels to ensure safe staffing, proper equipment, and fair workloads.

Utilising Technology and Supportive Equipment

Use digital tools and lifting aids to reduce strain and streamline work, freeing time for care.

9. Self-Help	Never Practice	Some- times Practice	Always Practice
Monitoring and Adjusting Your Wellbeing Check in weekly on energy, mood, and rest. Adjust workloads or seek help when stress builds.			

"After experiencing stressful incidents, it is important to regularly debrief with colleagues."



Developing an Action Plan for Challenging Shifts

Prepare coping strategies and key contacts for tough shifts, and debrief afterwards to recover and reflect.

Scheduling Rest and Prioritising Rejuvenation

Set regular times to rest and recover from the demands of care work. Plan activities that genuinely refresh and energise you to maintain motivation, wellbeing, and the ability to provide high-quality care.

The case study below outlines how a nurse who has worked in adult social care for several years has dealt with the many challenges that she has been faced with during her working life.

Case Study

Mary's Dedication to Compassionate Care at Wasley Nursing Home

Mary, a qualified nurse, has worked at Wasley Nursing Home for ten years, caring for residents with complex needs. As the senior nurse, she managed residents experiencing agitation, sundowning, aggression, and health issues. The work was meaningful but exhausting.

One winter evening, Mr John Peston (who likes to be called Johnny) became highly agitated due to an unrecognised urinary infection and appeared in pain. He shouted and pushed the staff. Mary felt the familiar exhaustion and the stress from staffing shortages. She took a deep breath, her usual calming ritual, and helped Johnny by referencing his life story, humming, and repositioning him. At the same time, a colleague carried out an assessment for pain and fetched pain relief. The crisis eased, and she reflected on triggers and solutions.

Over the years, Mary faced many such incidents, aggressions, and the slow loss of residents. To protect herself and her residents, she maintained best practices by updating care plans with triggers and calming methods, utilising familiar approaches, music, phrases, and touches to foster meaningful connections. She kept her skills up to date through refresher courses on behaviour management, pain recognition, and de-escalation, and wrote notes on what worked. Self-care was vital. Mary took scheduled breaks, ate balanced snacks, went for walks or did stretching. She negotiated rota adjustments for overtime and delegated when the workload was unsafe. She stayed calm and practised deep breathing during incidents.

She relied on peer support huddles during shift handovers to share tips and debrief, normalising emotional reactions and sharing practical strategies. She sought supervision and kept a "good care" file with thank you notes/letters and photos for comfort during tough times. To get support from senior managers, Mary gathered data on staffing and equipment shortages, presenting them to management. Her advocacy led to the purchase of a hoist and rota adjustments, reducing strain and incident rates on her and her colleagues.

These approaches yielded results with challenging behaviours decreased, routines and pain management improved, and team morale increased. Her reflective notes and daily interactions kept her motivated. Despite grief and stressful nights, she no longer bore the burden alone or delayed action.



After a decade, Mary's resilience stemmed from deliberate practices through person centred care, continuous learning, self care, boundaries, peer support, supervision, and advocacy. These strategies enabled her to keep motivated and able to provide compassionate and high standard care.

Exercise

- 1. Can you relate to Mary's experience?
- 2. Have you cared for someone who has been aggressive towards you?
- 3. If so, how did you deal with this?
- 4. Did you document the aggressive behaviour in the nurse's notes?
- **5.** Did you seek support?
- 6. Did you speak to your peers and colleagues to gain support?
- 7. Did you reflect on this situation and has it changed the way you may deal with a similar situation in the future?

Relevant links and References

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- Nursing Education (2024) Nurse Insights: How Does One Build Resilience in Nursing? https://www.nursingeducation.org/insights/resilience
- Royal College of Nursing (2024) Self-care Healthy workplace, healthy you. https://www.rcn.org.uk/employment-and-pay
- Skills for Care. We are Social Care Nursing. https://www.skillsforcare.org.uk/regulated-professions/Nursing/We-are-Social-Care-Nursing.aspx
- Social Care (2025) You care, you matter: understanding self-care for social care nurses https://www.socialcare.blog.gov.uk/you-care-you-matter
- Social Care Nurse Advisory Councils. https://theoutstandingsociety/co.uk/scnac
- The Foundation of Nursing Studies. Resilience-based Clinical Supervision https://www.fons.org/programmes-development-opportunities/clinical-supervision
- The Nursing and Midwifery Council (2018) The Code The Nursing and Midwifery Council. https://www/nmc.org.uk/standards/code
- The Queen's Nursing Institute of Community Nursing. Adult Social Care Nursing Network. https://www.gicn.org.uk/nursing-in-the-community/adult-social-care-nurses-network
- Williams S., Fruh S., Barinas J., Graves R. (2022) Self-Care in Nurses. Journal of Radiology Nursing. Volume 41, Issue 1, March 2022, pages 22-27
- Woods E. (2023) 6 ways to build resilience as a nurse. Pulse Nursing at Home.
 https://www.pulsenursingathome.co.uk/news/2023/07/6-ways-to-build-resilience-as-a-nurse

"When faced with loss, it is essential to create intentional opportunities for processing grief."





5. Safe Working and Regulation in Social Care

- Completing this chapter will enable you to understand the role of regulation across the adult social care sector,
- Effectively manage risks to those you are caring for and your own personal safety
- Know the correct procedures to follow when reporting a concern

The principles of safe working apply across all adult social care nursing settings, whether residential, nursing, domiciliary care, supported living, charity or not-for-profit organisations, independent providers, local authority, learning disability services, mental health services, reablement services. Safe working is central to providing high-quality, person-centred nursing care in all social care environments where the principles of safety and professional accountability are consistent and where you must protect those you are caring for, yourself, and your colleagues while meeting the regulatory standards set across the UK. As the regulatory landscape differs across the UK nurses must be aware of the regulations in place whichever aspect of adult social care they may be working in, ensuring compliance with the relevant national regulator as mentioned in Chapter 1. Each nation publishes a report that allow the public to assess a provider's performance and gives nurses insight into organisational expectations

Safety standards and legislation

Preserving safety is one of the four core principles of the NMC Code (2018) the guiding standards for all nurses and midwives. It is vital when caring for individuals who are receiving adult social care services who may also be particularly vulnerable. It requires that all nurses make sure that patient and public safety is protected.

'The standard says that as a nurse, you must 'work within the limits of your competence, exercise your professional 'duty of candour' and raise concerns immediately whenever you come across situations that put patients or public safety at risk.' This applies in whichever adult social care you may be working in.



Manual Handling Operations Regulations (MHOR)

The moving and handling regulations established in 2017 highlight the critical need for safe practices in health and social care settings. Compliance with these regulations can significantly reduce the risk of injury and ensure a safer working environment for staff and those being cared for in the adult social care sector. As a nurse working in this sector the practice of manual handling is something that you will use daily.

The employer has a responsibility to:

- 1. Provide a safe working environment
- 2. Ensure safe handling, storage, and transportation of equipment
- 3. Offer information, supervision, and training to employees
- 4. Maintain safe systems of work
- 5. Conduct regular risk assessments

Employee Responsibilities:

- 1. Take reasonable care of your own health and safety
- 2. Cooperate with your employer's safety measures
- 3. Use equipment correctly
- 4. Report any hazards or issues

Control of Substances Hazardous to Health Regulations (COSHH)

COSHH (2002) regulations cover substances that are hazardous to health, including chemicals, fumes, dusts, vapours, nanotechnology, and germs including legionnaire's disease. Employers are required to undertake COSHH assessments to look at what activities they do that involve hazardous substances, and how they could reduce the risk of harm occurring.

Safeguarding and Mental Capacity Act (2005)

Safeguarding is a legal and ethical responsibility. In England and Wales, the Mental Capacity Act (2005) and the Liberty Protection Safeguards (LPS) govern decisions for individuals who may lack capacity, although LPS implementation has been delayed beyond 2025. Scotland's Adults with Incapacity Act (2000) and Northern Ireland's Mental Capacity Act (2016) provide equivalent frameworks. Nurses are responsible for recognising signs of abuse, neglect, or exploitation and for acting promptly in line with local safeguarding procedures. The duty of candour means you may need to escalate concerns to local authorities or regulators when internal processes are insufficient.

Some individuals lack the capacity to make certain decisions due to illness, injury or substance use. When a person lacks the capacity to make decisions, this can present additional risks to health and safety, particularly the risks of personal safety and the risks of harm mentioned above. The Mental Capacity Act (MCA) (2005) was designed to protect the rights of people accessing health and care services. This topic is addressed in more depth Chapter 7.

Medicines Management

The way in which medications are administered and managed can be different across the various adult social care settings and you should make yourself familiar with how and where

"Based on your observations, consider adjusting your workload or seeking additional support to maintain your wellbeing and effectiveness at work."



the medicines are stored in each social care setting. Most individuals who are in a residential/ nursing care home should have their medication locked in a cupboard in their room.

Residential and nursing care home providers should have a care home medicines policy that covers how incidents will be reported to the person being cared for, their family, loved ones and carers. How incidents will be investigated and how the results and any lessons learnt will be shared, both with the health professionals caring for the individual and more widely that includes written processes for:

- Sharing information about an individual's medicines
- Ensuring the records are accurate and up to date
- Identifying, reporting and reviewing medicines-related problems, including any suspected adverse effects from medicines, medicines-related safety incidents, including all 'near misses' and incidents that do not cause any harm.
- Reviewing medicines (medication review) identifying need and documenting the agreed frequency of planned multidisciplinary medication review.
- Ordering medicines defining a safe, timely process, which ensures the maintenance of adequate stock of medicines whilst avoiding waste.
- Understand the correct storing and disposal of medicines
- How to manage medicines that are

- prescribed 'when required' or have a variable dose.
- How to administer specific medicines such as patches, creams, inhalers, eye drops and liquids
- How to record and report administration errors and reactions to medicines.
- What to do if the resident is having a meal or is asleep, how to record and report a resident's refusal to take a medicine.
- Specifying a process for managing and administering non-prescription medicines and other over-the-counter-products (homely remedies) for treating minor ailments.
- Consider the legal context if medicine is given to an individual without their knowledge (covert administration/abuse).
- Recognise the mental capacity of the person when administering medication.

Those living in supported living or in their own home should have their medication stored safely away from children and other people. It should be accessible to those professionals who are caring for them.

Frequently an older person may be taking several medications for their multiple medical conditions (multi-morbidity). You should be familiar with all medicines that have been prescribed for those you are caring for and be aware of the contraindications, reporting new symptoms if a different medication is prescribed. Another aspect is to ensure that the person you are caring for does not take medication that should have been stopped previously. Report this to the relevant GP or pharmacist so the individual's prescribing history can be updated. Medicines management is a critical aspect of your role. Across all areas of adult social care people are living with multiple long-term conditions and complex medication regimens. Safe administration involves checking the Medicines Administration Record (MAR) chart, confirming



the identity of the person receiving medication, and following the "five rights" of medication: right person, right drug, right dose, right route, and right time. All administrations should be documented immediately, and any errors or refusals must be reported following the NMC Code (2018) and local governance policies. By adhering to these standards, nurses maintain both resident safety and regulatory compliance.

Vaccination and Immunisations

Working in adult social care services will mean that those people you are caring for attend appointments for their annual flu vaccination and in many instances, they will also be entitled to the following vaccinations: Respiratory Syncytial Virus (RSV) vaccine, Shingles vaccine Pneumococcal vaccine, Covid 19 vaccine.

If you are aware that a person you are caring for has missed a vaccine, then ensure that you, the patient or a family member or loved one contacts the GP practice to catch up on their vaccinations. www.nhs.uk/vaccinations

As you are a member of the frontline health care workforce you are entitled to the flu vaccine, these are normally available to staff from early October.

As a frontline health and social care worker you have a duty of care to protect those people you are caring for. Vaccinations protect you and those you are caring for and reduces the risk of spreading flu to the people you are caring for, your colleagues and family members. Vaccination significantly lowers rates of flu-like-illness, hospitalisation and mortality in the elderly. Vaccination also reduces transmission of flu to those who are vulnerable, some of whom may have impaired immunity.

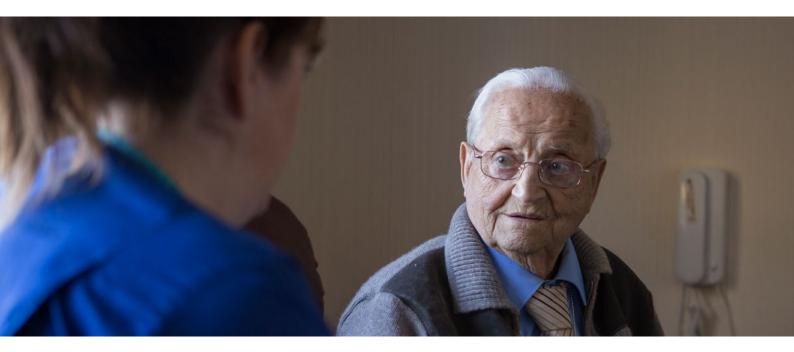
Infection Prevention and Control

Infection prevention and control (IPC) remain a top priority, shaped by the legacy of COVID-19. All adult social care services must have robust IPC policies, including outbreak management, PPE use, and staff vaccination programmes. Domiciliary care staff require tailored guidance for preventing cross-infection between households. Integrated Care Boards (ICBs) in England, and local health boards in the devolved nations, provide guidance and support during outbreaks. Maintaining readiness for seasonal viruses and unexpected epidemics is a professional duty under the Health and Care Act (2022).

It is important to be aware that some infections have the capacity to spread very swiftly. Infections acquired in social care settings may be serious and, in some cases, life threatening. These may worsen underlying medical conditions and adversely affect recovery. Organisms resistant to antibiotics may cause infections and the high media profile they generate may alarm those you are caring for and their relatives, their loved ones and carers. It is therefore

"After a decade, Mary's resilience stemmed from deliberate practices through person centred care, continuous learning, self care, boundaries, peer support, supervision, and advocacy."





important that clear information on the standards of infection prevention and control is understood by all concerned. As a registered nurse you will need to familiarise yourself with the organisation specific guidance in which you work to ensure the safety of those you are caring for.

Considering and managing risks to those you are caring for and your personal safety

Part of your skill set as a nurse will be to feel confident in assessing risks to yourself, your colleagues and those people you are caring for. As such, it is recommended you attend risk assessment training and regularly reflect on whether these skills need improvement as part of your professional development.

A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures. The management of risk is considered one of the fundamental duties of every member of staff and it is your role to familiarise yourself with the risk assessment process.

Equipment must be used properly and the care providers trained in its safe use. If a person is unable to transfer independently, for instance from bed to chair, their needs must be assessed and a proper system put in place. This may be a protocol for two professionals/carers to assist, or it may involve the use of a board or hoist. In nursing and residential care homes individuals should not be left alone to transfer if they have been assessed as requiring assistance. You should always ensure you follow all required steps to use the equipment safely. If the individual is left to their own devices, or if the assistance or equipment are inadequate, then there is a high risk of injury, and that injury will be caused by a negligent failure on the part of the organisation that has employed you to deliver the care. It is your responsibility to ensure that you are trained in the use of any equipment, and that your manual handling training is up to date. You must work within your professional competency. The NMC (2018) stress that it is your professional duty to act without delay if you believe that there is a risk to an individual's safety



or public protection.

Some risks in nursing and some means of avoiding, managing and minimising

The next table shows some categories of health and safety risk for adult social care nurses, and show some approaches that you can take to manage, minimise or avoid these risks to stop them becoming harmful.

8	
1. Medicine error	Training and competency
	Only work in your scope of practice
	Check with other medicines for interactions
	Check BNF with latest evidence
	Check residents record thoroughly
	Secure storage
2. Physical risks (musculoskeletal, stress, slips and trips)	Ensure workplaces assessed for safety
	Ensure equipment tidy and easy to access
	Ensure trip and slip hazards either avoided / clearly marked
	Ensure assessment beds at right height
3. Infection outbreak	Ensure immunisations are up to date
	Read organisation's policies on infection control
	Use chemical waste properly
	Wash hands regularly
	Use needles and sharps bins correctly
4. Risks to personal safety	Inform colleagues of planned activity
	Consider whether lone working is safe
	Have an alert system with colleagues if situations escalate
	Learn aggression reduction techniques
	Be aware of residents in area of work and any known risks
5. Risk of harm	Keep updated with legislation and attend safeguarding training
	Read 'Working with Adults at Risk' chapter 8
	Risk assessment
	Know your responsibility when raising a concern

"The moving and handling regulations established in 2017 highlight the critical need for safe practices in health and social care settings."



Avoidable Accidents

Often those requiring adult social care services will present with multiple complex needs, so it is no surprise that there is a tendency for accidental injuries to occur, from trips, slips, falls, and other incidents. Such incidents are very common amongst people living in their own home or supported living. However, there is a distinction between those accidents on the one hand and avoidable injuries on the other.

Some key areas to look out for relating to avoidable injuries:

- Loose mats and flooring
- Cluttered room making mobility difficult
- Animals at home
- Kettles and electrical appliances within the home
- Poor/dim lighting
- Temperature of water when bathing

Violence, Aggression or Harassment

Whilst in most situations, individuals requiring social care services and their relatives and loved ones are pleased to have the opportunity to receive nursing care however, there may be situations where they may be unhappy with you or what you represent. Please be mindful of the following:

- The potential for an outburst is a very real one
- Try to always avoid vulnerable or volatile situations
- Be aware that relatives can be unpredictable at times
- Have a clear understanding of your organisations policy on Violence, Aggression or Harassment
- Employers must take steps to always keep staff safe
- Do not suffer in silence communicate and document any fears you may have to your manager immediately. Timely reporting is essential to ensure everyone who might be in a position of caring for this individual is aware of the potential danger.

Technology in adult social care

When technology is used efficiently and correctly it can be transformative, improving people's quality of life and ensuring information is readily available to help you provide the right care in the right place at the right time. The What Good Looks Like (WGLL) is a framework for adult social care developed by NHS England and the Department of Health and Social Care (DHSC). It is structured around the following seven success measures for digital working in adult social care services.

- 1. Well led
- 2. Ensure smart foundations
- 3. Safe practice
- 4. Support workforce

- 5. Empower people
- 6. Improve care
- 7. Healthy populations



Having a clear understanding of how and why specific technology is being used will benefit and enhance those involved in receiving and delivering social care.

Organisations must be diligent when using data and ensure that advice is taken when sharing data for direct care and for secondary purposes. GDPR guidelines must be adhered to. Consent must be given by the person being cared for, or family members or loved ones if the individual is not able to consent themselves.

It is the responsibility of the organisation you are working for to ensure that you have reliable access to comprehensive and up-to-date digital records. A potential barrier may be when a nurse is caring for a person in the individual's home where there may not be an internet connection or the access to secure connectivity is unavailable. It is essential therefore that any care provided is written accurately in handwritten records.

According to 'Nursing in the Digital Age' report (QICN 2023) the user experience appears to be around the design and function of technology rather than a lack of digital literacy from the community workforce. It recognised that many digital apps have the potential in managing long term conditions or wound care to name a few. The report made several recommendations regarding the use of technology two are listed below:

- 1. Nurses should be involved at an early stage in the design and development of software programmes that are going to be used as part of their everyday work.
- 2. Scheduling tools and related apps should always be designed, developed and used in a manner that is consistent with the nursing process, professional judgement and autonomy, personalised care and patient need.

Telemedicine is multifaceted in nursing practice and there are various technological approaches used. It has brought about transformative changes such as enabling medicines to be ordered electronically, enhancing individual care, improving health outcomes, and overcoming geographical barriers and is particularly beneficial to those who live in rural areas relying on transport to visit a GP.

Tele-triage is frequently used to prevent hospital admissions and is a form of remote patient monitoring. You may find that you may need to use this system if you have concerns about someone you are caring for.

Tele-consultations and virtual visits are becoming increasingly more common practice as it prevents visits to the GP surgery and hospital visits. You may be involved with these teleconsultations if the person you are caring for is not confident to speak to a health professional on the telephone.

E-health is the use of information and communication technologies (ICT) for health to, for example, treat people, pursue research, educate students, track diseases and monitor public





health (World Health Organisation). eHealth is not just about computers. It is about finding, using, recording, managing, and transmitting information to support health care, to make decisions about an individual's care.

Tele-education may assist you in accessing your continuing professional development (CPD) and this can form part of your evidence for your NMC revalidation.

It is ten years since Oldman (2015) stated that technology in nursing was going to open the door to innovative practices and we are now seeing these innovations impacting on how technology supports the delivery of nursing care across the health and social sector.

Regulatory Bodies

The regulators of health and social care in in the UK play a vital role in ensuring that people have the right to expect safe, effective, compassionate, high-quality care – see Chapter 1.

You may from time to time be involved when the regulatory organisation comes to inspect your place of work. You may also be aware of their monitoring role in your day-to-day practices as your organisation adheres to their recommendations, action points and reporting measures to improve quality care. The inspections are based upon five key questions:

- Is it safe? Patients are protected from physical, psychological or emotional harm or abuse
- 2. Is it effective? Patients' needs are met and care is in line with national guidelines and NICE quality standards, and promote the best chance of getting better
- **3. Is it caring?** Patients are treated with compassion, respect and dignity and that care is tailored to their needs
- **4.** Is it responsive to people's needs? Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to
- 5. Is it well led? There is effective leadership, governance and clinical involvement at all levels, and a fair, open culture exists which learns and improves listening and experience.



Daily safety practice is the backbone of adult social care nursing. Nurses in these settings may often work in small teams or independently, which makes vigilance essential. A typical day involves monitoring for risks such as falls, medication errors, infection spread, and safeguarding concerns. Work is governed by the Health and Safety at Work Act (1974), Control of Substances Hazardous to Health (COSHH) (2002), and the Manual Handling Operations Regulations (1992). As a health care professional, you are expected to follow risk assessments, use equipment correctly, and escalate any hazards or near misses according to local policy. Documenting incidents thoroughly ensures organisational learning and regulatory compliance.

By embedding safe working practices, maintaining regulatory awareness, and reflecting on daily experiences, nurses across all UK adult social care settings can deliver safe, high-quality, and compassionate care while meeting professional standards and supporting organisational compliance.



Read the following policies	Your organisation's policy on Violence, Aggression or Harassment.
	The Medication Policy document for your organisation
	Your organisation's policy on Infection Control.
Think about your own day-to-day nursing practice	Have you ever felt at risk?
	What made you feel this way?
	What did you do and why?
	Do you have a personal alarm if you are a lone worker providing domiciliary care or working in a supported living environment?
	What would you do if a resident collapsed and you were on your own?
	If you require urgent assistance what method or alerting someone is in place?
	Do you know what action to take if you suffer a needle stick injury or body fluid splash whilst providing social care nursing?
	Have you ever performed a risk assessment?
	Does your employer provide protective equipment and how frequently is it maintained?
	Do you carry any personal protective equipment? If so, what?
	Write a reflective account of your learning from this chapter.

Relevant links and References

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6. Support for Nurses Working in Adult Social Care

- + Completing this chapter will help you understand the key forms of support available to nurses working in adult social care.
- + You will learn how preceptorship, clinical supervision, and reflective practice contribute to professional development and wellbeing.
- + You will also explore resources designed to support internationally educated nurses as they transition into UK practice.

Support for Internationally Educated Nurses

Internationally educated nurses play a vital role within the social care workforce, bringing with them a diverse range of skills and experiences that significantly enrich the sector. Their unique perspectives and expertise are highly valued, contributing to improved care outcomes and fostering a more inclusive environment for both patients and colleagues.

However, not all internationally educated nurses experience this sense of value and recognition. Many face the challenge of becoming deskilled upon entry into the UK social care sector, as their prior experience and extensive knowledge gained abroad are not always properly acknowledged by employing organisations. This lack of recognition can result in their professional status being questioned, which often leads to feelings of despair and disillusionment. For some, this may prompt consideration of leaving the social care sector altogether.

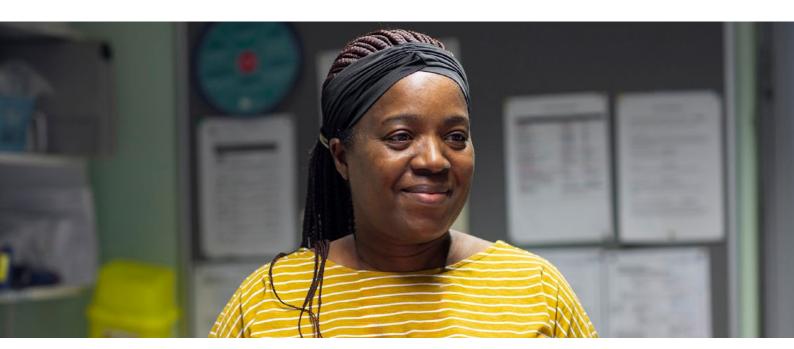
A research study, carried out in 2024 by Lanada and Culligan has shown that a significant number of internationally educated nurses arrive in the UK with considerable experience and the confidence and competence to adapt swiftly to UK nursing practices. Despite this, delays in achieving Nursing and Midwifery Council (NMC) registration frequently result in these nurses being employed as healthcare assistants rather than in nursing roles that fully utilise their capabilities. Many nurses have expressed that this situation makes them feel as though they are starting their careers anew, which in turn can erode their self-confidence and sense of professional identity.

To retain internationally educated nurses in social care nursing settings they must be provided with a structured preceptorship programme and have access to CPD training enabling them to progress with their professional development.

Skills for Care acknowledge that international nurses come to the UK with a high level of expertise. Many of these nurses are working in the sector but have been unable to register with the NMC because of the English language needed to work as a nurse in the UK, frequently English may be their second language. Nevertheless, all nurses should be able to communicate effectively and demonstrate that they are capable of practising safely and effectively. This was

"Having a clear understanding of how and why specific technology is being used will benefit and enhance those involved in receiving and delivering social care."





recognised by the NMC (2023) in an updated document on Guidance on registration language requirements. If you are an internationally educated nurse who is not yet on the NMC register, please do read this document which will give you clear guidance and information. (https://www.nmc.org.uk/globalassets/sitedocuments/registration/language-requirements-guidance)

NHS Employers (2025) have a dedicated page on their website to support the recruitment of overseas nurses and midwives. Any internationally educated nurse who is not yet on the NMC register please do refer to this resource as it will provide you with a wealth of information, tips and guidance to prepare you for the legal requirements needed to nurse in the UK. (https://www.nhsemployers.org/articles/recruitment-overseas-nurses-and-midwives)

Preceptorship

To support all nurses working in adult social care structured preceptorship is vital, not only for newly qualified nurses, but also for those transitioning from acute, learning disability, mental health, or international settings into adult social care. Preceptorship should align with the National Preceptorship Framework (England) and its forthcoming Quality Mark (2025) which sets the gold standard for structured induction, supervision, and skills consolidation across all settings. In Wales, Scotland and Northern Ireland, regional equivalents should be followed to ensure consistent induction and support.

The role of preceptorship is essential in all aspects of nursing. However, those nurses new to adult social care will require ongoing support to become familiar with working in an environment where there is not a doctor on call, or in many instances, other nurses to call on for support. The inclusion of preceptorship is encouraged by key stakeholders such as NHS England, the NMC, Skills for Care, Foundation of Nursing Studies and the RCN along with other national nursing organisations. Whilst this support mechanism is not mandatory it is anticipated that all places of work will provide a preceptorship programme for nursing staff new to the sector.



NHS England defines preceptorship as a 'period of structured support provided to health and care workers at key moments of career transition, such as entering the workforce for the first time, returning to work after a long period away, working in the UK for the first time, taking up a new role, or moving to a new organisation, to give them confidence to act as an autonomous practitioner'. (https://www.nhsengland.nhs.uk)

The NMC suggest that the aim of preceptorship is to welcome and integrate newly registered professionals into their new place of work. It assists these professionals translate their knowledge into everyday practice, grow in confidence and understand how to apply the Code in their day-to-day professional practice. (https://www.nmc.org.uk)

Skills for Care have developed a preceptorship programme which is a structured support system aimed at helping newly qualified nurses and nursing associates transition into their roles with the social care sector. They state that having a preceptorship programme plays a major part in the recruitment and retention of nursing staff within a sector that had previously lacked this support system. (https://skillsforcare.org)

The Royal College of Nursing (RCN) state that preceptorship is a formal process that provides newly registered professionals with a structured start in their careers. It aims to welcome and integrate these individuals into their new teams and workplaces, helping them translate their theoretical knowledge into practical skills. The RCN emphasizes that preceptorship is essential for developing the confidence and competence needed to practice safely and effectively. (https://www.rcn.org).

The Foundation of Nursing Studies (FoNS) also emphasise that preceptorship is designed to support newly registered nurses, midwives and nursing associates in their transition to practice. (https://www.foundation-of-nursing-studies).

It is encouraging to note that key national nursing organisations are fully supportive of preceptorship programmes to support nurses transitioning to adult social care nursing. Even though preceptorship is not mandatory, the voice of key national nursing organisations cannot be ignored.

The role of the 'preceptor' is to:

- Facilitate and support the transition of a new registrant
- Facilitate the application of new knowledge and skills
- Raise awareness of the standards and competencies set that the new registrant is required to achieve and support to achieve these.
- Provide constructive feedback on performance

Benefits of a Preceptorship programme

Preceptorship provides a structured process for the induction/development of staff who still require support and guidance from colleagues as they start in practice.

"Daily safety practice is the backbone of adult social care nursing."



Benefits include:

- Improving confidence and responsibility for maintaining knowledge in the profession.
- Improved patient care and service improvements
- Developing an understanding of the nursing profession

- Improved recruitment/retention
- Reduced sickness absence
- Increased staff satisfaction and morale
- Guidance on identifying mentors within your organisation for ongoing support as you develop your skills in adult social care

For internationally educated nurses a preceptorship programme can assist in understanding differences in how the health care system works in the UK.

Examples of good practice regarding preceptorship for internationally educated nurses can be seen in the acute sector where accelerated preceptorship programmes are offered to internationally educated nurses joining their workforce. This has seen an increase in their retention rates.

Some of the suggestions for the success of the preceptorship programme are:

- 1. Know your internationally educated nurses' needs, acknowledge their previous experience, and incorporate this into any programmes, using their knowledge and experience as a resource.
- 2. Provide a flexible programme which is tailored to whoever is on the course on the day.
- 3. Inform and signpost recruits about career developments and opportunities that are available to them, this supports retention

of staff.

- 4. Facilitate relationships between other internationally educated nurses and introduce them to international recruitment leads within the organisation.
- 5. Develop a strong preceptorship policy that outlines needs, roles and responsibilities, for both the facilitators and preceptees. (https://www.nhsemployers.org)

Clinical Supervision

An additional form of support for nurses new to the adult social care sector is that of clinical supervision. Clinical supervision is a form of psychological and emotional support for nurses and key nursing bodies have a shared ambition to promote the value of clinical supervision across all levels of nursing. It is a formal process of professional support that assists nurses to develop professionally and learn from experience through structured reflection on their practice. However, the importance of clinical supervision is not fully understood across the nursing profession which causes ambiguity as there is a lack of a universally accepted definition of the importance of clinical supervision (Gill-Meeley 2024).

When clinical supervision is practiced effectively it supports structured reflection enabling nurses to reflect on their clinical practice and promoting an improved self-awareness. It



provides the opportunity for nurses to reflect on their individual practice and to learn from their experiences in a safe and supportive environment.

According to Regulation 18 of the Health and Social Care Act (2008, 2014), social care nurses must receive appropriate support, training, professional development, supervision, and appraisal to enable them to carry out their duties effectively. This includes clinical supervision, which is essential for maintaining the professionalism of registered professionals in working with people who use services. Guidance from Care Quality Commission (CQC) say that providers must ensure there are enough suitably qualified, competent, skilled and experienced staff to make sure that they can meet the needs of those they are caring for and therefore meet the requirements of Section 2 of these regulations (the fundamental standards).

Guidance from CQC state:

- + There must be an induction programme provided for all staff joining an organisation to prepare them for their role
- + Nurses should be supported to undertake training, learning and development to enable them to fulfil the requirements of their role
- Nurses should be supervised until they can demonstrate required/acceptable levels of competence to carry out their role unsupervised
- Ongoing or periodic supervision should be provided to ensure that competence is maintained
- + Providers must ensure that all staff receive training in how to interact appropriately with people with a learning disability and other neurodiverse conditions, at a level appropriate to their role
- Nurses should be supported to make sure they are able to participate in statutory training, mandatory training and any additional training required for them to meet the needs of those they are caring for.

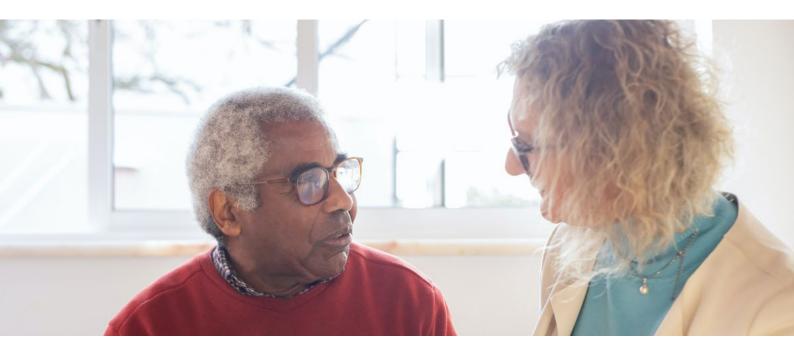
Resilience-based Clinical Supervision

Restorative clinical supervision is another form of support for nurses new to the adult social care sector. The Foundation of Nursing Studies (FoNS) offer a programme of clinical supervision for all registered nurses and nurse associates working in social care.

Resilience-based Clinical Supervision (RBCS) is a form of restorative clinical supervision which focuses on the 'emotional systems motivating the response to a situation' and includes elements of mindfulness-based exercises with a view to 'enhancing wellbeing, resilience and improving care'. This programme helps nurses to develop an increased awareness of the importance of self-care and question organisational practices which impact negatively on staff and patient wellbeing. It is recommended that nurses new to the adult social care sector take advantage of this programme to assist them in developing their personal strategies towards resilience in the workplace.

"Internationally educated nurses play a vital role within the social care workforce, bringing with them a diverse range of skills and experiences that significantly enrich the sector."





Reflective Practice

Reflective practice in nursing is a way of learning from your experiences in health and social care. It is a process where you can critically analyse and evaluate your experiences, actions and decisions to improve your practice and enhance person-centred care in the future. It aims to enhance the quality of care provided and promote self-awareness and continuous learning. Reflective practice is an essential practice in nursing. Using reflective practice effectively will enable you to maintain high standards of care and provide you with the ability to adapt to evolving challenges. As mentioned in an earlier chapter, nurses are encouraged to write reflective accounts after each shift to review actions and promote improvement in their practice. There is no correct format for reflection. Write your reflective accounts in a manner that is meaningful for you.

There are numerous reflective models that can be used, including:

- Gibb's Model of Reflection (1988)
- John's Model of Reflection (1995)
- Kolb's Reflective Model (1984)
- Atkins and Murphy Model of Reflection
- Schon's Model of Reflection (1991)
- Rolfe's Model of Reflection (2001)

Exercise

- 1. Consider a time you felt professionally isolated or overwhelmed.
- 2. What support structures were, or were not, in place?
- 3. What would an ideal preceptorship or mentorship model have looked like for you?
- Write a reflective account of your learning from this chapter 4.



Relevant links and References

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7. Working with Adults at Risk

- + Completing this chapter will enable you to define an adult at risk
- + Identify what constitutes abuse
- + Understand your role in safeguarding adults
- Understand the importance of the Mental Capacity Act in supporting people who lack capacity to make decisions for themselves
- + Define Deprivation of Liberties Safeguard

Introduction

This Chapter will describe your role in protecting the people you care for in the adult social care sector and it will look at the type of treatment or behaviour that might constitute abuse. It will also outline some of the law and processes in place to protect adults at risk when raising concerns. Whilst working in any adult social care setting you may be exposed to potential 'risks of harm' to people you are caring for. How you can understand and work with risk will evolve as you become more experienced. Often those requiring social care may be particularly at risk due to their dependencies related to cognitive and/or functional self-care challenges. Although most social care provision is excellent, maltreatment and abuse of older people can and does still occur (CQC 2017, 2024).

Vulnerability in the older person, is better understood as contextual and situation dependent. That is to say, the degree to which an individual may be deemed 'at risk' is contingent upon the situation at hand and the resilience of the individual in the context of that situation at any given time.

Since our faculties, physical means and support networks will vary over the lifespan, instances can occur in which people are not always aware that they are indeed in a vulnerable situation. An older person may be at risk of physical abuse, financial neglect, environmental neglect, psychological abuse, sexual abuse or emotional abuse. Each one of these risks is major enough on their own, but many older people may be susceptible to more than one of these risks. Abuse often goes hand in hand with vulnerability, especially when directed at the older person (Greenfields, Dalrymple, Fanning 2012). This is particularly difficult to monitor if a person is living on their own and receiving domiciliary care or supported living without another responsible person being involved.

What is abuse?

The Department of Health (2000) defined abuse as: 'A violation of an individual's human and civil rights by any other person or persons. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter a financial or sexual transaction, to which he or she has not consented, or cannot consent. It can be a single act or repeated act or a failure to act, which usually occurs within a relationship in which there is an expectation of trust. Abuse concerns the misuse of power, control and/ or authority. It can be perpetrated by an individual, group or organization. It may be intentional or unintentional. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.'



The Care Act (2014) identifies 10 types of abuse:

This is not intended to be an exhaustive list, but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered.

1	Physical abuse	Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
2	Domestic abuse	Including psychological, physical, sexual, financial, emotional abuse and disputable 'honour' based violence.
3	Sexual abuse	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual exploitation and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
4	Psychological abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, Verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
5	Financial or material abuse	Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
6	Modern slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
7	Discriminatory abuse	Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
8	Organisational abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
9	Neglect and acts of omission	Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
10	Self-neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding





As a nurse working in the adult social care sector, you should be able to recognise signs of abuse.

This may be seen by observing the following:

Physical	Unexplained injuries such as bruising, scars or burns
	Signs of restraint
	Lack of eye contact
Emotional	Becoming very agitated and upset
Emotional	A change in sleeping patterns
	Behavioural changes to either aggression or withdrawn
	Changes in mood
Sexual	Becoming withdrawn
	Bruising around genital area
	Refusing to use the bathroom/toilet
Financial	Changes in banking or spending behaviours
Fillalicial	Hiding purse or wallet
	Lack of personal hygiene
	Soiled bed linen
Neglect	Unclean living conditions
	Lack of food in cupboard or fridge
	Preventable health conditions such as bedsores
	The individual has not been visited when a visit was planned
Abandonment	No care plan is implemented
Abandonment	The care of the individual is deliberately ignored
	Ignoring an individual's physical and emotional needs



Duty of Care

Duty of care means to safeguard from harm and promote the wellbeing of those in your care. Every organisation has a specific obligation and legal requirement that must be followed to protect adults from harm in their specific adult social care setting. This is supported by the NMC Code (2018) which states that all nurses have a duty of care to protect people at risk of harm.

As a health care professional, it is your responsibility to act promptly if you have any concerns.

Duty of care may include:

- Acting in the best interest of the person you are caring for & in the least restrictive way if they do not have capacity to make the decision at that time.
- Acting to protect the adult at risk from harm or abuse
- Dealing with immediate needs, as far as possible, central to the decision-making process
- Report any concerns.
- Seek support

- Make a referral when necessary
- Discuss concerns through with your line manager.
- Inform the local Safeguarding lead for advice. They will advise if police involvement is necessary if you think a criminal act is involved.
- Accurately record the incident
- Follow up your concerns with the appropriate line manager

However, if an individual has capacity to make their own decision, then as a nurse you have a duty of care to follow their wishes, even if this is an unwise decision.

You must ensure that you are aware of both national and local policies and that you have attended mandatory training in safeguarding.

Who is an 'adult at risk'?

An adult at risk is typically defined as an individual aged 18 or over who is experiencing or at risk of abuse or neglect. They may have care and support needs that make them more vulnerable to harm and are unable to protect themselves due these needs. This definition is often referenced in health and social care contexts, emphasizing the importance of safeguarding vulnerable adults. (gov.uk 2022).

Safeguarding Adults

'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including,

"Using reflective practice effectively will enable you to maintain high standards of care and provide you with the ability to adapt to evolving challenges."



where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances' (The Care Act 2014).

The six principles of safeguarding listed below provide a framework to protect vulnerable people while respecting their rights and dignity.

- **1. Empowerment:** People being supported and encouraged to make their own decisions and informed consent.
- **2. Prevention:** It is better to act before harm occurs
- **3. Proportionality:** The least intrusive response appropriate to the risk presented.
- **4. Protection:** Support and representation for those in greatest need.
- **5. Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **6. Accountability:** Accountability and transparency in safeguarding practice.

The Care Act (2014) recognises that safeguarding is in place for those individuals who may have a learning disability, mental health needs, dementia or those who have a cognitive impairment that makes them more vulnerable to abuse or neglect. It is important to understand that sometimes individuals may not even be aware that they are being abused, and these situations need to be addressed with sensitivity. This is reinforced by the NMC (2018) who state that 'Professional standards of practice and behaviors for nurses and midwives requires you to 'raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection'.

It is of paramount importance that you are aware of both national and local policies and have attended mandatory safeguarding training and you have legal duty under GDPR Article 6(1)(e) to report safeguarding concerns.

Consent

All adults who have capacity can give permission for medical tests, examinations and treatment to be carried out on, and for them. However, this is not the case for all adults if their mental capacity is impaired this may be because the person:

- Lacks capacity to consent to treatment of their mental health (for example, in cases of dementia)
- Requires hospital treatment for a severe mental health condition
- Is a risk to public health (for example due to ebola, cholera, tuberculosis)
- Is severely ill or infirm and living in unhygienic conditions
- Needs an additional emergency procedure during an operation
- Requires life-saving treatment and they are unconscious.



Key Case Reviews and Lessons Learned Winterbourne View Care Home

A serious case review of the Winterbourne View care home, which was exposed by the BBC Panorama programme, "Undercover Care: The Abuse Exposed" in May 2011, brought national attention to the existence of institutional abuse and highlighted significant failures by the staff working in the home.

The Francis Report (2013)

Similarly, the Francis Report (2013), following the Mid-Staffordshire incidents, raised critical questions regarding the protection of adults at risk. Whilst the Francis Report (2013) focused on NHS, the findings and recommendations should also be followed in all care settings, including adult social care settings.

Among its many recommendations, the report emphasized the need for patient-centred care and robust safeguarding measures to prevent harm and abuse in care settings.

'Patients must be the priority in all of what the NHS does by ensuring that, within available resources, they receive effective care from caring, compassionate and committed staff, working within a common culture, and protected from avoidable harm and any deprivation of their basic rights.'

Following the report of these two disturbing reports The Care Act (2014) introduced Safeguarding Adults Reviews, previously known as Serious Care Reviews. Since 2014 there have been numerous Safeguarding Adult Reviews, too many to mention in this resource. Please visit https://www.safeguardingadults.org.uk/publications-and-resources/learning-fromserious-cases

Whistleblowing in Social Care

Concerns about wrongdoing must be reported promptly to your employer and, if necessary to the Care Quality Commission (CQC). This helps protect those in your care and ensures proper procedures are followed. Familiarise yourself with your organisation's whistleblowing policy and always adhere to it.

The Mental Capacity Act (MCA) 2005

The concept of the mental health act is the ability to make decisions, no matter how significant or minor, ranging from everyday choices, such as what to wear or eat, to larger matters like consenting to medical treatment or deciding where to live. According to the MCA Code of Practice (2005), a person is considered to lack capacity if, at the time a decision or action is required, they cannot make that decision or take that action themselves.

"Concerns about wrongdoing must be reported promptly to your employer and, if necessary to the Care Quality Commission (CQC)."





The Five Principles of the Mental Capacity Act

The Mental Capacity Act is underpinned by five central principles, each designed to safeguard people who may lack capacity and to ensure they are as involved as possible in decisions that affect them:

- 1. Presume that every adult has capacity unless there is clear evidence to suggest otherwise.
- 2. Do not consider a person incapable of making a decision unless all practical steps to assist them have been attempted, without success.
- 3. Do not assume someone lacks capacity simply because they make what might

- seem like an unwise choice.
- 4. If a decision must be made on behalf of a person who lacks capacity, it must always be in their best interests.
- Choose the least restrictive option possible when making decisions or taking actions on behalf of someone who lacks capacity.

To help determine if a person lacks capacity to make decisions, the Act sets out a two-stage test of capacity.

Stage 1: Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain?

This may include:

- conditions associated with some forms of mental illness
- dementia
- significant learning disabilities
- the long-term effects of brain damage
- physical or medical conditions that cause confusion, drowsiness or
- loss of consciousness (for example diabetes, epilepsy or infection)
- delirium
- concussion following a head injury, and
- the symptoms of alcohol or drug use.



Stage 2: Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?

A person is unable to make a decision if they cannot:

- 1. understand information about the decision to be made
- 2. retain that information in their mind
- 3. use or weigh that information as part of the decision-making process, or
- 4. communicate their decision (by talking, using sign language or any other means).

Only when we have tried everything to support a person to make their own decision, do we act in their best interest.

Your organisation will offer MCA Awareness training; this will give you the opportunity to explore the five principles of MCA and how you put these into practice.

Best Interest Decisions

The NMC Code (2018) states that as a registered nurse you must act in the residents best interest at all times, this includes balancing the need to act with the requirement to respect a person's right to accept or refuse treatment, ensure informed consent is gained and documented, and you keep to the Mental Capacity Act (2005).

The Mental Capacity Code of Practice describes the best interest principle as: 'An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.'

However, you must always start with the first principle of the Act that people must be assumed to have capacity to decide or act for themselves unless it is established that they lack it. That means that working out a person's best interests is only relevant when that person has been assessed as lacking or is reasonably believed to lack capacity to make the decision in question or give consent to an act being done at the time of assessment.

People with capacity can decide for themselves what they want to do. When they do this, they might choose an option that other people don't think is in their best interests. That is their choice and does not mean that they lack capacity to make those decisions.

When acting in someone's best interest you should consider the following:

- Do not make assumptions about capacity based on age, appearance or medical condition
- Encourage the person to participate as fully as possible
- Consider whether the person will in the future have capacity in relation to the
- decision to be made and if the decision can wait until they have regained capacity.
- Consider the person's past and present beliefs, values, wishes and feelings
- Consider the views of others ie carers, relatives, friends and advocates
- Consider the least restrictive options

"As a health care professional, it is your responsibility to act promptly if you have any concerns."



Who is the decision maker?

For the small everyday decisions, for example what to wear or what/ when to eat or drink that will be you or the support staff you are on duty with.

For the bigger decisions for example where to live then this decision will be made through best interest decision meeting.

The Best Interest Decision Meeting

This meeting should be a multidisciplinary meeting and be documented on a best interest decision form.

As well as professionals involved in the decision attending the meeting the individual concerned should be involved as much as they are able to, any family, loved ones, and/or friends that are involved in their care and an independent advocate may need to be invited. All the options should be considered, including the individuals wishes, feelings, beliefs and values when s/he had capacity to make this decision. The pros & cons should also be discussed. A person with capacity has the right to make their own choices, even if others might not agree that these are in their best interest. Making what appears to be an unwise decision does not mean someone lacks capacity.

There are two situations where the best interest's principle does not apply:

- 1. If someone has made an advance decision to refuse treatment while they had capacity, that advance decision must be respected, even if others believe it not to be in their best interests.
- 2. In certain research scenarios, when a person lacking capacity may be involved under defined circumstances.

When determining what is in a person's best interest, you must:

- Avoid making assumptions about a person's capacity based on age, appearance, or medical condition.
- Encourage the person to participate in decisions as much as possible.
- Consider whether the person may regain capacity in the future and, if appropriate, whether the decision can be delayed.
- Consider the person's past and present beliefs, values, wishes, and feelings.
- Listen to the views of carers, family members, friends, and advocates.
- Always consider the least restrictive options for the person concerned.

The final decision and how this was made should be documented including any follow-on work that may be required.

If a final decision cannot be decided by all involved even after any follow-on work, in extreme cases this may need to be referred to the Court of Protection.



If you become involved in best interest decision making and meetings, you may need to attend local authority training, your manager should discuss this with you. This may involve family members, loved ones and carers.

Professional Curiosity

All nurses are encouraged to have a professional curiosity. This will involve you to actively question and explore situations to ensure the safety and well-being of individuals with care and support needs. The Royal College of Nursing (2024) has developed a resource which identifies competencies you will need to support individuals to receive personalised and culturally sensitive safeguarding.

Deprivation of Liberty (DoLS)

Alongside the best interest decision, the Deprivation of Liberty Safeguards (DoLS) must also be considered. This is a procedure prescribed in law when it is necessary to deprive of their liberty a person who lacks capacity to consent to their care or treatment to keep them safe from harm (SCIE). In line with the Mental Capacity Act (2005) restraint and restrictions are only to be used if it is in the best interest of a person. In England and Wales all adult social care services must ask the local authority if they can deprive someone of their liberty. Different rules may apply in Northern Ireland and Scotland. Please speak to your manager to find out who the 'supervisory body' is in Northern Ireland and Scotland when requesting a DoL. If you are required to complete a DoLS request, you must attend local authority training to ensure that you have an understanding of this process.

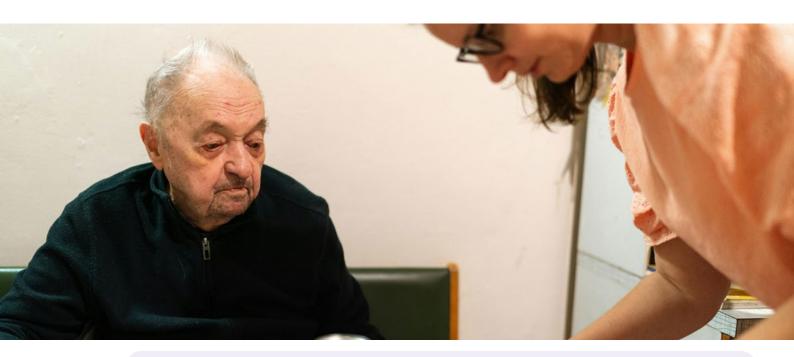
Some of the restraints and restrictions that may be used are listed below:

- Use of sensor mats without a person having the capacity to consent
- Use of bed rails without the person having the capacity to consent
- Frequent use of medication/ sedatives to control behaviour
- Use of covert medication without the person having the capacity to consent
- Restricting contact with other people

- Physically stopping the person doing something that could cause them harm
- Holding the person down to give care or treatment
- Not allowing a person to leave the environment where they are being cared for

"Concerns about wrongdoing must be reported promptly to your employer and, if necessary to the Care Quality Commission (CQC)."





Case Study Harry

Harry has been diagnosed with Dementia and stomach cancer and currently lives with Julie his wife of over forty years. Harry has respite care every six weeks for which he has been having for the past eighteen months. When Harry is at home, he has a care package consisting of two homecare visits a day to assist with washing and dressing, Julie provides all other care that is required including eating and drinking and support with going to the toilet and changing continence pads and administering his medication.

The nurses in the care home where Harry goes for respite care have assessed and observed that Harry is deteriorating in terms of his care needs and requires additional help with washing, dressing and eating. He is becoming more confused, is very restless and agitated, and is constantly wandering. His wife Julie says that he is beginning to wonder when he is at home also. Because of this a meeting has been arranged to discuss Harry's situation.

On Harry's last hospital visit to the oncology unit, the Consultant prescribed Morphine Sulphate tablets for his back pain, which was diagnosed as bone secondaries. He was also started on a laxative as a precaution. The Consultant made a referral to the palliative care team as he now thinks that Harry is at the end stage of his cancer.

Julie has said that she cannot cope with Harry at home anymore as he keeps wandering off in the middle of the night and on the last occasion had to be bought back by the police. She has her own health problems and finds it very upsetting that Harry doesn't know who she is anymore.

Harry's social worker visited him at home to assess his capacity to make the decision to move him permanently to a nursing care home. Harry's social worker also invited an Independent Mental Capacity Advocate (IMCA) to ensure Harry's wishes, feelings, beliefs and values were also considered as part of the decision-making process.



At the time of the social workers visit she assessed that Harry did not have the capacity to make the decision about where to live because he didn't have an understanding of his diagnosis of cancer and increased care needs, he also couldn't remember regular visits by the community palliative care team and previous conversations with them and his wife about moving to a care home.

The IMCA spoke to his wife and family about Harry, they informed the advocate that Harry had always been an independent gentleman and when he was diagnosed with dementia he didn't want to become a burden on his family and would prefer to live in a care home and retain his relationships with his wife and family rather than them becoming his 'carers'. Harry's GP of more than 20 years also confirmed this as he had conversed with Harry about his future when he had first been diagnosed with dementia and he had been able to make decisions.

The IMCA also spoke to the care home staff, who confirmed that during Harry's respite stays although he was more confused & wandering, he was settled and did not try to leave the premises and did not appear anxious when family visited and left to go home.

The best interest meeting discussion focused on the best place for Harry to be cared for as he approached the final weeks/months of his life. There was a lengthy discussion around 'preferred place of death' and where Harry would be best looked after. The nurses in the care home felt that the care home could accommodate Harry's needs and there was the necessary expertise within the nursing team for Harry to be admitted permanently where excellent end-of-life care could be provided for Harry.

After opinion was sought from all those involved in Harry's care, including Harry's opinion when he had capacity and spoke to the GP about his future care, the least restrictive option for Harry was to move Harry into the care home. This was a difficult, but necessary decision for Julie to hear, but she realized that she was no longer able to provide the twenty-four-hour care that Harry now required.

Summary

This chapter focused on the complexity of working with adults at risk and some of the issues you may encounter whilst working with this group and raises awareness of a professionals' safeguarding responsibility when caring for people at risk of harm. It has discussed some of the legalities of mental capacity, best interest decision making and deprivation of liberties safeguards. This topic is complex and all nurses and the multiprofessional team have a responsibility to keep themselves updated with regular training and work within the most up to date guidance around safeguarding, the mental capacity act, deprivation of liberty safeguards and adults at risk in any social care setting. There is a great emphasis on collaborative working to minimise the risk of harm to an individual in the care of the social care team.

"We must always start with the first principle of the Act that people must be assumed to have capacity to decide or act for themselves unless it is established that they lack it."





- Understand the Mental Capacity Act
- 2. Understand the Safeguarding policy in your organisation
- 3. Ask to see a Deprivation of Liberty application to see what information must be supplied to the local authority. Discuss this with someone within your organisation. This may be a manager, mentor, supervisor or peer.
- 4. A person you support has diabetes and dementia; they are prescribed metformin for their diabetes but recently they have been refusing to take their medication.

You have discussed this with your manager and they have suggested that you hide their medication in their food.

- Should you follow these instructions?
- Does the person have capacity to refuse their medication?
- What is in their best interest?
- Is this a deprivation of liberty?
- What are your responsibilities as a registered nursing professional?
- Think about and list all the decisions you support your residents to make and the practicable steps you take to help them make the decision themselves
- 5. What action would you take if someone in your care became very distressed and they were unable to explain why they were upset. Is this person at harm or could they harm someone else? What action would you take?
- 6. What action would you take if a person you are caring for has a number of bruises on their arm and they suddenly become withdrawn, not wanting you to wash them or help to bath them?.
- 7. Reflect on your learning from this chapter.
- 8. Complete a SWOT analysis focusing on 'adults at risk'. Identify your strengths and weaknesses and what threats and opportunities you may face in these situations?

Relevant links and references

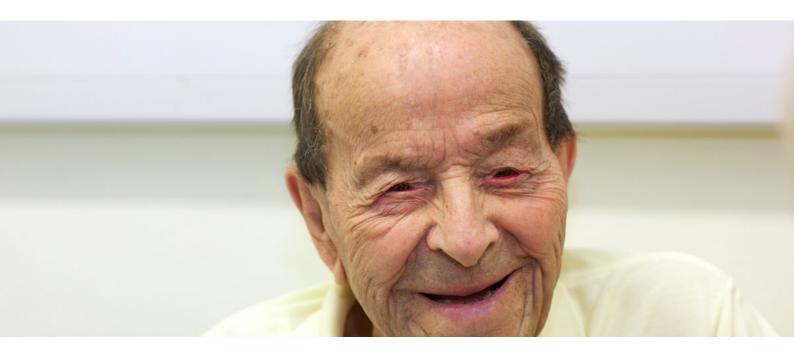
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- Legislation.gov.uk. Care Act 2014. https://www.legislation.gov.uk/ukpga/2014/23/contents
- Mental Capacity Act (2005) Code of Practice https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice
- National Institute of Clinical Excellence. Action on Elder Abuse NICE. https://www.nice.org.uk/guidance/advice
- NHS (2023). BNSSG, BANES & Somerset Safeguarding adults multi-agency policy https://www.remedy.bnssg.icb.nhs.uk/adults/safeguarding-multi-agency-policy
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- Royal College of Nursing (2025) Duty of candour Advice guides. https://www.rcn.org.uk/get-help/rcn-advice/duty-of-candour
- Safeguarding Adults at Risk Information hub www.saarih.com
- Skills for Care: A guide to Adult Safeguarding for Social Care Providers
- Social Care Institute for Excellence (2022) Deprivation of Liberty Safeguards (DoLS) at a glance https://www.scie.org.uk/mca/dols/at-a-glance/
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- The Nursing and Midwifery Council (2018). The Code: Professional Standards of practice and behaviour for nurses, midwives and nursing associates. https://www/nmc.org.uk/standard/code
- $\bullet \quad \text{The Nursing and Midwifery Council} \cdot \underline{\text{When things go wrong openness-and-honesty-whenthings-go-wrong-the-professional-duty-of-candour-1224.pdf}$
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"A person with capacity has the right to make their own choices, even if others might not agree that these are in their best interest"

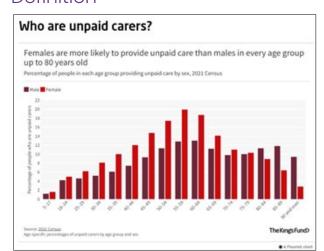




8. Supporting Unpaid Carers in Adult Social Care

- + Completing this chapter will provide you with a greater understanding of the role of the unpaid carer.
- + It will provide you with information regarding support systems for unpaid carers
- + It will also highlight the important role that young carers provide to the older generation
- + It will give you a greater understanding of the impact supporting a loved one in a new environment can have on families and loved ones.

Definition



An Unpaid Carer is someone who provides unpaid care for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Kings Fund (2024)

There are approximately 4.7 million unpaid carers in England and approximately 310,000 unpaid carers in Wales: 8.9% and 10.5% of the usual resident population, aged 5 years and over.

An unpaid carer can be caring for someone at

home or in variety of different places including an adult social care setting.

Impact

Unpaid Carers pay an invaluable role in the Health and Care system but often report being unrecognised and struggle to get the support they need and have a legal right to. Unpaid caring is a social determinant of health.



- Many carers face delays in obtaining both primary and secondary health care appointments.
- 42% of carers say they need more support from the NHS or healthcare professionals.
- Many carers are not currently getting the support they are entitled to under the Care Act 2014.
- 23% of carers say care services are not currently meeting their needs.
- 88% of directors of adult social services recently reported an increased level of need among carers, identifying carer

- burnout as the leading factor contributing to carer breakdown.
- GP Patient Survey 2024 70% of carers who responded had a physical or mental health condition or illness expected to last more than 12 months, compared with 59% of non-carers.
- 27% of carers who responded to Carers UK's State of Caring survey said their mental health is bad or very bad, and 82% said the impact of caring on their physical and mental health will be a challenge over the next year.

Legislation

Unpaid Carers including young carers have legal rights and it is important nurses are aware of these and where to signpost for more information and how to the support to which they are entitled. There are a number of websites to find local Carer Support Services including:

Carer Services Near Me | Carers Trust Local Carer Centres Find local authority adult social care services- NHS Find Your Local Young Carer Service | The Children's Society

More information about these rights can be found in:

Identifying and supporting unpaid carers in England to improve integrated system working

Health and Care Act 2022

The Health and Care Act 2022 contains four key provisions in relation to carers:

- . Section 10: Places a duty on NHS England to consult carers and other representatives regarding commissioning or policy decisions which affect service provision and delivery.
- · Section 25: Places a duty on Integrated Care Boards to promote the involvement of unpaid carers, where appropriate, in relation to decisions about prevention, diagnosis, treatment and care.
- · Section 25: Places a duty on Integrated Care Boards to consult carers in commissioning or policy decisions affecting services
- . Section 91: Places a duty on NHS Trusts and Foundation Trusts to involve carers, where appropriate, in planning for hospital discharge as soon as is feasible.

Care Act 2014

The Care Act 2014 requires local councils to assess unpaid carers, provide support to meet their needs, and promote carer-wellbeing. Duties also include providing information, advice, and support to prevent carers from developing further support needs. Local councils also have a duty to involve unpaid carers in the design of services that affect them

Children and Families Act 2014

The Children and Families Act 2014 protects children, as well as offering specific protection to young carers and parent-carers of disabled children (including those with a long-term condition). It specifies that local authorities must meet their duties to identify, assess and support young carers, young adult carers and their families.

Carer's Leave Act 2023 The Carer's Leave Act 2023 makes provision for employees who balance work with unpaid caring responsibilities to take up to one week of unpaid carer's leave per year, if providing or arranging care for someone with a long-term care need. There are other workplace rights which support carers in employment, which are set out here.

Equality Act 2010

The Equality Act 2010 protects unpaid carers against discrimination or harassment as they are considered to be associated with someone with a protected characteristic (disability).

Human Rights Act 1998

Under Article 8 of the Human Rights Act 1998, individuals, including carers, are granted the right to respect for private and family life, home and correspondence. Carers also have the right to freedom from inhuman and degrading treatment under Article 3.



Identifying, Supporting and Signposting

An unpaid carer can be caring for someone at home or in variety of places in the community including an adult social care setting. Families may spend a lot of time visiting, supporting with care, and keeping the person company and if this can have has a significant impact on their life. They should be made aware they are entitled to a Carers Assessment. Carers Trust.

Moving into a residential/nursing care home can be an emotional time and unpaid carers need support during this stressful time and can continue to be involved in decisions regarding care should they wish, and staff should support this. Many adult social care settings have groups for residents, carers and families and nurses should make unpaid carers aware of them.

Families may spend a lot of time visiting, supporting with care, and keeping the person company and if there is a significant impact on their life, they are entitled to a Carers Assessment. This may apply to someone who is travelling daily to visit a spouse or loved one in a residential/nursing care home/supported living accommodation. The carer may have to take a bus, train or taxi and this eventually, if long term, will have a financial drain on their finances. As a nurse working in a social care setting you will be familiar with someone who is visiting on a very regular basis. In most instances this additional support for the individual requiring care will be providing company and stimulation for them. However, it may also be tiring and emotionally draining for the person visiting. Knowing that this carer is eligible for a Carers Assessment is something that you can promote and refer them to where they can get further advice and support. So often a carer is taken for granted and is not looked upon when looking at person-centred care of an individual, yet the care could not be provided in totality if there was not a carer supporting them to fulfil their daily activities of living.

As mentioned previously, some organisations have support groups for carers. Sometimes when a person is receiving social care their carer may not be aware of these support systems so, again it is important that you are aware of these support groups to pass this information onto carers

Nurses working in adult social care settings should be aware of children and young people who may have caring responsibilities, known as Young Carers under 18 and Young Adult Carers 18-25. Providing unpaid care as well as being positive can have a huge impact on education, social life, health and wellbeing. The impact varies considerably person to person, so it is important to be professionally curious, asking a child or young person through a family centred lens about their life and responsibilities. This is key to understanding their role and the first step to ensuring they receive the support to which they are entitled.

To keep you / and or your organisation up to date you can join the free Young Carers Alliance Young Carers Alliance- Carers Trust

The Triangle of Care

Organisation can sign up to The Triangle of Care. It is a therapeutic alliance between carers, service users, and health professionals aiming to promote safety and recovery and to sustain mental wellbeing by including and supporting carers. There are six standards:



- 1. Carers and the essential role they play are identified at first contact, or as soon as possible thereafter.
- 2. Staff are 'carer aware' and trained in carer engagement strategies.
- 3. Policy and practice protocols re: confidentiality and sharing information are in place.
- 4. Defined post(s) responsible for carers are in place.
- 5. A carer introduction to the service is available, with a relevant range of information across the care pathway.
- 6. A range of carer support services is available. triangle-of-care-a4-2pp-leaflet- (health-care)-web-pink.pdf

The quality standard acknowledges that family and carers play an important role when a person is either moving from home/residential/nursing care home or supported living to a hospital for planned care or as an emergency admission. Therefore as a nurse working in adult social care you have a responsibility to carry through the quality standard recommendations regarding carers.

Summary

Nurses working in adult social care settings play a key role in identifying and supporting unpaid carers of all ages to reduce the health inequalities they face.

This is evident in many ways as suggested below:

- Proactively identifying and recognising caring role
- Offering timely and relevant information
- Connecting to local or relevant support services
- Supporting to access a carer's assessment / assessment of needs
- Providing support following the outcomes of a carer's assessment
- Involve in relevant decisions about health and social care services
- Involve in any strategic planning or delivery of services



Exercise

- 1. Who is entitled to a Carer's Assessment?
- 2. Have you observed a carer's assessment being carried out in your organisation?
- 3. Do you know of any young unpaid carers who are supporting those in your care?
- 4. Write a reflection on how you see an unpaid carer's role supports you as a nurse working in a social care setting.

Additional links and references

• Care England (2022). Care Rights UK. https://www.careengland.org.uk/members/relatives-residents/association

"As a nurse working in adult social care you have a responsibility to carry through the quality standard recommendations regarding carers."





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- Dementia UK. Specialist Alzheimer's Support Alzheimer's Helpline. https://www.dementiauk.org.uk
- GOV.UK. Unpaid carer's leave GOV.UK. https://www.gov.uk/carers-leave
- National Institute of Clinical Excellence. Older people with social care needs and multiple long-term conditions. https://www.nice.org.uk/
- National Society for the Prevention of Cruelty to Children. Supporting your child as a young carer NSPCC. https://www.nspcc.org.uk/how-do-i-support-a-young-carer
- NHS Carer's Assessments. https://www.nhs.uk/social-care-and-support/support-and-benefits-for-carers/carer-assessments
- Patient. Living with a long-term condition Patient. https://www.patient.info/living-with-a-long-term-condition/



- Stroke Association. Caring for someone close to you after a stroke. https://www.stroke.org.uk/stroke/support/carers/
- The Health Foundation (2023). Understanding unpaid carers and their access to support. https://www.health.org.uk/reports-and-analysis
- Young Minds. Young Carers Mental Health Advice. https://www.youngminds.org.uk/ young-person/coping-with-life

9. Career Progression in Adult Social Care

- + Completing this chapter will enable you to consider your future professional development and career aspirations working in the health and social care sector.
- + Acknowledge which organisations actively support the adult social care nursing workforce.
- + Recognise the relevant national bodies and influencing policy documents relating to adult social care nursing
- + Gather evidence from peer reviewed journals that will assist you in promoting research in adult social nursing.

Working as a nurse in the adult social care sector has in the past been given little attention or focus from the government or nursing organisations. However, since the Covid 19 pandemic this has changed considerably, and the social care sector is now on the government agenda and there is a career structure for nurses to aspire to.

Providing a quality service in health and social care relies on an array of skilled and dedicated staff. Whilst a vast number of registered nurses in England work for the NHS a further 33,000 works in adult social care, providing care to individuals who are among the nation's most frail with the most complex needs.

Career Progression

Frequently we see someone start their career in adult social care as a carer and once they realise this is an area of work, they want to work in they look at how they can develop further skills. Studying for the Care Certificate is often the start of their professional career journey enabling them to pursue various career paths in health and social care. The Care Certificate Standards define the knowledge, skills and behaviours expected of health and social care workers and frequently gives individuals a thirst for more knowledge of caring in the social care sector. If you are supporting someone who is following the Care Certificate do ensure that you are using the most up to date resources. The Care Certificate Standards were updated in 2025. The Care Certificate is not a license to practice but it is a qualification that can be used towards some regulated qualifications and apprenticeships in health or social care. A popular career development for someone in social care is to enrol onto a nurse associate programme.

"Studying for the Care Certificate is often the start of their professional career journey enabling them to pursue various career paths in health and social care."



The introduction of the Nurse Associate role in 2016 has opened the door allowing career progression for those who would have historically been prevented from accessing the nursing workforce because of entry qualification and financial limitations. The Nursing Associate role is set as a level 5 qualification and one of the best routes is for the employing organisation to support the training through an apprenticeship route with a typical salary scale equivalent to a NHS Band 3. The Nurse Associate programme is typically a two-year foundation degree course. Nurse Associate trainees must complete at least 2,300 programme hours; the hours are equally divided between academic and hands-on-workplace training, and the programme is regulated by the NMC which sets standards for pre-registration Nursing Associate programmes.

All social care organisations need to raise the awareness amongst their staff to allow them to fully understand the role of the Nurse Associate (Thurgate, Griggs, 2023). The success of the apprenticeship programme for Nurse Associates relies on the university and the employer working together to ensure that the Nurse Associate role is understood by the individuals being cared for, their families and loved ones. It is essential that the Nurse Associate has appropriate support in mentoring and supervision. In many areas a practice development nurse plays a key role in supporting the Nurse Associate as well as educating the organisation of the essential role they play in supporting the regulated workforce.

The Nurse Associate role is frequently referred to as the bridge between the care worker and the registered nurse. According to Skills for Care, 'a nurse associate will contribute to the core work of nursing which enables registered nurses to focus on more complex care needs, leadership and management' (SfC 2016).

Their roles and responsibilities include, understanding vital signs such as body temperature, respiration rate, heart rate, blood pressure and blood glucose levels. Nurse Associates are trained to perform venepuncture and under the guidance of a registered nurse they can administer prescribed medicines safely and appropriately. It is essential that the nurse associate keeps accurate records so that all involved know what care has been given to a person. The scope of practice may vary dependent on which area of social care you are working, however, as with all nursing roles a nurse associate will be expected to provide reassurance and emotional support whilst someone is being cared for in a social care environment. They are also an essential member of the multi-disciplinary team and are expected to communicate effectively with other health and social care professionals.

Some of the benefits of a Student Nursing Associate Apprenticeship

- Flexible learning
- Earn while you learn
- Hands on Experience
- Recognised Qualification

- Registered with the NMC
- Career Progression Opportunities
- Have placements in a variety of settings

For those nurse associates who want to aspire to become a registered nurse they are already in a fortunate position having acquired many clinical skills as a nurse associate. They will have had experience of working shifts, weekends, and working in a variety of placements. They can



apply for a shortened top up degree which will be either 18 or 24 months where tuition fees are due, or they can apply for a registered nurse degree apprenticeship route which will take approximately 3-4 years to complete. Upon completion of a registered nursing degree most nurses will be on a NHS Band 5 pay scale.

Revalidation

You must have undertaken 35 hours of continuing professional development (CPD) relevant to your scope of practice in the three-year period since your registration was last renewed, or you joined the register. Of those 35 hours of CPD, at least 20 hours must have included participatory learning. This applies to registered nurse associates and registered nurses.

Nursing careers in adult social care are diverse and offer a range of roles and opportunities for those passionate about making a positive impact on individuals' lives. The care workforce pathway outlines the knowledge, skills, values, and behaviours needed to work in adult social care, with new role categories being added regularly. As a qualified registered nurse in adult nursing, mental health nursing or learning disability nursing there are numerous opportunities for you to extend into other areas within social care. You may want to become a manager in the sector you are working in, or you may want to specialise in a specific condition such as dementia, heart failure, diabetes, palliative and end of life care or other specialist areas.

Whichever branch of nursing you are registered in, you will be leading a team of other registered nurses and unregistered carers. You may also be responsible for leading the multi-disciplinary team so will be expected to have a strategic view of your organisation to lead your team with a purpose and have clear outcomes for delivering hight quality person-centred care.

Once qualified you may wish to spend some time consolidating your learning. However, there are numerous other opportunities open to you within the adult social care sector, such as becoming:

- A Nurse Manager
- A Professional Nurse Advocate
- A Quality Improvement Nurse
- A Practice Assessor
- A Research Nurse or actively become involved in research which will impact on

adult social care nursing

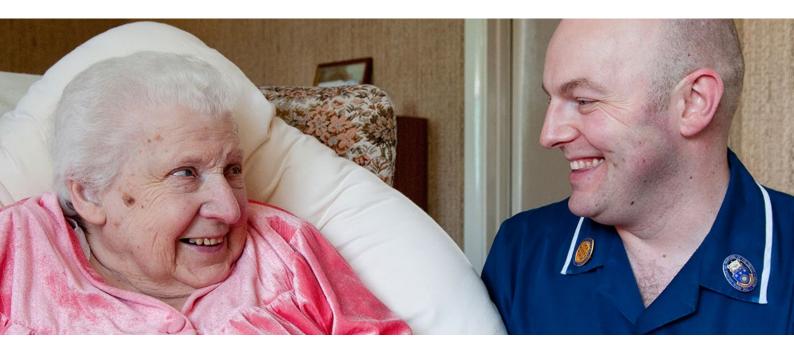
- A Specialist Practitioner in Adult Social Care Nursing (SPQ)
- An Advanced Nurse Practitioner in Social Care
- A Consultant Social Care Nurse

Whatever your role in social care is it is supported by NHS England who state that nurses in social care have distinct expertise. They use their clinical skills to understand the variety of needs of patients and deliver relationship-centred support. They recognise the importance of giving everyone a sense of security, purpose, achievement and significance.

There are numerous other opportunities so you should speak to your role models in the sector and seek advice on how to progress your career. The time of your annual appraisal is an ideal

"Nursing careers in adult social care are diverse and offer a range of roles and opportunities for those passionate about making a positive impact on individuals' lives."





opportunity to share your aspirations so that you can be directed to the relevant resources and people. It must not be overlooked that career progression in adult social care is as varied as it is rewarding.

It can be challenging to fill vacant posts in adult social care, particularly to recruit registered nurses. One of the key issues is the retention of staff at affordable rates, the access to continuing professional development compared to peers working in the NHS and the delegation of some nursing skills to carers. Skills for Care estimates that a further 275,000 people will be needed to fill additional roles by the end of 2025 (this includes registered nurses and unregistered carers). Despite the increased awareness of the need for highly qualified nurses working in adult social care there has been a decline in nurses working in this sector. In 2012/2013 there were approximately 51,000 registered nurses working in adult social care and in 2022/2023 dropped by a staggering 29% down to 37,000.

A positive way forward which hopefully will be the catalyst to encouraging more newly qualified nurses to enter the social care nursing workforce, is the introduction of the Social Care Nursing Placement Strategy (2025). This is a collaboration between the Council of Deans and Skills for Care. The aim is to enhance student nurse placements positioning social care as the preferred choice for student nurses to gain practical experience. This will prepare them to deliver nursing care across the social care sector, producing agile, well-rounded, knowledgeable, confident nurses. The NMC and the RCN support this strategy.

Many student nurses are already fortunate to have experienced positive experiences whilst having a social care placement. One student nurse has championed his social care placement by saying:

'My six-week placement in a social care setting has differed from my usual placements but has offered me valuable insights into providing care from a social care perspective – one that prioritises quality of life over curative interventions...It opened my eyes to how social care



goes far beyond 'basic' caregiving. It is about truly seeing the whole person, their emotional wellbeing, their daily routines, their social connections and of course, their clinical needs.... Social care differs fundamentally from a medical model. The focus is not on 'fixing' the person's condition but enhancing their quality of life, particularly for those with long-term conditions'. (https://www.gicn.org.uk/51302-2/)

The more student nurses are exposed to social care nursing it is anticipated that the views above will be replicated, and social care will be the first choice of employment for nurses completing their pre-registration nursing programme.



Do you understand the various caring/nursing roles in the social care sector?

As a nurse working in social care how would you support a carer who holds the Care Certificate but aspires to be a registered nurse?

Why do you want to work in adult social care?

Reflect on how you see your professional journey in the social care sector developing

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"The social care sector is now on the government agenda and there is a career structure for nurses to aspire to."



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