

FP93 04 (CHS150) Maintain the feet of clients who have been assessed as requiring help with general foot care

About this Unit

This standard covers your role in contributing to the care and maintenance of the feet of individuals assessed by a Podiatrist as unable to maintain their own footcare. It includes undertaking those foot care activities which individuals would normally be able to do for themselves such as nail cutting and the application of dressings and medicaments. You will follow a prescribed care plan and will ensure that a record of the care given is made. You will need to be able to recognise when to refer the individual back to the podiatrist.

Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

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Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit.
<ul style="list-style-type: none"> ◆ The following forms of evidence ARE mandatory:
<ul style="list-style-type: none"> ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, how you maintain the individuals nails following the plan of care. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, discuss with your assessor/expert witness the relevant legislation and procedures for dealing with bodily fluids.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

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KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to maintaining the feet of individuals who have been assessed as requiring help with general foot care.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 The importance of taking particular safety precautions.	
5 The legislation and procedures for dealing with contamination by body fluids.	
6 The importance of applying standard precautions to the maintenance of foot health and the potential consequences of poor practice.	
7 The importance of maintaining foot health.	
8 The importance of noting and acting upon changes on foot conditions.	
9 The importance of passing questions and situations beyond your scope practice on to the podiatrist.	
10 The policies and guidance which clarify your scope of practice and the relationship between yourself and the practitioner in terms of delegation and supervision.	
11 The importance of monitoring the individual's condition throughout the treatment.	
12 The importance of informing individuals about the nature of the procedure and dressings used in their treatment.	
13 Possible adverse reactions to medicaments and dressings and the treatment of such.	
14 Changes in foot condition caused by dressings that require referring on to the podiatrist.	
15 Changes in foot conditions that indicate treatment is no longer required.	
16 The importance of monitoring and reporting both social and health concerns, eg unsanitary living conditions.	

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You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
17 The purpose of the treatment plan and how to follow it.	
18 The structure of healthy skin and nail in order to recognise which is normal and abnormal.	
19 Signs of infection.	
20 Common medical and surgical conditions and how drug therapy can affect feet and foot care requirements.	
21 Pharmacology relating to common treatments.	
22 The anatomy of the lower limbs and physiology of circulation related to maintaining foot health.	
23 The equipment and materials used to maintain the feet of individuals.	
24 Different types of dressings and medicaments.	
25 How to recognise the signs and symptoms of foot and nail abnormalities and the consequences of inaction in reporting these.	
26 Methods of maintaining and improving foot health.	
27 The use of autoclaves and alternative methods of instrument sterilisation.	
28 Methods of foot health promotion.	
29 What are meant by hazardous and non-hazardous waste and the appropriate methods of disposal for both.	
30 Aseptic techniques and clean procedures for use with sterile dressings.	
31 The information that should be recorded and the importance of doing this as contemporaneously as possible.	
32 The legalities of record keeping.	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
1	Apply standard precautions for infection prevention and control and other relevant health and safety measures.							
2	Inform the individual of the activities to be undertaken in a manner sensitive to their needs and at the appropriate level and pace.							
3	Gain valid consent to carry out the planned care.							
4	Encourage the individual to ask questions on how to improve their foot care and health and to provide full information on the general condition of their feet and any factors which have influenced their condition.							
5	Prepare the individual's feet in a manner consistent with the care to be provided and identify any signs of deterioration, infection or abnormality.							
6	Refer the individual to an appropriate Podiatrist, without delay, where the care required is beyond your scope of practice.							
7	Use equipment appropriate for the individual, their condition, the treatment plan and the care being given.							
8	Handle and operate instruments and equipment in a manner which reduces the likelihood of risk, discomfort and injury to individual and worker, and in accordance with health and safety guidelines.							
9	Maintain nails in a manner which is consistent with individual's plan of care, condition and safety.							
10	Apply medicaments and dressings according to the prescription of care appropriate to the individual's condition from those available to you.							
11	Advise the individual on how to maintain their feet and what to do should they develop pain or discomfort.							
12	Report any signs of infection or deterioration in the individual's condition to the professional without delay.							
13	Dispose of waste materials in an appropriate manner and place in accordance with health and safety guidelines.							

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Performance Criteria	DO	RA	EW	Q	P	WT	PD
14 Make an accurate, complete and legible record of the care given.							

DO = Direct Observation
EW = Expert Witness
PD = Professional Discussion

RA = Reflective Account
P = Product (Work)

Q = Questions
WT = Witness Testimony

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To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: