Pearson BTEC
Level 5 Diploma in Leadership and Management for Adult Care (England)

Specification

Competence-based qualification (England only)

First registration September 2018

Edexcel, BTEC and LCCI qualifications

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1 Introducing BTEC Competence-based qualifications for Apprenticeship Standards

Overview

The apprenticeships reform in England includes changes that move the design of apprenticeships into the hands of employers, with the aim of making them more rigorous and responsive to employers' needs. Employer groups, referred to as 'Trailblazers', now lead on the development of apprenticeships for occupations where they identify the need for apprentices.

Pearson has been working closely with Trailblazer employer groups in the development of different types of assessment programmes and qualifications to support the delivery of these apprenticeships. Employers are continuing to value competence-based qualifications as a part of these apprenticeships.

Within these apprenticeships, competence-based qualifications give learners the opportunity to develop and demonstrate their competence, in line with the Apprenticeship Standards developed by Trailblazer employer groups. These Apprenticeship Standards describe the knowledge, skills and behaviours (KSBs) required to be able to undertake a specific occupation well and to be able to operate confidently within a sector. The Standards focus on how an apprentice should demonstrate mastery of an occupation and, where they exist, meet sector professional registration requirements.

Competence-based qualifications are outcome based with no fixed learning programme, allowing flexible delivery to meet the individual needs of learners and their employers. Learners will work towards their qualifications primarily in the workplace or in settings that replicate the working environment as specified in the assessment requirements from the Trailblazer employer groups.

Employers, or colleges and training centres, working in partnership with employers, can offer these qualifications as long as they have access to appropriate physical and human resources, and that the necessary quality assurance systems are in place.

Learners can take the Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) as a standalone qualification outside of an apprenticeship if they wish.

Sizes of Competence-based qualifications

For all regulated qualifications, Pearson specifies a total number of hours that it is estimated learners will need to complete to show achievement of the qualification – this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within the TQT, Pearson identifies the number of Guided Learning Hours (GLH) that we estimate a centre delivering the qualification might provide. Guided learning means activities such as lessons, tutorials, online instruction, supervised study and giving feedback on performance, that directly involve tutors and assessors in teaching, supervising and invigilating learners. Guided learning includes the time required for learners to complete external assessment under examination or supervised conditions.

In addition to guided learning, other required learning directed by tutors or assessors includes private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

As well as TQT and GLH, qualifications may also have a credit value – equal to one tenth of TQT, rounded to the nearest whole number. TQT and credit values are assigned after consultation with users of the qualifications.

Competence-based qualifications are generally available in the following sizes:

- Award – a qualification with a TQT value of 120 or less
  (equivalent to a range of 1–12 credits)

- Certificate – a qualification with a TQT value in the range of 121–369
  (equivalent to a range of 13–36 credits)

- Diploma – a qualification with a TQT value of 370 or more
  (equivalent to 37 credits and above).

Other size references, such as the Extended Diploma, can be used in a suite of qualifications depending on the specific needs of different sectors and Trailblazer employer groups.

2   Qualification summary and key information

Qualification title	Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England)
Qualification Number (QN)	603/3496/4
Regulation start date	31/07/2018
Operational start date	01/09/2018
Approved age ranges	19+
	Please note that sector-specific requirements or regulations may prevent learners of a particular age from embarking on this qualification. Please refer to the assessment requirements in *Section 8 Assessment*.
Total Qualification Time (TQT)	860 hours
Guided Learning Hours (GLH)	568
Credit value	86
Assessment	Portfolio of evidence (internal assessment).
Grading information	The qualification and units are graded pass/fail.
Entry requirements	It is expected that learners will have qualifications and/or experience in management roles in the health and social care sector in order to register for this qualification. If a learner is completing this qualification as part of the Apprenticeship Standard for Leader in Adult Care, achievement of Level 2 English and mathematics is required, as well as the Care Certificate. For those staff who completed the CIS prior to the launch of the Care Certificate, it is the employer's responsibility to judge where the gaps are for staff to meet the additional standards in the Care Certificate.
	Centres must also follow the Pearson Access and Recruitment policy (see *Section 7 Access and recruitment*).
Funding	The new Apprenticeship Standard funding rules can be found on the Skills Funding Agency's website at www.gov.uk/government/collections/ sfa-funding-rules

Centres will need to use the Qualification Number (QN) when they seek public funding for their learners. The qualification title, unit titles and QN will appear on each learner's final certificate. Centres should tell learners this when recruiting them and registering them with Pearson. There is more information about certification in our *UK Information Manual,* available on our website, qualifications.pearson.com

3   Qualification purpose

Qualification objectives

The Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) is for learners in the role of leader/manager in adult care.

A leader in adult care will guide and inspire teams to make positive differences to someone's life when they are faced with physical, practical, social, emotional or intellectual challenges. They will be a leader of the care team and will develop and implement a values-based culture at a service or unit level. They may be responsible for business development, financial control, organisational resilience and continuity, as well as for managing risk and leading on organisational change. Leaders in adult care may work in residential or nursing homes, domiciliary care, day centres, a person's own home or clinical healthcare settings. The role of leader in adult care also covers personal assistants in a management role over teams of other PAs, but they may only work directly for one individual who needs support and/or care services.

There are two main areas in this occupation that involve either operating as an advanced practitioner with high-level practice skills and knowledge, or as a manager with responsibility for managing community or residential-based services. Both roles have a large element of leadership, whether with other care workers and networks or in leading the service itself. Managers have a responsibility to ensure the service is safe, effective, caring, responsive to people's needs and well-led. They may be a registered manager of a service, unit, deputy or assistant manager. They will be responsible for ensuring compliance of the care given and the values and training of staff with established standards and regulations. Advanced practitioners may have developed a high level of specialism in particular areas such as dementia, end of life, learning disabilities or mental health care.

The qualification gives learners the opportunity to:

- develop the fundamental technical skills and underpinning knowledge and understanding required to become competent in the job role. These cover the following areas: tasks and responsibilities; dignity and human rights; communication; safeguarding; health and wellbeing; professional development; and leadership. For details of the units included in this qualification, please see *Section 5 Qualification structure*

- develop appropriate professional attitudes and behaviours that will support personal success in their job role and the long-term success of their organisation

- develop a range of interpersonal and intrapersonal skills to support progression to, and success in, further study and career advancement

- achieve a nationally-recognised Level 5 qualification

- confirm competence in the role of Registered Manager in residential and domiciliary care services.

Relationship with previous qualifications

This qualification replaces the following pathways in the Pearson Edexcel Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services (England) (QCF): Adults' Residential Management; Adults' Management; Adults' Advanced Practice. These expired on 29th December 2017.

Apprenticeships

The Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) is a mandatory requirement within the Leader in Adult Care Apprenticeship Standard. Learners must achieve this qualification, together with all other specified requirements of the Apprenticeship Standard, before progressing to the end-point assessment.

The published *Leader in Adult Care Apprenticeship Standard and Assessment Plan* can be found at: www.gov.uk/government/publications/apprenticeship-standard-leader-in-adult-care

Progression opportunities

Learners who achieve the Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) can, having achieved all other specified requirements of the Apprenticeship Standard, progress to achieving the full Apprenticeship certification that confirms competency in the job role stated on the previous page.

The qualification will equip learners to hold the role of Registered Manager. All Registered Managers will need to hold this qualification unless they can justify to CQC inspectors a different qualification route.

Achievement of a Level 5 qualification can also support progression to higher education.

Industry support and recognition

The Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) was developed through close collaboration with Skills for Care, part of the Sector Skills Council Skills for Care and Development.

This qualification is supported by Skills for Care and is recognised by the Adult Care Trailblazer Group as an appropriate qualification to support the standard.

4 Qualification structure

Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England)

Learners will need to meet the requirements outlined in the table below before the qualification can be awarded.

Minimum number of credits that must be achieved	86
Minimum number of credits that must be achieved at Level 5 or above	79
Number of mandatory credits that must be achieved	72
Number of optional credits that must be achieved	14

Unit number	Mandatory units	Level	Credit	Guided learning hours
1	Leadership and Management in Adult Care	5	10	62
2	Governance and Regulatory Processes in Adult Care	5	5	42
3	Lead Communication in Adult Care	5	9	60
4	Manage a Partnership Approach in Adult Care	5	8	60
5	Deliver Person-centred Adult Care	5	6	28
6	Professional Development, Supervision and Performance Management in Adult Care	5	6	51
7	Manage Resources in Adult Care	5	5	39
8	Manage Safeguarding, Protection and Risk in Adult Care	5	6	50
9	Manage Self in Adult Care	5	6	30
10	Lead Decision making in Adult Care	5	5	39
11	Entrepreneurial Skills and Innovation in Adult Care	5	6	54

Unit number	Optional units	Level	Credit	Guided learning hours
12	Manage Domiciliary Adult Care Services	5	7	36
13	Manage Residential Adult Care Services	5	7	36
14	Support Community Partnerships in Health and Social Care	4	5	42
15	Understand Dementia Care	4	5	44
16	Understand Physical Disability in the Context of Adult Care	4	5	28
17	Manage Provision to Support Users of Services with Multiple Conditions and/or Disabilities	5	4	38
18	The Use of Assessment Processes in Care Settings	5	6	40
19	Lead Active Support in Adult Care	5	5	42
20	Manage Group Living for Adults	5	6	39
21	Support End of Life Care in Adult Care	4	7	48
22	Lead the Management of Transitions in Adult Care	5	7	29
23	Recruitment and Selection in Care Settings	4	6	54
24	Manage Quality in Care Settings	5	5	40
25	Develop Procedures and Practice to Respond to Concerns and Complaints in Adult Care	5	6	52
26	Facilitate Change in Care Settings	5	5	45
27	Facilitate Coaching and Mentoring of Practitioners in Care Settings	5	6	56
28	Develop, Implement and Evaluate Operational Plans in Own Area of Responsibility in Adult Care	5	4	23
29	Carry out a Research Project in a Care Setting	5	10	30

5   Programme delivery

Centres are free to offer these qualifications using any mode of delivery that meets learners' and employers' needs.

A learner must be employed as an apprentice in the job role specified in the Apprenticeship Standard and have an apprenticeship agreement in place at the start of the apprenticeship programme. Centres must make sure that learners have access to specified resources and to the sector specialists delivering and assessing the units. Centres must adhere to the Pearson policies that apply to the different models of delivery. Our policy *Collaborative arrangements for the delivery of vocational qualifications* can be found on our website.

There are various approaches to delivering a successful, competence-based qualification; the section below outlines elements of good practice that centres can adopt, as appropriate to the requirements of the apprenticeship programme.

Elements of good practice

- Carrying out a thorough induction for learners to ensure that they completely understand the apprenticeship programme and what is expected of them. The induction could include, for example, the requirements of the apprenticeship programme, an initial assessment of current competency levels, assessment of individual learning styles, identification of training needs, an individual learning plan, details of training delivery and the assessment process.

- Having regular progress meetings with the learner to keep them engaged and motivated, and ensuring that there are open lines of communication among all those involved in delivering the training and assessment.

- Using flexible delivery and assessment approaches to meet the needs of the learner and the organisational context and requirements, through the use of a range of approaches, for example virtual learning environments (VLEs), online lectures, video, printable online resources, virtual visits, webcams for distance training, eportfolios.

- Balancing on-the-job and off-the-job training to meet the requirements of the apprenticeship. It is a mandatory requirement in the new apprenticeships that learners have a minimum of 20 per cent or equivalent off-the-job training. Trainers need to use a range of teaching and learning methods to deliver this training effectively while still meeting varying learner needs. Examples of teaching and learning methods for off-the-job training could include enquiry-based learning, real-world problem solving, reflective practice, questioning and discussions, demonstration, practising ('trial and error'), simulation and role play, peer learning and virtual environments. Trainers also need to plan opportunities for the development and practising of skills on the job. The on-the-job element of the programme offers opportunities for assessment and plays an important role in developing the learner's routine expertise, resourcefulness, craftspersonship and business-like attitude. It is important that there is intentional structuring of practice and guidance to supplement the learning and development provided through engagement in everyday work activities. Teaching and learning methods, such as coaching, mentoring, shadowing, observation, collaboration and consultation, could be used in this structured on-the-job learning.

- Developing a holistic approach to assessment by matching evidence to the required competencies, as appropriate and, wherever possible, to reduce the assessment burden on learners and assessors. It is good practice to draw up an assessment plan that aligns the competencies to be achieved with the learning process and that indicates how and when assessment will take place.

- Discussing and agreeing with the learner and their line manager suitable times, dates and work areas where assessment will take place. Learners and managers should be given regular and relevant feedback on performance and progress.

- Ensuring that learners are allocated a mentor in the workplace to assist them in the day-to-day working environment and to act as a contact for the assessor/trainer.

- Ensuring that sufficient and relevant work is given to learners in order to allow them to gain wider employment experience and enable them to develop the competencies and the related knowledge, skills and behaviours stated in the Apprenticeship Standard within their contracted working hours.

For further information on the delivery and assessment of the New Apprenticeships Standards please refer to *The Trailblazer Apprenticeship Funding Rules* at: www.gov.uk/government/collections/sfa-funding-rules

Delivery guidance for Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England)

Delivery of this qualification should focus on integrating the underpinning knowledge required for leadership and management in adult care with the skills needed to apply this knowledge in a work setting. While it is essential that learners receive full delivery of the unit content, it is important to note that content listed under 'e.g.' consists of examples of what could be delivered. For instance, for learning outcome 1 of *Unit 16: Understand Physical Disability in the Context of Adult Care*, the unit content offers several examples of the impact of a progressive disability. All could be delivered, or a choice of those regarded as most suitable for the group of learners could be selected. The level of the qualification and the breadth and depth required should be borne in mind when choosing examples for delivery.

A common theme throughout the qualification is reflection, which may not be a natural attribute of all learners. Introduction to models and cycles of reflection, for example in learning outcome 6 of *Unit 1: Leadership and Management in Adult Care*, and learning outcome 1 of *Unit 9: Manage Self in Adult Care*, will support the development of this skill. This will be of value not only during the learner's time on the course, but also throughout their career as a leader/manager in adult care. While delivery of the qualification is mode free, it is recommended that the skill of reflection is included early in the course, to support learners as they progress.

The qualification is essentially practical, underpinned with the theoretical and technical knowledge that should be applied to the everyday role of a leader/manager in adult care.

Taught sessions are essential for the more theoretical information included in the units. For example, in *Unit 1: Leadership and Management in Adult Care* and *Unit 3: Lead Communication in Adult Care*, theories and models are an essential component of the content for learning outcome 1 in both units.

It is recommended that a variety of delivery methods are used to motivate learners and enable application of theory to practice. Brief lectures could be accompanied by DVD clips from relevant websites, including NHS Choices, the Care Quality Commission (CQC) and BBC news items.

Class discussions where learners can express their views in a safe environment will also be useful, particularly with sensitive issues such as safeguarding and the recognition of abuse (*Unit 8: Manage Safeguarding, Protection and Risk in Adult Care*).

Case studies could be used to support learners in applying theories and models to 'live' situations, for example in assessment criterion 1.1 in *Unit 4: Manage a Partnership Approach in Adult Care*, where learners are required to combine theory with legislation. Case studies can be taken from professional magazines such as *Community Care*, media sites including the BBC News website and quality newspapers. Alternatively, case studies can be produced by the centre or based on situations known to learners, while maintaining complete confidentiality.

In addition, 1:1 discussions with tutors and class colleagues will be essential for consolidating learner understanding and building confidence before final assessment.

Input from practitioners in adult care will be invaluable in the delivery of the qualification, particularly for those units where the competency requirements include demonstrating an ability to supervise teams and individuals. These units include *Unit 6: Professional Development, Supervision and Performance Management in Adult Care* and *Unit 12: Manage Domiciliary Adult Care Services*. Involvement of practitioners will enable learners to ask relevant questions and learn from the experience of other, more experienced individuals.

Some of the learning for this qualification should be gained in the workplace from senior practitioners and mentors. Learners will require access to workplace policies and procedures and opportunities to observe senior practitioners in their own setting. Shadowing senior practitioners and workplace mentors will also provide insights into the application of theory and legislation to the skills and competencies required to meet the qualification assessment strategy. Shadowing will also prepare learners for leadership in the adult care sector.

Factors contributing to the selection of optional units will include centre expertise, personal choice of learners (particularly with regard to workplace settings) and potential career progression.

6   Centre resource requirements

As part of the approval process, centres must make sure that the resource requirements below are in place before offering the qualification.

- Centres must have the appropriate physical resources to support delivery and assessment of the qualifications. For example, a workplace in line with industry standards, or a Realistic Working Environment (RWE) where permitted, as specified in the assessment strategy for the sector; equipment, IT, learning materials, teaching rooms.

- Where a RWE is permitted, it must offer the same conditions as the normal, day-to-day working environment, with a similar range of demands, pressures and requirements for cost-effective working.

- Centres must meet any specific human and physical resource requirements outlined in the assessment strategy in Annexe A. Staff assessing learners must meet the occupational competence requirements in the assessment strategy. They must also hold or be working towards an appropriate qualification in assessment. This will include one or more of the following depending on the assessor's role: Level 3 Award in Assessing Competence in the Work Environment (for competence/skills learning outcomes only); Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only) and/or the Level 3 Certificate in Assessing Vocational Achievement. Recognised predecessor qualifications are acceptable where continuing professional development (CPD) has been maintained, e.g. D32, Assess Candidate Performance (competence only); D33, Assess Candidate Using Differing Sources of Evidence; A1, Assess Candidate Performance Using a Range of Methods and A2, Assessing Candidates' Performance through Observation (competence only). Any queries about the suitability of an assessor's qualification(s) should be discussed with the centre's appointed standards verifier (SV).

- Centres must have in place robust internal verification systems and procedures to ensure the quality and authenticity of learners' work as well as the accuracy and consistency of assessment decisions between assessors operating at the centre. Staff with an internal quality assurance role should hold or be working towards the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice, and/or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice. Recognised predecessor qualifications are acceptable where CPD has been maintained, e.g. V1, Award in Conducting Internal Quality Assurance of the Assessment Process and D34, Internally Verify the Assessment Process. Any queries about the suitability of an internal quality assurer's qualification(s) should be discussed with the centre's appointed standards verifier (SV). For information on the requirements for implementing assessment processes in centres, please refer to the document General Guidance for Centres and Learners. Additionally, centres offering the qualification as stand alone should refer to the Pearson *Quality Assurance Handbook NVQ/SVQ and Competence-based qualifications*, and centres offering the qualification within BTEC Apprenticeship frameworks should refer to the document Quality Assurance Handbook BTEC Apprenticeship. All three documents are available on our website, qualifications.pearson.com.

- There must be systems in place to ensure CPD for staff delivering and quality assuring the qualification.

- Centres must have appropriate health and safety policies, procedures and practices in place for the delivery and assessment of the qualification.

- Centres must deliver the qualification in accordance with current equality legislation. For further details on Pearson's commitment to the Equality Act 2010, please see Section 7 Access and recruitment. For full details on the Equality Act 2010, visit www.legislation.gov.uk

7 Access and recruitment

Our policy on access to our qualifications is that:

- they should be available to everyone who is capable of reaching the required standards

- they should be free from barriers that restrict access and progression

- there should be equal opportunities for all wishing to access the qualifications.

Centres must ensure that their learner recruitment process is conducted with integrity. This includes ensuring that applicants have appropriate information and advice about the qualification to ensure that it will meet their needs.

All learners undertaking an Apprenticeship Standard must be employed as an apprentice in the job role specified in the Apprenticeship Standard and have a contract of employment at the start of the first day of their apprenticeship.

Centres should review applicants' prior qualifications and/or experience, considering whether this profile shows that they have the potential to achieve the qualification.

Prior knowledge, skills and understanding

It is expected that learners will have qualifications and/or experience in management roles in the health and social care sector in order to register for this qualification. If a learner is completing this qualification as part of the Apprenticeship Standard for Leader in Adult Care, achievement of Level 2 English and mathematics is required, as well as the Care Certificate. For those staff who completed the CIS prior to the launch of the Care Certificate, it is the employer's responsibility to judge where the gaps are for staff to meet the additional standards in the Care Certificate.

Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Pearson's *Equality Policy* requires all learners to have equal opportunity to access our qualifications and assessments and that our qualifications are awarded in a way that is fair to every learner.

We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic

- all learners achieve the recognition they deserve from undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

For learners with disabilities and specific needs, the assessment of their potential to achieve the qualification must identify, where appropriate, the support that will be made available to them during delivery and assessment of the qualification. Please see the information regarding reasonable adjustments and special consideration in *Section 8 Assessment*.

8 Assessment

To achieve a pass for this qualification, the learner must achieve all the units required in the stated qualification structure.

Language of assessment

Assessments for the units in this qualification are in English only.

A learner taking the qualification may be assessed in British or Irish Sign Language where it is permitted for the purpose of reasonable adjustment.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document Adjustments for candidates with disabilities and learning difficulties, Access Arrangements, Reasonable Adjustments and Special Consideration, General and Vocational qualifications. The document is available on our website.

Internal assessment

The units in this qualification are assessed through an internally and externally quality assured Portfolio of Evidence made up of evidence gathered during the course of the learner's work.

Each unit has specified learning outcomes and assessment criteria. To pass each unit the learner must:

- achieve **all** the specified learning outcomes
- satisfy **all** the assessment criteria by providing sufficient and valid evidence for each criterion
- prove that the evidence is their own.

The learner must have an assessment record that identifies the assessment criteria that have been met. The assessment record should be cross-referenced to the evidence provided. The assessment record should include details of the type of evidence and the date of assessment. Suitable centre documentation should be used to form an assessment record.

It is important that the evidence provided to meet the assessment criteria for the unit and learning outcomes is:

Valid	relevant to the standards for which competence is claimed
Authentic	produced by the learner
Current	sufficiently recent to create confidence that the same skill, understanding or knowledge persist at the time of the claim
Reliable	indicates that the learner can consistently perform at this level
Sufficient	fully meets the requirements of the standards.

Recognition of Prior Learning (RPL) – where a learner can demonstrate that they can meet a unit's requirements through knowledge, understanding or skills they already possess without undertaking a course of development. They must submit sufficient, reliable, authentic and valid evidence for assessment. Evidence submitted that is based on RPL should give the centre confidence that the same level of skill, understanding and knowledge exists at the time of claim as existed at the time the evidence was produced. RPL is acceptable for accrediting a unit, several units, or a whole qualification.

Further guidance is available in our policy document *Recognition of Prior Learning Policy and Process*, available on our website.

Assessment Strategy

The Assessment Principles for this qualification are included in *Annexe A*. This document sets out the overarching assessment requirements and the framework for assessing the units to ensure that the qualification remains valid and reliable. It has been developed by Skills for Care and Development, the Sector Skills Council for the adult care sector.

Types of evidence

To achieve a unit, the learner must gather evidence that shows that they have met the required standard specified in the assessment criteria, Pearson's quality assurance arrangements (please see *Section 10 Quality assurance*) and the requirements of the assessment strategy given in *Annexe A*.

In line with the Assessment Strategy, evidence for internally-assessed units can take a variety of forms as indicated below:

- direct observation of the learner's performance by their assessor (O) (*Competence-based assessment must include direct observation as the main source of evidence*)

- outcomes from oral or written questioning (Q&A)

- products of the learner's work (P)

- personal statements and/or reflective accounts (RA)

- outcomes from simulation (S) (*Simulation may not be used as an assessment method for competence based learning outcomes except where this is specified in the assessment requirements. In these cases, the use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity*)

- professional discussion (PD)

- authentic statements/witness testimony (WT) *(Witness testimony from others, including those who use services and their families, can enrich assessment and make an important contribution to assessment decisions)*

- expert witness testimony (EWT) *(Where the assessor is not occupationally competent in a specialist area, expert witnesses can be used for direct observation where they have occupational expertise in the specialist area. The use of expert witnesses should be determined and agreed by the assessor, who remains responsible for the final assessment decision)*

- evidence of Recognition of Prior Learning (RPL).

Learners can use the abbreviations in their portfolios for cross-referencing purposes.

Learners can also use one piece of evidence to prove their knowledge, skills and understanding across different assessment criteria and/or across different units. It is not necessary for learners to have each assessment criterion assessed separately. They should be encouraged to reference evidence to the relevant assessment criteria. However, the evidence provided for each unit must clearly reference the unit being assessed. Evidence must be available to the Assessor, the Internal Verifier and the Pearson Standards Verifier.

Any specific evidence requirements for a unit are given in the *Assessment* section of the unit.

Further guidance on the requirements for centre quality assurance and internal verification processes is available on our website. Please see *Section 12 Further information and useful publications* for details.

Assessment of knowledge and understanding

As detailed in the assessment strategy, any knowledge evidence integral to skills based learning outcomes may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

Assessment of knowledge based learning outcomes:

- may take place in or outside of a real work environment

- must be made by an occupationally qualified and knowledgeable assessor, qualified to make assessment decisions

- must be robust, reliable, valid and current; any assessment evidence using pre-set automated tests, including e-assessment portfolios, must meet these requirements and can only contribute to overall decisions made by the assessor.

Any specific assessment requirements are stated in the *Unit assessment requirements* section of each unit in *Section 11 Unit format*.

Occupational competence requirements for Assessors and IQAs

The Care Quality Commission (CQC) regulations state that Registered Managers are expected to have a core set of skills, a health and social care leadership level 5 qualification and experience of working in the sector. The Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) is a recognised qualification to apply to be a Registered Manager.

This guidance has been produced to ensure that the assessment decisions are accurate, ensuring that results issued remain valid and reliable.

The assessment principles from Skills for Care state that in order to assess learners on the Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England), assessors must be:

Occupationally competent: This means that each assessor must be capable of carrying out the full requirements of the area they are assessing Occupational competence may be at unit level for specialist areas: this could mean that different assessors may be needed across a whole qualification while the final assessment decision for a qualification remains with the lead assessor. Being occupationally competent means also being occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

Occupationally knowledgeable: This means that each assessor should possess, knowledge and understanding relevant to the qualifications and / or units they are assessing. Occupationally knowledgeable assessors may assess at unit level for specialist areas within a qualification, while the final assessment decision for a qualification remains with the lead assessor. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

Qualified to make assessment decisions: This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of competence under assessment. In any case of significant uncertainty, the SSCs will be consulted.

For this qualification, assessors need to be able to demonstrate that they have suitable qualifications to make correct assessment decisions in both advanced care and management. The IQA's role is to verify the assessment decisions made by the assessors. In order to do this, they must have a full understanding of the occupational competences and knowledge that is being assessed. Therefore, IQAs need to meet the same occupational competence requirements as the assessor.

It should be noted however, as this qualification has a broad range of specialist units, that centres can use separate assessors for these units. For example, an assessor who is a Registered Mental Health Nurse assessing a learner working on Unit 22: *Lead the Management of Transitions in Adult Care*. The overall qualification however should be overseen by assessors and IQAs who have both advanced care and management qualifications.

As part of Pearson's quality assurance process for all competence based qualifications, centres must demonstrate that their Assessors and IQAs are occupationally competent for the relevant qualification (*Pearson Centre Guide to Quality Assurance*). There may be a number of different qualifications or combinations of qualifications that are suitable. Some examples are listed below:

Advanced Care qualifications examples:

- Registered General Nurse
- Higher Apprenticeship in Care
- Level 4 Diploma in Care.

Management qualifications examples:

- BTEC Level 5 Diploma in Leadership and Management for Adult Care (England)
- Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services
- HND Health and Social Care [Management pathway]
- Registered Managers Level 4 [Note this qualification was prior to the re-levelling of the National Qualification Framework so is equivalent to level 5]
- BSC Health and Social Care Management.

For Assessors to be occupationally competent, they must have a combination of an advanced care qualification and care management qualification and experience as a care manager. For example – Registered General Nurse with a Level 5 Diploma in Leadership and Management who has worked as a Care Manager.

Assessor and internal verifiers must be qualified in assessment/internal verification and those working towards qualifications should have decisions countersigned by a suitably qualified Assessor/Internal Verifier as appropriate.

Appeals

Centres must have a policy for dealing with appeals from learners. Appeals may relate to incorrect assessment decisions or unfairly conducted assessment. The first step in such a policy is a consideration of the evidence by a Lead Internal Verifier or other member of the programme team. The assessment plan should allow time for potential appeals after learners have been given assessment decisions.

Centres must document all learners' appeals and their resolutions. Further information on the appeals process can be found in our *Enquiries and Appeals about Pearson vocational qualifications policy,* available on our website.

Dealing with malpractice

Malpractice means acts that undermine the integrity and validity of assessment, the certification of qualifications and/or may damage the authority of those responsible for delivering the assessment and certification.

Pearson does not tolerate actions (or attempted actions) of malpractice by learners, centre staff or centres in connection with Pearson qualifications. Pearson may impose penalties and/or sanctions on learners, centre staff or centres where incidents (or attempted incidents) of malpractice have been proven.

Malpractice may arise or be suspected in relation to any unit or type of assessment within the qualification. For further details on malpractice and advice on preventing malpractice by learners please see *Pearson's Centre Guidance: Dealing with Malpractice*, available on our website.

Internal assessment

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Learners must be given information that explains what malpractice is for internal assessment and how suspected incidents will be dealt with by the centre. The *Centre Guidance: Dealing with Mal*practice document gives full information on the actions we expect you to take.

Pearson may conduct investigations if we believe that a centre is failing to conduct internal assessment according to our policies. The above document gives more information and examples, and details the penalties and sanctions that may be imposed.

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

Learner malpractice

The head of centre is required to report incidents of suspected learner malpractice that occur during Pearson examinations. We ask centres to complete JCQ Form M1 (www.jcq.org.uk/malpractice) and email it with any accompanying documents (signed statements from the learner, invigilator, copies of evidence, etc.) to the Investigations Team at pqsmalpractice@pearson.com. The responsibility for determining appropriate sanctions or penalties to be imposed on learners lies with Pearson.

Learners must be informed at the earliest opportunity of the specific allegation and the centre's malpractice policy, including the right of appeal. Learners found guilty of malpractice may be disqualified from the qualification for which they have been entered with Pearson.

Teacher/centre malpractice

The head of centre is required to inform Pearson's Investigations Team of any incident of suspected malpractice by centre staff, before any investigation is undertaken. The head of centre is requested to inform the Investigations Team by submitting a JCQ M2(a) form (downloadable from www.jcq.org.uk/malpractice) with supporting documentation to pqsmalpractice@pearson.com. Where Pearson receives allegations of malpractice from other sources (for example Pearson staff, anonymous informants), the Investigations Team will conduct the investigation directly or may ask the head of centre to assist.

Incidents of maladministration (accidental errors in the delivery of Pearson qualifications that may affect the assessment of learners) should also be reported to the Investigations Team using the same method.

Heads of centres/principals/chief executive officers or their nominees are required to inform learners and centre staff suspected of malpractice of their responsibilities and rights, please see *6.15 of JCQ Suspected Malpractice in Examinations and Assessments Policies and Procedures*.

Pearson reserves the right in cases of suspected malpractice to withhold the issuing of results/certificates while an investigation is in progress. Depending on the outcome of the investigation, results and/or certificates may not be released or they may be withheld.

We reserve the right to withhold certification when undertaking investigations, audits and quality assurances processes. You will be notified within a reasonable period of time if this occurs.

Sanctions and appeals

Where malpractice is proven, we may impose sanctions or penalties.

Where learner malpractice is evidenced, penalties may be imposed such as:

- mark reduction for affected external assessments

- disqualification from the qualification

- debarment from registration for Pearson qualifications for a period of time.

If we are concerned about your centre's quality procedures we may impose sanctions such as:

- working with you to create an improvement action plan

- requiring staff members to receive further training

- placing temporary blocks on your certificates

- placing temporary blocks on registration of learners

- debarring staff members or the centre from delivering Pearson qualifications

- suspending or withdrawing centre approval status.

The centre will be notified if any of these apply.

Pearson has established procedures for centres that are considering appeals against penalties and sanctions arising from malpractice. Appeals against a decision made by Pearson will normally be accepted only from the head of centres (on behalf of learners and/or members or staff) and from individual members (in respect of a decision taken against them personally). Further information on appeals can be found in our *Enquiries and Appeals policy*, on our website. In the initial stage of any aspect of malpractice, please notify the Investigations Team (via pqsmalpractice@pearson.com) who will inform you of the next steps.

Reasonable adjustments to assessment

Centres are able to make adjustments to assessments to take account of the needs of individual learners in line with the guidance given in the document *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units*. In most instances, adjustments can be achieved by following the guidance; for example allowing the use of assistive technology or adjusting the format of the evidence. We can advise you if you are uncertain as to whether an adjustment is fair and reasonable. Any reasonable adjustment must reflect the normal learning or working practice of a learner in a centre or working within the occupational area.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Adjustments for candidates with disabilities and learning difficulties, Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications*.

Both documents are on our website.

Special consideration

Centres must operate special consideration in line with the guidance given in the document *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units*. Special consideration may not be applicable in instances where:

- assessment requires the demonstration of practical competence

- criteria have to be met fully

- units/qualifications confer licence to practice.

Centres cannot apply their own special consideration; applications for special consideration must be made to Pearson and can be made only on a case-by-case basis. A separate application must be made for each learner and certification claims must not be made until the outcome of the application has been received.

Further information on special consideration can be found in the Joint Council for Qualifications (JCQ) document *Access Arrangements, Reasonable Adjustments and Special Consideration, General and Vocational qualifications*.

Both of the documents mentioned above are on our website.

9 Centre recognition and approval

Centre recognition

Centres offering mandatory qualifications for the New Apprenticeship Standards must be listed on the Skills Funding Agency's Register of Training Organisations and have a contract to deliver the New Apprenticeship Standards.

Centres that have not previously offered BTEC Competence-based qualifications need to apply for and be granted centre recognition and approval to offer individual qualifications.

Existing Pearson centres seeking approval to offer BTEC Competence-based qualifications for the New Apprenticeship Standards, will be required to submit supplementary evidence for approval, aligned with the associated new standards and assessment requirements.

Guidance on seeking approval to deliver Pearson vocational qualifications is available at qualifications.pearson.com/en/support/support-for-you/work-based-learning.html

Approvals agreement

All centres are required to enter into an approval agreement, which is a formal commitment by the head or principal of a centre, to meet all the requirements of the specification and any associated codes, conditions or regulations. Pearson will act to protect the integrity of the awarding of qualifications. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of approval.

10 Quality assurance

Quality assurance is at the heart of vocational qualifications. Centres are required to declare their commitment to ensuring quality and to giving learners appropriate opportunities that lead to valid and accurate assessment outcomes.

Centres must follow quality assurance requirements for standardisation of assessors and internal verifiers and the monitoring and recording of assessment processes. Pearson uses external quality assurance procedures to check that all centres are working to national standards. It gives us the opportunity to identify and provide support to safeguard certification and quality standards. It also allows us to recognise and support good practice.

Centres offering competence-based qualifications will receive at least one visit from our Standards Verifier, followed by ongoing support and development. This may result in more visits or remote support, as required to complete standards verification. The exact frequency and duration of Standards Verifier visits will reflect the centre's performance, taking account of the:

- number of assessment sites
- number and throughput of learners
- number and turnover of assessors
- number and turnover of internal verifiers.

In order for certification to be released, confirmation is required that the Occupational Standards for assessment and verification, and for the specific occupational sector are being met consistently.

For further details, please go to the document *General Guidance for Centres and Learners*.

Additionally, centres offering the qualification as stand-alone should refer to the document *Centre Guide to Quality Assurance Pearson NVQ/SVQ & Competence-based Qualifications,* and centres offering the qualification within BTEC Apprenticeship frameworks should refer to the document *Quality Assurance Handbook BTEC Apprenticeship*.

All three documents mentioned above are available on our website, qualifications.pearson.com

11 Unit format

Each unit has the following sections.

Unit number

The number is in a sequence in the specification. Where a specification has more than one qualification, numbers may not be sequential for an individual qualification.

Unit title

This is the formal title of the unit that will appear on the learner's certificate.

Level

All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.

Unit type

This says if the unit is mandatory or optional for the qualification. See information in *Section 4 Qualification structure* for full details.

Credit value

All units in this qualification have a credit value. The minimum credit value is 1 and credits can be awarded in whole numbers only.

Guided Learning Hours (GLH)

Guided Learning Hours (GLH) is the number of hours that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

Pearson has consulted with users of the qualification and has assigned a number of hours to this activity for each unit.

Unit summary

This summarises the purpose of the unit and the learning the unit offers.

Unit assessment requirements

This outlines the requirements for the assessment of the unit. Learners must provide evidence according to each of the requirements stated in this section.

Learning outcomes

The learning outcomes set out what a learner will know, understand or be able to do as the result of a process of learning.

Assessment criteria

The assessment criteria specify the standard the learner is required to meet to achieve a learning outcome.

Unit content

This section sets out the required teaching content of the unit and specifies the knowledge, understanding and skills required for achievement of the unit. It enables centres to design and deliver a programme of learning that will enable learners to achieve each learning outcome and to meet the standard determined by the assessment criteria.

Where relevant and/or appropriate, unit content is informed by the underpinning knowledge and understanding requirements of related National Occupational Standards (NOS).

Relationship between unit content and assessment criteria

Although it is not a requirement that all of the content is assessed, learners should be given the opportunity to cover it all.

Learners should be asked to complete summative assessment only after the teaching content for the unit or learning outcomes has been covered.

Legislation

Legislation cited in the units is current at time of publication. The most recent legislation should be taught and assessed internally.

Information for tutors

This section gives tutors information on delivery and assessment. It contains the following subsections.

- *Suggested resources* – lists resource materials that can be used to support the teaching of the unit, for example books, journals and websites.

- *Assessment* – gives information about the evidence that learners must produce, together with any additional guidance if appropriate. This section should be read in conjunction with the assessment criteria.

Unit 1: Leadership and Management in Adult Care

Unit reference number: T/617/1583

Level: 5

Unit type: Mandatory

Credit value: 10

Guided learning hours: 62

Unit summary

This unit introduces learners to key concepts, theories and models relating to leadership and management, and considers how they apply to adult care.

You will explore the nature of leadership and management in adult care, in particular the leadership and management of teams in relation to change in adult care. You will need to have leadership responsibilities in your own adult care organisation and to demonstrate your ability to lead and manage teams in an adult care setting.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Know leadership and management concepts, theories and models in the context of adult care	1.1 Differentiate concepts of leadership and concepts of management
	1.2 Analyse theories and models of leadership
	1.3 Assess theories and models of management
	1.4 Review the nature of change in adult care
	1.5 Discuss concepts of quality in the context of adult care
2 Understand leadership and management in adult care	2.1 Review the impact of external influences on leadership and management in adult care
	2.2 Outline operational functions of management in adult care
	2.3 Assess the role of operational activities in contributing to delivery of adult care
	2.4 Analyse how leadership and management can influence the delivery of adult care
	2.5 Discuss potential conflicts in applying models of leadership and management in adult care, suggesting ways in which these might be addressed

Learning outcomes	Assessment criteria
3 Understand leadership of teams in adult care	3.1 Analyse models of team working, using examples from adult care
	3.2 Review different types of team encountered in adult care
	3.3 Assess the role of team working in adult care
	3.4 Discuss potential barriers to effective teamwork in adult care, using own and published examples from adult care
	3.5 Analyse the role of leadership in influencing the effectiveness of teams in adult care
4 Be able to provide leadership and management in establishing a positive values-based culture in own adult care setting	4.1 Develop strategies for establishing a positive values-based culture in own adult care setting, in accordance with regulatory expectations of good practice
	4.2 Implement strategies to establish a positive values-based culture in own adult care setting to meet the needs of users of services and organisational requirements
	4.3 Support stakeholders in own adult care setting to facilitate commitment to a positive values-based culture
	4.4 Facilitate one-to-one support for contributing to a positive values-based culture

Learning outcomes	Assessment criteria
5 Be able to lead and manage teams in adult care through change	5.1 Adapt own leadership skills to support the stage of development of teams
	5.2 Implement strategies to develop trust and accountability in teams
	5.3 Facilitate participation of team members in the development of team and individual objectives and in planning the activities for achieving them, taking account of individual strengths and development needs
	5.4 Agree a team plan, encouraging team members to use creativity and innovation in planning how to meet team objectives
	5.5 Support adult care teams, and individual members of the team, in overcoming barriers to achieving team objectives
	5.6 Review individual and collective contributions to team effectiveness, providing feedback on team and individual performance in adapting to change in adult care
	5.7 Consult with teams and others to specify actions for further development of teams and individuals to enhance team performance in adapting to change

Learning outcomes	Assessment criteria
6 Be able to reflect on own performance as a leader and manager in adult care	6.1 Reflect on the application of leadership and management models and theories to own practice in an adult care setting
	6.2 Analyse own effectiveness in promoting a positive values-based culture, suggesting priorities for developing own role in sustaining this culture
	6.3 Critically evaluate the effectiveness of own leadership and management approaches in leading teams through change in adult care
	6.4 Access sources of support for own role as a leader and manager, reflecting on their impact on own leadership and management practice
	6.5 Propose justified actions for own development as a leader and manager in an adult care setting

Content

What needs to be learned
Learning outcome 1: Know leadership and management concepts, theories and models in the context of adult care
Leadership and management   • Similarities and differences between leadership and management.   • Concept of 'hard' management skills, e.g. systems, organising and coordinating, versus 'soft' leadership skills, e.g. motivating, inspiring others.   • Interconnectedness of leadership and management.   **Theories and models of leadership**   • Leadership traits and leadership styles: characteristics of each.   • Multiple intelligences.   • Transactional, transformational, action-centred leadership.   • Situational leadership.   **Theories and models of management**   • Theories, e.g. contingency theory, behavioural theory, management by objectives, chaos theory.   • Management functions, e.g. planning, organising, controlling, monitoring.   • Organisational structures, e.g. hierarchical, flat, web.   **Nature of change**   • Change as a continuous process.   • Models of change management, e.g. Kotter's 8-step model, Lewin's unfreeze/refreeze model, Fisher's process of transition, Kübler-Ross 5-stage model.   **Concepts of quality**   • Quality control versus quality assurance.   • Total quality management (TQM), continuous improvement, 360° review.   • Stakeholder engagement, feedback.   • Review, evaluation, planning for improvement.

What needs to be learned

Learning outcome 2: Understand leadership and management in adult care

External influences

- Legislation relating to equality and diversity, safeguarding, health and safety, employment, financial management, data protection, administration of medicines.

- Role of regulators, including Care Quality Commission (CQC), Health and Care Professions Council (HCPC) and others, e.g. National Institute for Health and Care Excellence (NICE), sector organisations (Skills for Care, Skills for Health), Nursing and Midwifery Council (NMC).

- Local and national social policies and initiatives, e.g. NICE health and social care quality standards, local health and social care boards, as participants in research.

- Funding of services, financial support for users of services.

- Local demographics, e.g. age profile, health and wellbeing profiles, including mental health, socio-economic indicators.

- Partnership working: collaboration and/or joint working; allocation of responsibilities; possible partners, e.g. NHS, care service provider organisations (public, voluntary, private), family and friends, academia.

Operational functions

- Human resource management: workforce planning, recruitment and induction, roles and responsibilities including job descriptions, performance review processes, staff development.

- Financial management: concept of income versus expenditure, financial planning, budgeting, accounting, purchasing.

- Data management: confidentiality, data protection, record-keeping.

- Physical resource management: equipment, accommodation, environment; maintenance, replacement, technological advancement.

- Organisational performance management, e.g. setting key performance indicators, targets, using benchmarks, auditing and monitoring, stakeholder feedback processes, review and evaluation.

Operational activities

- Staffing, e.g. duty rotas, minimum staffing requirements, training and development

- Administration: relating to care of users of services, managing staff, managing finance, record-keeping.

- Housekeeping, e.g. cleaning, catering, laundry.

- Communicating with users of services and their families, with health and care professionals, external organisations and agencies; tools of communication, e.g. ICT, website, correspondence.

- Meeting statutory responsibilities of managers for health and safety, equality and inclusion, safeguarding, data, administration of medicines, food safety.

What needs to be learned

Influence of leadership and management on delivery

- Communication: oral, written, non-verbal, alternative language, interpersonal skills.

- Activities, e.g. planning, listening, discussing, negotiating, agreeing, monitoring, reviewing, reporting, advising.

- Positive influences:
    - e.g. shared positive values, respect for skills, knowledge and expertise of manager/leaders and those being managed/led
    - developing others, e.g. training, coaching, mentoring.

- Decision making to achieve desired outcomes:

    - identifying the decision to be made, information to inform the decision-making process, consideration of the alternatives, selection of the option, implementation and review.

- Negative influences, e.g. poor motivation, inappropriate priorities, inappropriate sequencing of activity, inappropriate environment, insufficient resources.

Potential conflicts between application of models of leadership and management

- Values-based versus systems-based perspectives, e.g. individual versus collective needs and priorities; needs versus resources; needs-led versus operational targets; person-centred versus process-driven; consensus versus requirements.

- Addressing potential conflicts, e.g. shared ownership of objectives, active involvement of stakeholders, facilitating resolution of challenges, maximising individual strengths, addressing development needs, conflict resolution, whistle-blowing, complaints processes, processes for addressing conflicts of interest.

Learning outcome 3: Understand leadership of teams in adult care

Models of team working

- Models of team working, including team formation and team roles.

- Collective team objectives/goals.

- Individual objectives for achieving team goals.

Types of team

- Operational teams, including those delivering care to users of services; other teams in adult care, e.g. supervisors, managers, administrators, partners, inter-agency, volunteers.

- Other team constructs involved in adult care, e.g. multidisciplinary, interdisciplinary, working party, development group.

Role of team working

- Role, e.g. sharing diverse knowledge and expertise for a specific purpose, coordination of complex activity, better integration of care to meet individual needs of users of services, facilitating continuity of care for users of services.

What needs to be learned

- Team activities, e.g. planning, discussing, target-setting, implementing, coordinating, innovating, problem-solving.

- Supporting teams: for meeting team objectives; whole team effectiveness, individual effectiveness.

- Establishing trust within the team, e.g. defining and communicating values, effectiveness of communication within the team, positive team perceptions of its contribution to effective adult care, validity of rationale for change, evidence-based practice, reliability of support for team.

- Planning for change.

Potential barriers to team working

- Interpersonal: behavioural differences, e.g. motivation, flexibility, confidence; differing perspectives; differing levels of knowledge, skills, expertise; competitiveness; rewards from teamwork.

- Organisational: e.g. insufficient clarity of team task/purpose, insufficient time for team activity, insufficient/inappropriate resources to support team activity, geographical location of team members and/or users of services, contractual arrangements, e.g. shift working.

- Own work in adult care: e.g. from past and present experiences, being managed/led, own leading and managing.

- Published sources: e.g. relevant CQC reports.

Effectiveness of teams

- Team effectiveness models, e.g. team design, team processes, team context.

- Effectiveness, e.g. commitment to agreed objectives, appropriateness of team tasks for agreed objectives, planning implementation and monitoring of tasks, distribution of tasks across the team, extent to which group tasks and individual team member tasks are achieved; creativity of the team and problem-solving capacity, decision making, efficiency, meeting deadlines; gaps in knowledge, understanding, skills.

Planning for change

- SMART plans (specific, measurable, achievable, relevant, timely) to include key objectives, target timescales, evidence of monitoring progress against plans.

- Organisational, e.g. to implement a new policy or legislative requirement, area for development identified through review and evaluation processes, enhancement of stakeholder experience in adult care.

- Individual formal training/programme of study, widening experiences, mentoring/coaching to develop skills and abilities.

What needs to be learned
Learning outcome 4: Be able to provide leadership and management in establishing a positive values-based culture in own adult care setting
Strategies for positive values-based adult care

- Adult care, e.g. residential care home, nursing home, day care provision, voluntary organisation delivering services, organisation delivering domiciliary care, hostel care provider.

- Values-based culture within adult care: person-centred, mutual respect for all individuals, dignity, trust, confidentiality, right to privacy, empowering others (users of services and workers in adult care), safeguarding, inclusion, challenging discriminatory practice.

- Establishing and communicating a shared vision for own adult care organisation through vision, mission and setting key priorities to achieve the desired positive values-based culture.

- Monitoring implementation of a positive values-based culture: by teams, by individuals, barriers to implementation, overcoming barriers to implementation.

- Establishing a culture of continuous improvement, e.g. through learning and development, review and evaluation, embedding adaptation to change.

- Modelling and promoting best practice, including active promotion of diversity, equality, inclusion, safeguarding of individuals (users of services and workers within adult care), person-centred approaches, empowerment of individuals and teams.

- Personal values and skills: demonstrating values-based practice; person-centred; openness, reflectiveness; championing evidence-based practice and objectivity; self-motivation, adaptability; championing diversity, equality and inclusion; challenging discrimination and exclusion.

Implementing strategies to achieve a positive values-based culture

- Identifying behaviour and process changes required, setting strategic aims and objectives with measurable targets and timescales, establishing appropriate implementation teams, communicating expectations to teams, monitoring implementation by teams, adapting strategy in response to progress and feedback.

- Modelling desired behaviours and practices, gathering and using feedback, giving constructive and/or developmental feedback.

- Establishing trust and accountability within teams in own leadership, e.g. through openness, mutual respect, listening, challenging poor practice, positive reinforcement, motivation.

- Adapting own leadership styles as appropriate, to facilitate development of teams and their overall effectiveness.

- Involving users of services and their families in decision making about their care, e.g. consultation, care plans, feedback, communication. |

What needs to be learned

- Research:

  - o from secondary sources, e.g. social policy, practices in other organisations, professional publications
  - o from other sources, e.g. review of routinely gathered data to identify patterns and trends, specific action research.

- Practical tools, e.g. SWOT analysis, skills-needs analysis, review and evaluation processes, stakeholder engagement, practice champions, risk assessments, whistle-blowing.

Support for stakeholders

- Stakeholders, e.g. users of services and their families, care workers, managers, operational funders, partners in service delivery, volunteers.

- Support, e.g. listening, informing, problem-solving, training, coaching, mentoring, use of advocates, champions, trailblazers.

- Facilitating team commitment to team objectives, priorities and targets, timescales, monitoring progress towards objectives.

One-to-one support

- One-to-one: manager-individual, e.g. care workers, workers in operational roles, users of services, family members of users of services.

- Support, e.g. coaching, mentoring, job/role shadowing, performance review processes, networking.

Learning outcome 5: Be able to lead and manage teams in adult care through change

Facilitating participation of team members

- Informal observation of team interactions and individual behaviours.

- Own behaviours, e.g. in conveying own vision, enthusiasm, modelling desired behaviours, communicating with teams and as a member of teams, contextualising external influences appropriately.

- Specific strategies, e.g. skills audit and analysis, developing and/or review of policies and procedures.

- Monitoring team performance, against given overall objectives, targets and timescales, team-led objectives and implementation of its action plans, gathering objective feedback.

- Managing resources to facilitate team activity, e.g. human, physical, time, continuing professional development.

- Performance management processes, e.g. recognition of individual strengths and areas for development, agreeing individual professional development plans, review of impact of agreed professional development.

What needs to be learned

Supporting teams

- Reducing barriers to team development and effectiveness, e.g. suggesting possible ways forward, engaging with all teams, problem-solving, empowering teams to make own decisions, enabling training and development, delivering training and development.

- Support, e.g. training and development, coaching, mentoring, job shadowing, practice champions.

- Feedback to individuals, to teams.

Creativity and innovation in planning how to meet team objectives

- Encouraging trialling of ideas; shared decision making; pilot projects; action-based research.
- Team meetings; shadowing professionals; networking with other services; feedback; responding to complaints; enabling practitioners; encouraging CPD opportunities and shared practice.

Feedback

- To the team on team effectiveness in meeting team objectives, to individuals on their contributions to team effectiveness.

- Informal: ongoing implementation and routine monitoring of tasks-in-action.

- Formal: e.g.an organisational review and evaluation process, project report, reviewing individuals in performance management processes.

- Action planning for further improvement or next stage of development.

What needs to be learned

Learning outcome 6: Be able to reflect on own performance as a leader and manager in adult care

Leading and managing in an adult care setting

- Managing routine activities and responsibilities for delivery of adult care staffing rotas, administration, liaison with external agencies, implementing established policies and procedures.

- Leading change in non-routine activities, e.g. responding to externally-driven change, developing new policies and procedures, addressing unforeseeable events.

Own effectiveness

- Promoting a positive values-based culture; leading teams, managing teams and operational activities; contribution to effecting change and improvement, benefits for individuals using adult care.

- Assessing own effectiveness: against pre-determined success criteria, measuring extent to which the success criteria have been achieved, gathering feedback on own performance, objectivity of judgement against the criteria.

- Monitoring own performance, e.g. progress towards achieving organisational and team objectives, progress against personal development plan, feedback.

- Barriers to own effectiveness, e.g. gaps in knowledge, gaps in understanding, skills requiring further development, unforeseen influences.

- Improvements, e.g. enhancing communication, improved planning, developing self, supporting the development of others, amending/redesigning processes, different/more efficient use of resources.

- Reflection using models of reflection involving professional discussion, reflective journal entries.

Own leadership and management approaches

- Skills, knowledge, experience.

- Strategies: vision, mission and their implementation.

Sources of support

- Sources, e.g. professional supervision/counselling, feedback, independent research, professional networks, training and development activity.

Justified actions

- Justification, e.g. evidence-based, potential benefits to adult care, to other stakeholders, own professional development.

Information for tutors

Suggested resources

Books

Calpin P, Langridge E, Morgan B et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Grint K – *Leadership: A Very Short Introduction* (Oxford University Press, 2010) ISBN 9780199569915

Jones L and Bennett C – *Leadership in Health and Social Care: An Introduction for Emerging Leaders* (Lantern Publishing Ltd, 2012) ISBN 9781908625021

Mullins L – *Management and Organisational Behaviour* (Pearson, 2016) ISBN 9781405854764

Northouse P G – *Leadership: Theory and Practice* (Sage Publications Inc, 2015) ISBN 9781452203409

Thompson N – *People Management* (Palgrave Macmillan, 2013) ISBN 9780230291188

Websites

www.adass.org.uk	Association of Directors of Adult Social Services
www.cqc.org.uk	Care Quality Commission – the independent regulator of health and social care in England
www.hcpc-uk.org	Health and Care Professions Council (HCPC)
www.nice.org.uk	National Institute for Health and Care Excellence
www.skillsforcare.org.uk	Skills for Care

Other

Community Care (www.communitycare.co.uk)

National Skills Academy for Social Care – The Leadership Qualities Framework for Adult Social Care (Department of Health) PDF available online at: adcs.org.uk/assets/documentation/National_Skills_Academy_Leadership_Qualities _Framework_Adult_social_care.pdf

Nursing Times (www.nursingtimes.net)

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 4, 5 and 6 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 4, 5 and 6.

Assessment of learning outcomes 1, 2 and 3 (knowledge) may take place in or outside of a real work environment.

Unit 2: Governance and Regulatory Processes in Adult Care

Unit reference number: A/617/1584

Level: 5

Unit type: Mandatory

Credit value: 5

Guided learning hours: 42

Unit summary

As a manager in adult care, it is essential to understand the importance of the current legislation that informs policy development for the care organisation in which you work.

You need to have a clear understanding of the purpose of regulatory guidance and standards of care. These serve as benchmarks against which the performance of the care setting is measured.

You will be involved in supporting inspection procedures from the Care Quality Commission or any other regulatory body linked to your organisation. Within the governance framework, you will begin to understand the purpose of maintaining a continuous overview of organisational development in supporting current and innovative practices, with evidence-based approaches.

In this unit, you will develop knowledge of legislation and regulatory processes, as well as knowledge of internal governance within the care organisation. You will also have the opportunity to demonstrate skills in leading preparation for the inspection process.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand legislation and statutory requirements that underpin adult care provision	1.1 Discuss the legislation and statutory frameworks that apply to service providers in adult care
	1.2 Analyse the effects of legislation and policy on person-centred and outcomes-based procedures and practice in own setting
	1.3 Discuss how to use local and/or national forums to draw attention to potential conflicts between statutory frameworks and values/principles for good practice
2 Understand systems and requirements for the regulation of adult care services	2.1 Assess the reasons for the inspection system in England, including the key drivers and legislation underpinning it
	2.2 Analyse the key areas of enquiry for inspection within own area of practice
	2.3 Explain the grading system and implications of each grade for the different services subject to registration and to inspection
	2.4 Explain the key roles, remits and responsibilities in registered services of: • the Registered Manager • the Nominated Individual (and who may be appointed to this role) • the 'fit and proper person' • inspectors

Learning outcomes		Assessment criteria	
3	Understand internal governance arrangements within own adult care organisation	3.1	Explain the governance mechanisms of own setting in relation to sector requirements
		3.2	Assess how agreed ways of working, such as protocols, policies and procedures, relate to governance and accountability
		3.3	Discuss own position of accountability within the governance structure
		3.4	Define staff roles and responsibilities with regard to the inspection process
4	Be able to lead preparation for the inspection process	4.1	Develop staff awareness of regulatory and inspection processes in own setting, in line with organisational policy
		4.2	Facilitate preparation activities for regulatory inspection in own setting in accordance with organisational requirements
		4.3	Support the inspection process by preparing and presenting the required information
		4.4	Facilitate ways to address the outcome of an inspection and its impact on staff, users of services and stakeholders within the organisation, in accordance with organisational policy

Content

What needs to be learned
Learning outcome 1: Understand legislation and statutory requirements that underpin adult care provision
Legislation and statutory frameworks in adult care • Care Standards Act 2000. • Human Rights Act 1998. • Equality Act 2010. • Health and Social Care Act 2012. • Care Act 2014. • Quality standards for health and social care. • Safeguarding Vulnerable Groups Act 2006. • Mental Capacity Act 2005. • Care Quality Commission. **Effects of legislation and policies on person-centred and outcomes-based practice** • Care Act and person-centred agenda. • Fundamental standards of care 2015. • Deprivation of Liberty Safeguards 2015. • Safeguarding vulnerable adults 2011. • Risk management. • Complaints policy. • Effective communication. • Data protection. **National and local forums** • National Institute for Health and Clinical Excellence (NICE). • Professional Standards Authority for Health and Social Care. • Social Work Task Force (SWTF). • Local Clinical Commissioning Groups (CCGs). • Local authority groups.

What needs to be learned

Learning outcome 2: Understand systems and requirements for the regulation of adult care services

The inspection system

- Care Quality Commission – registration of health and social care providers to ensure they are meeting essential common quality standards:
  - monitoring and inspection of all health and adult social care
  - use of enforcement powers if standards are not met
  - improving health and social care services by undertaking regular reviews of how well those who arrange and provide services locally are performing
  - undertaking special reviews on particular care services, pathways of care or themes where there are particular concerns about quality
  - reporting outcomes of CQC activity to provide users of services with information about the quality of local health and adult social care services.

- Service providers are informed of where improvements are needed and can learn from each other about the best ways to deliver care.

Key drivers

- Effectiveness.

- Safety.

- User of services experience.

- Evidence-based practice.

- Performance.

- Customer satisfaction.

- Staff development.

- Organisational development.

Key areas of enquiry

- Safe, effective, caring, responsive leadership.

The grading system

- Outstanding; good; requires improvement; inadequate.

Key roles, remits and responsibilities

- Registered Manager: appointed by the provider to manage the regulated activity on their behalf.

- Nominated Individual: should be a senior person with authority to speak on behalf of the organisation; must also be in a position with responsibility for supervising the management of the carrying on of the regulated activity.

- 'Fit and Proper Person': director roles but suitable for position; all registered managers of regulated activities are already subject to a fitness test, carried out and regulated by CQC. The provider is also expected to have carried out checks, as part of CQC registration requirements, to ensure that staff (including senior managers delivering the regulated activities) are fit and proper persons.

- Inspector.

What needs to be learned
Learning outcome 3: Understand internal governance arrangements within own adult care organisation

Governance mechanisms

- Systems and processes.

- Quality measures.

- Feedback and review.

- Audit processes.

- Policy review and development.

- Action research.

- Governance systems.

- High quality and appropriate care.

Governance and accountability

- Risk management.

- Clinical audit.

- Evidence-based care and effectiveness.

- User of services and carer experience and involvement.

- Staff development and management.

Own position within governance structure

- Self-assessment.

- Continuous professional development.

- Supervision.

- Leadership skills audit.

What needs to be learned
Learning outcome 4: Be able to lead preparation for the inspection process

Regulation processes

- Audit processes.

- Review of policy.

- Complaints audit.

- Safeguarding reports.

- Accident reports.

- Staffing and training.

Inspection process

- Pre-inspection preparation.

- Types of inspection.

- Data gathering.

- Feedback to staff.

- The statement of purpose.

- Key areas of enquiry.

- Fundamental standards
    - person-centred care
    - dignity and respect
    - consent
    - safety
    - safeguarding from abuse
    - food and drink
    - premises and equipment
    - complaints
    - good governance
    - staffing
    - fit and proper staff
    - duty of candour
    - supporting good leadership
    - display of ratings.

What needs to be learned
Support to staff • Explanation of outcomes. • Review of any areas for development. • Training. • Supervision. • Open forums. • Staff meetings. • Whole staff approach. • Partnership working. • Continuous Professional Development.
Outcomes of inspection and impact on staff, users of services and stakeholders • Grading and required actions. • Additional staff training/staff meetings. • Changes in practice. • Addressing significant errors. • Developing policy change. • Responding to further inspection and monitoring. • Ensuring users of services receive honest feedback in accessible format. • Developing meetings with users of services, their families and friends. • Communicating contents of inspection report to other professionals. • Displaying outcomes in all literature and websites. • Displaying/circulating report. • Meeting with other professionals. • Communication with governing boards and review of possible financial implications for organisation.

Information for tutors

Suggested resources

Book

Maclean S, Shinerq M – *Leadership in Adult Care Services: understanding the policy framework* (Kirwin Maclean Associates, 2009) ISBN 9781903575581

Websites

www.cqc.org.uk   Care Quality Commission

www.nice.org.uk   National Institute for Health and Care Excellence

www.scie.org.uk   Social Care Institute of Excellence

www.skillsforcare.org.uk   Skills for Care

Reports

Department of Health – *Hard Truths: The Journey to Putting Patients First* (Department of Health, 2013) PDF available online at:

www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response

Department of Health – *Quality in the new health system – maintaining and improving quality from April 2013* (Department of Health, 2013) PDF available online at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/213304/Final-NQB-report-v4-160113.pdf

Department of Health – *Transforming care: A national response to Winterbourne View Hospital* (Department of Health, 2012) PDF available online at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Public Health England – *Clinical governance policy* (paragraph 2.4) (Public Health England, 2014)

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 1, 2 and 3 must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may be used as an assessment method for learning outcome 4.

Assessment of learning outcomes 1, 2 and 3 (knowledge) may take place in or outside of a real work environment.

Unit 3: Lead Communication in Adult Care

Unit reference number: F/617/1585

Level: 5

Unit type: Mandatory

Credit value: 9

Guided learning hours: 60

Unit summary

Possessing communication skills to be able to relate to a wide audience using different media is a key aspect of managerial practice when working in adult care settings. Effective communication skills provide a foundation for building positive, trusting and collaborative relationships with users of services. These skills promote quality provision and practice and multi-agency working.

This unit will build on your skills in communication through enhancing your knowledge and understanding of the theoretical concepts and models of communication. This will allow you to lead on practice when supporting others in using effective communication and information management systems in adult care settings.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand theoretical models of communication used in adult care	1.1 Compare the different theoretical models of communication that can be used in adult care
	1.2 Assess how using effective communication can impact on areas of practice in adult care
2 Understand systems of communication and information management used in adult care settings	2.1 Evaluate systems of communication relevant for use in adult care settings
	2.2 Discuss the range of information management systems and practices used in own adult care setting
	2.3 Evaluate tensions between maintaining confidentiality, information handling and sharing in adult care settings
3 Be able to lead and support communication practices in adult care	3.1 Lead and support colleagues to demonstrate appropriate communication skills to promote positive outcomes
	3.2 Address barriers and challenges to communication within own job role
	3.3 Evaluate effectiveness of models of communication in promoting positive outcomes
4 Be able to lead practice in information management systems in adult care	4.1 Carry out own roles and responsibilities in leading and supporting information management systems in adult care, in accordance with organisational requirements
	4.2 Use information management systems to meet legal and ethical requirements
	4.3 Evaluate ways in which information management systems can promote an integrated workforce and positive outcomes

Content

What needs to be learned
Learning outcome 1: Understand theoretical models of communication used in adult care

Theoretical models
 	
 • Argyle's communication cycle.
 	
 • Shannon and Weaver's Model of Communication.
 	
 • Schramm's Model of Communication.
 	
 • Walter Lippman's barriers to effective communication.
 	
 • Scudder's model:
     o mechanistic
     o psychological
     o social constructionist
     o systemic
     o critical.
 	
 Impact of effective communication on areas of practice
 	
 • Sustainable relationships.
 	
 • Positive outcomes.
 	
 • Leading and managing teams.
 	
 • Conflict resolution.
 	
 • Partnership working.
 	
 • Information sharing.
 	
 • Person-centred communication.
 	
 • Cohesive and collaborative family networks and communities.
 	
 • Integrated work model.
 	
 • Development of own communication and presentation style.

What needs to be learned
Learning outcome 2: Understand systems of communication and information management used in adult care settings

Systems of communication between individuals

- Verbal and non-verbal, e.g. facial expressions, gestures, hand movements, body postures (active listening).

- Visual communication, e.g. recipient receives information from visual artefacts, signs, symbols, active listening.

- Communicating with different audiences, e.g. professionals, colleagues, users of services, families, one-to-one and group communications.

- Alternative forms of communication for adults with specific learning difficulties, e.g. finger spelling, objects of reference, communication passports, Makaton, technological aids, use of pictures.

Primary information management systems and practices

- Legislation, statutory codes, standards, ethical codes in maintaining confidentiality, safe handling and sharing information.
  - o Data Protection Act 1998 as amended.
  - o Freedom of Information Act 2000.
  - o CQC Essential Standards of Quality and Safety.
  - o Manager Induction Standards (Skills for Care).
  - o multi-disciplinary/partnership working.

Information management systems

- Internal: records, handovers, client files, staff meetings.

- External: multi-agency working, shared records.

- Digital technologies: email, electronic files, specialist support/equipment.

- Tensions between confidentiality and openness in records and reports.

What needs to be learned

Learning outcome 3: Be able to lead and support communication practices in adult care

Communicating with a range of individuals working in adult care

- Awareness of own background, beliefs, values and how these can impact on communication style and delivery.

- Communicating with individuals in adult care:
  - users of services, families and carers
  - colleagues, supervisors, managers
  - professionals, community groups.

- Awareness of own style/mode of communication and ways of adapting styles/modes to meet the needs of individuals, using questions, repetition and rephrasing to check understanding.

- Use of effective communication skills, using verbal, non-verbal and other forms of communication with individuals.

- Role modelling when leading and supporting colleagues and others to promote effective communication skills to a range of audiences.

- Recognising potential of individuals and using their strengths and resources to support planning for development.

Overcoming barriers to communication to support positive outcomes

- Environmental and professional:
  - setting
  - audience
  - use of technical language.

- Cultural:
  - language
  - value and belief systems
  - attitudes
  - specific communication preferences.

- Specific needs:
  - disability
  - personality
  - self-esteem/self-image
  - mental health.

- Personal:
  - own beliefs
  - values, behaviours, assumptions, stereotypes
  - use and abuse of power
  - age, gender
  - lack of confidence
  - trauma.

What needs to be learned

Evaluating own and others' communications

- Recognition of own communication style and being able to identify areas for improvement.

- How to observe colleagues' communication skills and lead in supporting their development.

- Critical self-evaluation of communication styles and presentations on promoting positive outcomes for users of services, carers and families.

Learning outcome 4: Be able to lead practice in information management systems in adult care

Leading and supporting information management systems

- Own role and responsibilities and those of others when recording and reporting information, recognising limits of own role and respecting boundaries.

- Using ICT systems for collection and storage of information.

- Recording and reporting different forms of information accurately and objectively.

- How users of services can be led and managed to participate in preparing accurate and coherent records and reports, providing evidence for judgements and decisions.

- How to lead practice to ensure all records and reports comply with legal and organisational requirements.

- Ways to lead communication systems to support partnership working.

- Information-sharing protocols with users of services, key people and others.

- Sources of information to support and inform on how to lead practice for communication and management systems.

- Effective use of information management systems to meet legal and ethical requirements.

- Effectiveness of different communication systems for partnership working (computerised systems, shared records, access power issues/access).

Evaluating information management systems

- Ways to evaluate own practice and identify areas for development in recording and reporting on information systems.

- How to respond to feedback from others on records and reports.

- Ways to propose improvements to communication and information management systems, sharing ideas involving others, finding solutions involving compromise, alleviating the anxieties of others.

- Strategies for evaluating effectiveness of information management systems on:
  - positive outcomes for users of services, carers and families
  - developing an integrated workforce
  - meeting legal and ethical requirements.

Information for tutors

Suggested resources

Books

Calpin P et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Tilmouth T, Quallington J – *Level 5 Diploma in Leadership for Health and Social Care*, *2nd edition* (Hodder, 2016) ISBN 9781471867927

Websites

www.communitycare.co.uk/2012/07/26/how-social-care-staff-can-improve-their-communication/	Community Care website, article on improving communication within care
www.legislation.gov.uk	Website for current government legislation
www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-6.pdf	Standard 6 of the Care Certificate
www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx	Skills for Care

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 3 and 4.

Assessment of learning outcomes 1 and 2 (knowledge) may take place in or outside of a real work environment.

Unit 4: Manage a Partnership Approach in Adult Care

Unit reference number: J/617/1586

Level: 5

Unit type: Mandatory

Credit value: 8

Guided learning hours: 60

Unit summary

Partnership working is a core element in adult care. It is based on collaboration and cooperation between individuals and carries positive benefits for users of services. Partnership working enables individuals to work together and provides a more holistic person-centred approach. This approach encourages multi-agency working in order to provide good quality, consistent and comprehensive care for users of services.

This unit will develop your knowledge and skills to enable you to lead and support others in promoting an integrated working model of partnership in adult care. You will develop your understanding of the theoretical models and legislation relating to partnership working. You will also develop your leadership skills in supporting others to promote positive partnership working.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the context of effective relationships and partnership working in adult care	1.1 Analyse how understanding theories and legislation can inform best practice in developing effective relationships and partnership working
	1.2 Analyse how own personal attributes and skills support own role and responsibilities in establishing positive relationships within the organisation and in partnership with other professionals and organisations
2 Be able to lead effective relationships to promote partnership working	2.1 Develop and support relationships with users of services, families and carers in line with organisational requirements
	2.2 Lead others in developing collaborative working relationships in adult care in line with organisational requirements
	2.3 Evaluate own working relationships, identifying areas for further development
3 Be able to work in partnership with organisations and community groups	3.1 Work in partnership with organisations and community groups in line with organisational requirements
	3.2 Analyse the impact of partnership working on promoting an integrated work model that supports positive outcomes
	3.3 Evaluate own partnership approach, identifying areas for future career pathway

Learning outcomes	Assessment criteria
4 Be able to lead and support others in dealing with challenging situations	4.1 Deal with conflicts that arise with colleagues, users of services, carers and families in adult care in line with organisational requirements
	4.2 Deal with challenges that arise when working with multi-agency professionals in adult care in line with organisational requirements
	4.3 Evaluate own performance in dealing with and supporting others through challenging situations in adult care

Content

What needs to be learned

Learning outcome 1: Understand the context of effective relationships and partnership working in adult care

Theories of team working

- John Adair's (1973) model of interdependent functions of achieving tasks.

- Hersey-Blanchard Situational Leadership Theory in practice, emphasising the importance of leadership style in team/partnership working.

- Kotter's 8-step Change Model which supports understanding and leadership in change management.

- Tuckman (1965) – four stages of team life.

- Cleland (1996) – process of team building.

- Belbin's Team Roles theory.

- Role of systems leadership (www.leadershipacademy.nhs.uk/about/systems-leadership).

- McGregor's X and Y theory of motivation.

Legislation and regulation influencing working relationships with others, to include:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 9

- NHS and Community Care Act 1990, Care Act 2014

- Human Rights Act 1998

- Manager Induction Standards (2016)

- Equality Act 2010.

Own role in establishing positive relationships within organisation

- Personal attributes:
    - trust, empathy, honesty and diplomacy
    - a professional non-judgemental approach
    - ability to conduct self-appraisal
    - recognition and valuing contribution of others
    - recognition of limits and boundaries to own role
    - championing a person-centred approach
    - realistic expectations.
- Personal skills:
    - communication and negotiation skills
    - record-keeping and reporting skills
    - positive leadership skills
    - conflict resolution skills
    - networking and team-building skills.

What needs to be learned

- Establishing positive relationships in partnerships:
  - o open communication
  - o understanding of role and boundaries
  - o professionalism
  - o respect
  - o transparency and negotiation
  - o person-centred focus
  - o commitment to partnership working.

Learning outcome 2: Be able to lead effective relationships to promote partnership working

Strategies for developing and supporting relationships with users of services, families and carers

- Strategies for developing and supporting positive relationships with users of services, families and carers:
  - o gaining information about care needs from different sources, e.g. family/carers, professionals, observations
  - o statutory rights, including boundaries and confidentiality
  - o engendering positive bonds and collaborative working
  - o systems that engage users of services, families, carers in day-to-day practice and decision making.
- Strategies for promoting positive relationships in daily practice:
  - o applying a person-centred approach
  - o shared understanding and involvement in support and care
  - o ensuring quality, dignity and respect.

Developing collaborative working relationships

- Strategies for developing positive relationships with colleagues:
  - o establishing clear lines of communication
  - o promoting a collaborative working environment
  - o setting roles, boundaries and objectives
  - o valuing and using individuals' skills and knowledge
  - o encouraging training; developing potential; monitoring and feedback on individual performance.
- Professionals and outside agencies:
  - o roles and responsibilities
  - o types of relationships
  - o respecting boundaries
  - o expertise
  - o types of information shared
  - o modes of communication.

Own working relationships

- Evaluation methods used and purposes:
  - o feedback from colleagues, users of services, carers and other professionals, self-appraisals, 360° feedback
  - o setting shared goals and targets, e.g. use of SMARTER objectives, identifying areas for improvement, training-needs analysis, setting shared goals and targets.

What needs to be learned
Learning outcome 3: Be able to work in partnership with organisations and community groups
Working in partnership with organisations and community groups • Organisations/community groups that can contribute to achieving positive outcomes. • Own roles and responsibilities and limits and boundaries, statutory limits and sector principles and values. • Communication and recording systems that comply with current legislation for information handling and sharing between agencies, shared objectives. • Strategies for dealing constructively with challenges and identifying solutions, promoting development and change, adopting new techniques/practices. **Impact of partnership-working** • Potential benefits, e.g. removal of barriers, providing more consistent, coordinated and comprehensive services, reduced duplication of tasks and services, integrated workforce agenda, exchange of knowledge and skills. • Use of tools to evaluate effectiveness of partnership-working, improvement of practice, agreeing common objectives, procedures for monitoring and reviewing processes against set outcomes, action planning for own and others' knowledge and skills. • Impact on users of services, colleagues, organisations, service delivery. • Effectiveness of meeting needs to inform strategic planning in organisation. • Sources of support in seeking guidance and agreement for improvements.
Learning outcome 4: Be able to lead and support others in dealing with challenging situations

Dealing with conflicts
 	
• Early identification of potential areas of conflict.
 	
• Non-judgemental approach.
 	
• Establishment of common ground; formulation of points of agreement.
 	
• Equalisation of power where appropriate.
 	
• Use of negotiation and compromise.
 	
• Use of third parties for arbitration.
 	
• Barriers to conflict resolution:
   o beliefs, behaviours, attitudes and assumptions
   o cultural differences
   o personalities
   o technical language/terminology
   o hidden agendas
   o unrealistic goals
   o lack of clear purpose and/or commitment
   o balance of power and control
   o misconceptions and misinterpretations.

What needs to be learned

Dealing with challenges when working with multi-agency professionals

- Adopting a realistic approach.

- Demonstrating good listening skills and empathy.

- Clarifying understanding; communicating clearly; avoiding use of jargon/acronyms.

- Recognising boundaries of own role and responsibilities.

- Identifying issues.

- Establishing common ground.

- Equalisation of power where appropriate.

- Use of third parties to aid negotiation.

- Appropriate challenge.

Own performance in dealing with challenging situations

- Evaluating own performance in:
  - dealing with challenging situations
  - supporting others to deal with challenging situations
  - dealing with conflict and promoting collaborative working with users of services, families, carers, colleagues, professionals.
- Identifying areas for development to improve performance.

Information for tutors

Suggested resources

Books

Calpin P et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Glasby J, Dickinson H – *Partnership Working in Health and Social Care: What is Integrated Care and How Can We Deliver It? 2nd edition* (Policy Press, 2014) ISBN 9781447312819

Other

Fillingham D, Weir B – *System Leadership Lessons and Learning from AQuA's Integrated Care Discovery Communities* (The Kings Fund, 2014) ISBN 9781909029385 – publication available online here:

www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/system-leadership-october-2014.pdf

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in Section 8, *Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may be used as an assessment method for learning outcomes 3 and 4 where practical activities and day-to-day practice do not permit.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 5: Deliver Person-centred Adult Care

Unit reference number: A/617/1598

Level: 5

Unit type: Mandatory

Credit value: 6

Guided learning hours: 28

Unit summary

This unit is designed for practitioners who manage the provision of residential services. This area of care is expanding in response to an ageing population because of extended lifespans and an increase in other factors, such as employment and changing lifestyles, that prevent families from caring for their relatives at home.

As a manager, you have a responsibility to support staff in delivering person-centred care to achieve positive outcomes for users of services. You will model good practice in maintaining positive relationships with the team and in managing challenges that could arise. This will help to create a safe and non-discriminatory environment that enables staff and users of services to flourish.

You will take responsibility for the accurate application of legislation, regulations and codes of practice to ensure compliance with national and organisational requirements. This will include the monitoring of policies and procedures within the setting, revising and replacing as necessary, to ensure positive outcomes and safe practice.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand outcomes-based and person-centred practice in adult care	1.1 Discuss why person-centred practice within an adult care setting must be outcomes-based
	1.2 Explain how relationships contribute to a person-centred approach within an adult care setting
	1.3 Analyse how active participation contributes to the wellbeing of users of services within an adult care setting
	1.4 Evaluate the contribution of legislation, regulations and codes of practice to the achievement of positive outcomes within an adult care setting
	1.5 Analyse integrated approaches in care and their impact on outcomes for individuals
2 Be able to lead practice to facilitate positive outcomes for individuals through person-centred practice in adult care	2.1 Define own role when leading an adult care team to implement person-centred and outcomes-based practice
	2.2 Demonstrate active listening skills when interacting with: • users of services • team members
	2.3 Facilitate environments that support healthcare outcomes for individuals through person-centred practice
	2.4 Lead the team in implementation and review of improvements to systems, processes and practice, in line with organisational principles

Learning outcomes	Assessment criteria
3 Be able to lead an inclusive approach in adult care	3.1 Assess the impact of legislation and policy initiatives on the promotion of equality, diversity and inclusion in own area of responsibility
	3.2 Define own role in promoting practice to champion diversity, equality and inclusion
	3.3 Promote an inclusive approach to person-centred and outcomes-based practice
	3.4 Challenge discrimination and exclusion in own setting
4 Be able to promote continuous quality improvement in adult care	4.1 Explain own area of responsibility for promoting continuous quality improvement within own setting
	4.2 Promote continuous quality improvement within own setting
	4.3 Promote a culture of responsibility for quality assurance within the adult care team
	4.4 Evaluate the impact of changes made in quality improvement processes within own setting
5 Understand how to promote a safe and trusting culture in adult care	5.1 Discuss how the views of the team are taken into account when implementing improvements
	5.2 Evaluate the whistle-blowing procedures in own setting
	5.3 Explain how a whistle-blower would be supported within own setting
	5.4 Analyse how own setting collects evidence of the effectiveness of processes and protocols
	5.5 Evaluate the procedures for identifying, reporting and investigating accidents, incidents, errors and 'near misses' within own setting
	5.6 Review how relevant information is used to reduce the occurrence of accidents, incidents, errors and 'near misses' within own setting

Content

What needs to be learned
Learning outcome 1: Understand the role of the adult care manager
Theories of person-centred practice
• The Person-centred Approach (Carl Rogers, 1951): the three 'core conditions' – congruence, empathy, unconditional positive regard.
• Biopsychosocial model of care (George Engel, 1970s).
Principles of person-centred practice
• Principles: o personalised   o coordinated   o enabling   o built on relationships between users of services and professionals   o users of services at the centre of all planning and delivery   o outcomes-based.
• Use of person-centred planning tools.
Relevant legislation, regulations and codes of practice
• Equality Act 2010.
• Mental Capacity Act 2005.
• Deprivation of Liberty Safeguards Code of Practice.
• Health and Social Care Act 2012 and Care Act 2014.
• Health and Care Professions Council Standards of Conduct, Performance and Ethics (Revised) 2016.
Integrated approaches in care
• Joined-up approaches.
• Shared resourcing.
• Pooled budgets.
• Shared knowledge.
• Increased focus on individual.
• Recognising roles and responsibilities.

What needs to be learned

Learning outcome 2: Be able to lead an adult care team

Role of the adult care manager

- Acting as a role model to staff.

- Monitoring and reviewing practice.

- Organising and delivering relevant training.

- Dealing with poor practice.

- Implementing improvements to practice.

- Reviewing procedures and protocols to ensure compliance with the principles of person-centred care, relevant legislation, regulations and codes of practice.

- Promoting positive relationships between team members and users of services.

- Facilitating positive environments to encourage contributions from team and users of services.

- Promoting active participation by staff and users of services in assessing outcomes of person-centred care, e.g. through team meetings, surveys and questionnaires.

Use of active listening skills

- Active listening skills, including:
  o positive eye contact
  o appropriate facial expressions to respond to what is being heard
  o reflecting
  o paraphrasing
  o summarising
  o reflecting back
  o close observation of and response to visual and non-verbal cues
  o creating appropriate spaces.

- Cycle of communicating – Berner (1965), Argyle (1972).

- Stages of team development – Tuckman (1965).

- Use of positive verbal and non-verbal communication that takes account of cultural differences.

What needs to be learned

Healthcare outcomes

- Support to team in reporting of healthcare needs; history taking; liaison with other health professionals; case conferences.

- Early identification/emerging needs; initial assessments; regular monitoring of care needs.

- Health care records; medication administration records; measurement records; report writing; incident reports; sharing information.

- Referral processes: to other healthcare professionals; identifying needs and recognising boundaries of role in meeting needs.

- Healthcare measures; clinical skills; baseline measurements; monitoring and assessment.

- Clinical skills training; baseline measures; blood pressure; pulse; respiratory rate; oxygen saturation levels; reactions to administration of medication; specific care needs; blood glucose levels; catheter care; additional care needs.

Implementation and review of practice improvements

- Care planning and review processes; recording progress; needs led assessment; preferences and wishes; active participation and ability.

- Care guidelines set out by agreed care pathways.

- Clear lines of accountability; roles and responsibilities of heath care professionals.

- Measuring and recording progress; achievement of outcomes:

  - reviews of progress; multidisciplinary approaches; target setting and measurable outcomes
  - feedback from individual, family and carers; staff feedback; identifying health improvement or deterioration; recognising and overcoming barriers to effective care
  - Evidence-based research; guidelines and care pathways developed from reputable research.

- Effective management of resources to drive improvements in service:

  - planning and budgetary controls to promote and support effective provision for individuals to meet individual need; suitable staff levels
  - promoting choice and meeting health outcomes; shared resourcing amongst multi agencies; commissioning and procurement of services.

What needs to be learned

Learning outcome 3: Be able to lead an inclusive approach in adult care

Impact of legislation and policy initiatives on the promotion of equality, diversity and inclusion

- Compliance with legislative framework.

- Improved practice with positive outcomes.

- Ensures a holistic approach.

- Promotion of a culture of trust within organisations and settings.

- Promotion of personhood in users of services.

Own role in promoting practice to champion diversity, equality and inclusion

- Modelling inclusive practice.

- Challenging all forms of discrimination and inclusion.

- Supporting team members who challenge discrimination and exclusion.

- Providing specific equality, diversity and inclusivity training within the setting.

- Monitoring procedures and care provision to ensure an inclusive approach.

Inclusive approaches in outcomes-based practice

- Policies and training; evaluation and review of policies.

- Role modelling.

- Effective feedback.

- Complaints procedure.

- Accessible processes.

- Service user feedback.

Challenging discrimination in own care setting

- Supporting others to challenge; reflecting on own values; exploring misunderstanding; encouraging inclusive practice; dealing with conflict; sources of support.

- Effective disciplinary procedures; effective supervision and support processes; whistleblowing; referrals to other agencies.

What needs to be learned

Learning outcome 4: Be able to promote continuous quality improvement in adult care

Own area of responsibility

- Reflection on own performance, including acting on peer feedback.

- Modelling good practice.

- Monitoring and reviewing:
  - team members' care delivery and outcomes
  - users of services' satisfaction with outcomes
  - outcomes of person-centred care planning.

- Challenging poor practice.

- Providing support to improve practice.

- Provision of opportunities for continual personal development (CPD) for all team members.

Learning outcome 5: Understand how to promote a safe and trusting culture in adult care

How team's views are taken into account

- Involvement of team in reviews of protocols, policies and procedures, including feedback from users of services, relatives and carers.

Whistle-blowing

- Public Interest Disclosure Act 1998.

- Organisational and setting disclosure policies and procedures.

- Organisational grievance policy.

- Support for whistle-blowers, including confidentiality, access to external support if required, e.g. ACAS, trade unions.

Evidence of the effectiveness of protocols and procedures

- Improved outcomes for users of services.

- Use of satisfaction surveys with users of services.

- Observation of team members.

- Team meetings to discuss concerns and/or progress.

- Measures for success:
  - Skills Council standards
  - risk assessments
  - legislation, regulations and codes of practice:
    - Health and Safety at Work etc. Act 1974
    - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
    - National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in care homes 2014
    - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
    - Control of Substances Hazardous to Health (COSHH) Regulations 2002.

Information for tutors

Suggested resources

Books

Bown H, Bailey H, Sanderson H – *Person-Centred Thinking with Older People: 6 Essential Practices* (Jessica Kingsley Publishers, 2015) ISBN 9781849056120

Sanderson H, Lepkowsky M – *Person-Centred Teams: A Practical Guide to Delivering Personalisation throughout Effective Team-Work* (Jessica Kingsley Publishers, 2014)
ISBN 9781849054553

Websites

www.mulho.com/store/products/product/person-centred-care-training	Training packages for implementing person-centred care
www.pavpub.com/person-centred-active-support-training-pack	Training pack for managers
www.scie.org.uk/socialcaretv/latest.asp	Social Care Institute for Excellence - videos on person-centred care

Other

Community Care magazine

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2, 3 and 4.

Evidence for the assessment of learning outcomes 2, 3 and 4 could be presented as a portfolio, either in paper form or as an eportfolio, and could include all or some of the following: excerpts from reflective journals/diaries; feedback from senior managers, users of services and peers; excerpts from staff appraisals.

Assessment of learning outcomes 1 and 5 (knowledge) may take place in or outside of a real work environment.

Unit 6: Professional Development, Supervision and Performance Management in Adult Care

Unit reference number: K/617/1600

Level: 5

Unit type: Mandatory

Credit value: 6

Guided learning hours: 51

Unit summary

Continuous professional development is a high priority for any organisation that provides adult care. Ongoing learning and development enables practitioners to provide higher standards of care, underpinned by evidence-based practice and reflective analysis.

The role of the manager is to support all staff in reviewing their own development needs and to facilitate appropriate training activities that will extend their knowledge and lead to higher standards of care. As a part of this process, it is important that all practitioners have opportunities for regular professional supervision and appraisals of their progress and development. As a manager, you will be responsible for ensuring that you undertake up-to-date training to address your own continuous professional developmental needs, as well as accessing regular supervision opportunities to demonstrate skills as a reflective and reflexive practitioner.

In this unit, you will review the principles and purposes of professional development and supervision. You will also explore the use of professional supervision in performance management, as well as evaluating your own contribution to supporting professional supervision in your own setting.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand principles of professional development in adult care	1.1 Assess how continuous professional development across the staff team benefits service provision within the organisation
	1.2 Evaluate mechanisms and resources that support learning and development in adult care
	1.3 Compare the different sources and systems of support for professional development in adult care
	1.4 Analyse the application of models of reflective practice within own practice
	1.5 Evaluate how literacy, numeracy and digital skills support the practitioner in adult care
	1.6 Discuss the considerations required in sourcing and commissioning appropriate training activities within own organisation
2 Understand the purpose and practice of professional supervision in adult care settings	2.1 Evaluate the principles, scope and purpose of professional supervision
	2.2 Review the theories and models of professional supervision in terms of their application to adult care
	2.3 Analyse how the requirements of legislation, codes of practice and agreed ways of working influence professional supervision
	2.4 Analyse how findings from research, critical reviews and inquiries can be used within professional supervision

Learning outcomes	Assessment criteria
3 Understand own role in supporting performance management through effective approaches to professional supervision in adult care	3.1 Assess the ways in which professional supervision can be used to inform performance management
	3.2 Examine the rationale for using a 'performance management cycle' model
	3.3 Discuss how performance indicators can be used to measure practice
	3.4 Analyse factors that can result in a power imbalance in professional supervision and how to address them
	3.5 Evaluate the use of conflict resolution models to address challenges arising during professional supervision
	3.6 Evaluate how appraisal processes can be used alongside supervision to manage and improve performance
	3.7 Discuss the organisation's procedures for addressing conduct and performance issues and own role in them
	3.8 Discuss the organisation's discipline and grievance procedures and own role in them

Learning outcomes	Assessment criteria
4 Be able to provide professional supervision in own adult care setting	4.1 Establish agreement with the supervisee on key areas of: • confidentiality • boundaries • roles and accountability • the frequency and location of supervision sessions • sources of data and evidence that can be used to inform supervision • actions to be taken in preparation for supervision 4.2 Analyse information from a range of perspectives to build an evidence-based understanding of the supervisee's performance 4.3 Support supervisee to reflect on their practice using the range of information available and their own insights 4.4 Provide constructive feedback (positive and negative) to supervisee that can be used to improve performance 4.5 Support supervisee to identify their own development needs in accordance with organisational policy 4.6 Review and revise targets to meet objectives of the work setting and individual objectives of the supervisee 4.7 Support supervisee to explore different methods of addressing challenging situations in their work in line with organisational requirements 4.8 Record agreed supervision decisions in accordance with organisational policy 4.9 Adapt own approaches to professional supervision in light of feedback from supervisees and others

Content

What needs to be learned
Learning outcome 1: Understand principles of professional development in adult care
Benefits of continuous professional development for service provision • Improved quality of care. • Action research. • Increased responsiveness to change. • Improved staff morale. • Career development. • Entrepreneurial approaches. • Reflective and reflexive staff approaches. • Person-centred care. • Developing excellence in care. • Knowledgeable and skilled workforce. **Mechanisms and resources to support learning** • Effective recruitment and selection. • Clear induction standards. • Effective policy development. • Training and development policies. • Partnership working. • Structured career progression/opportunities. • Study support sessions. • In-house training. • Journal subscriptions. • Internet research. **Sources and systems of support** • Skills for Care resources/online training. • Social Care Institute for Excellence (SCIE) resources. • Apprenticeship routes. • Private training providers. • Local colleges/universities. • Professional standards.

What needs to be learned

Models of reflective practice

- Gibbs' Reflective Cycle (1988).

- Boud's triangular representation.

- Lawrence-Wilkes (2014) – 'REFLECT' model.

- Johns' Model for Structured Reflection (2000).

- Kolb's Model of Learning Theory (1984).

Training activities

- Online assessments.

- Apprenticeship frameworks.

- In-house training.

- External training.

- Group/team meetings.

- Appraisals.

- Supervision sessions.

- Case reviews.

- Project development.

- Reflective summaries.

- Observation of practice.

- Shadowing.

- Acting up for staff.

- Journal articles.

- Displays and information boards.

- Further and higher education.

What needs to be learned

Learning outcome 2: Understand the purpose and practice of professional supervision in adult care settings

Principles, scope and purpose of professional supervision

- **Line management supervision**: accountability to line manager; service focus, performance management, workload and competence in relation to the expectations of the post held by member of staff; disciplinary issues; links to appraisal.

- **Clinical or practice supervision**: a practice-focused professional relationship involving a member of staff reflecting on practice, guided by a skilled supervisor:
    o a formative function related to the educative process of developing skills
    o a normative or monitoring function related to ensuring safe and effective practice by the health or social care member of staff and the protection of users of services and others from harm
    o a restorative function that seeks to manage any negative effects on the member of staff resulting from their work.

- **Professional supervision**: a practice-focused professional relationship with an individual from the same professional group involving the opportunity to reflect upon, develop and monitor those aspects of the role that are profession-specific:
    o accountability and workload management
    o performance appraisal
    o learning and development
    o supporting development of critical thinking and analytical processes
    o informal support, shadowing opportunities
    o helps with issues of vulnerability and isolation, especially for lone workers
    o duty of care – focus on needs of users of services.

Theories and models of professional supervision

- Wonnacott (2013) – Integrated Approach.

- Stoltenberg and Delworth (1987) – Developmental Model.

- Carl Rogers (1980) – Cognitive Behaviour Therapy.

- Bernard's Discrimination Model (1979).

- Holloway (1995) – Systems Approach.

- Solution-focused approach.

Legislation, codes of practice and policies supporting supervision

- Care Quality Commission – fundamental standards.

- Care Act 2014.

- Common core principles to support self-care – Skills for Care.

- Supervision policy.

- Safeguarding and risk management.

- Equality Act 2010.

- Data Protection Act 1998.

What needs to be learned
Use of research and critical review in professional supervision   • Disseminating knowledge-based good practice.   • Providing guidance.   • Involving users of services, carers, practitioners, providers and policy makers.   • Promoting good practice.   • Developing knowledge and skills.   • Enhancing professionalism.   • Opportunity to engage with research and evidence that can inform professional practice.
Learning outcome 3: Understand own role in supporting performance management through effective approaches to professional supervision in adult care
Performance management   • Measuring the organisation's potential against performance targets, checking whether objectives have been met.   • Delivering high-quality services.   • Identifying opportunities for improvement, change and innovation.   • Developing a more highly motivated and involved workforce.   • Emphasis on core care values.   • Importance of involving users of services in an effective performance management framework.   **Performance management cycle model**   • Reviewing what has been done, planning what needs to be done, then putting those plans into action.   **Performance indicators**   • Communication.   • Record keeping.   • Attendance, punctuality, absences.   • Standards of care.   • CPD records.   • Competencies.

What needs to be learned
Professional supervision as a part of the performance management process   • Power imbalance – putting supervisee at ease; remaining informal and supportive.   • Conflict resolution – sensitive and constructive approaches.   • Conduct and performance – providing feedback and putting in place measurable targets.   • Grievance and discipline processes – addressing issues of poor performance in line with agreed policies.
Learning outcome 4: Be able to provide professional supervision in own adult care setting
Supervision agreements   • Establishing terms of reference.   • Clarifying roles and responsibilities.   • Importance of the supervisee being an active participant in the process.   • Establishing the boundaries of the supervisory relationship; supervisor and supervisee to respect the experience each brings to the process.   • Discussing confidentiality and communication pathways.   • Promoting anti-oppressive practice.   • Using supervision to reflect on emotional aspects of role.   • Providing stretch and challenge within the supervision sessions.   • Establishing processes for raising concerns and complaints.   **Identifying development needs**   • Personal Development Plans.   • SMART targets.   • Setting targets.   • Agreeing schedules for completion.   • Identifying training needs.   • Reviewing own performance.   • Career planning.

Information for tutors

Suggested resources

Books

Beddoe L – *Challenges in Professional Supervision: Current Themes and Models for Practice* (Jessica Kingsley Publishers, 2016) ISBN 9781849054652

Hawkins P, Shohet R – *Supervision in the Helping Professions*, 4th edition (Open University Press, 2012) ISBN 9780335243112

Websites

www.cqc.org.uk	Care Quality Commission
www.nice.org.uk	National Institute for Health and Care Excellence
www.scie.org.uk	Social Care Institute for Excellence
www.skillsforcare.org.uk	Skills for Care

Reports

Health and Care Professions Council – *Your guide to our standards for continuing professional development* (HCPC, 2011) PDF available online at:

www.hcpc-uk.org/assets/documents/10003B70Yourguidetoourstandardsofcontinuingprofessionaldevelopment.pdf

Lambley S and Marrable T – *Practice enquiry into supervision in a variety of adult care settings where there are health and social care practitioners working together* (SCIE, 2013) PDF available from www.scie.org.uk

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in Section 8, *Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcome 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcome 4.

Assessment of learning outcomes 1, 2 and 3 (knowledge) may take place in or outside of a real work environment.

Unit 7: Manage Resources in Adult Care

Unit reference number: M/617/1601

Level: 5

Unit type: Mandatory

Credit value: 5

Guided learning hours: 39

Unit summary

In any adult care organisation, there is a requirement to manage both physical and environmental resources in a way that best serves the users of services. The financial and organisational implications of poor planning and resourcing in adult care can have detrimental effects on users of services, and will have serious implications for service delivery.

The management of human resources is also a significant area of responsibility for the manager. Skills in organisation, planning and forecasting are required in order to ensure appropriate staff deployment, rota patterns and responses to emergency incidents.

In this unit, you will evaluate national and local strategies in resource development. You will consider ways to effectively manage resources, looking beyond traditional approaches. You will also review the support and management of human resources in your own setting, and the implementation of safe recruitment measures.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand principles for effective resource management in adult care	1.1 Evaluate the impact of national and local strategies and priorities on resource planning and management, in relation to: • financial resources • physical resources • human resources 1.2 Discuss the importance of accurate forecasting for resource requirements 1.3 Discuss the value of using assets and resources outside traditional services and in the community 1.4 Evaluate the use of technology as a resource in adult care service delivery and service management
2 Understand own role in resource management within own adult care organisation	2.1 Explain the meaning of sustainability in terms of resource management in adult care 2.2 Analyse own and others' roles, responsibilities and accountabilities for resource management within own organisation

Learning outcomes	Assessment criteria
3 Be able to lead on human resource management in adult care	3.1 Assess the factors and approaches known to improve recruitment and retention of adult care staff
	3.2 Carry out own role in recruitment, selection and induction processes in accordance with organisational requirements
	3.3 Demonstrate employment practices in line with organisational policies that promote equal opportunities
	3.4 Develop staff deployment and rota structures of staffing required to provide a person-centred, outcomes-based service in line with organisational requirements
	3.5 Manage staffing patterns and adjust them to meet changing circumstances in line with organisational requirements

Content

What needs to be learned	91

Learning outcome 1: Understand principles for effective resource management in adult care

National and local strategies and priorities on resource planning and management

- Care Act 2014.

- Care Quality Commission.

- Department of Health's *A Vision for Adult Social Care* (2010).

- Individualised care planning.

- Personal budgets.

- Integration and Better Care Fund.

Accurate forecasting

- Business planning.

- Forecasts indicate increases in:
  - elderly population
  - adults with complex learning and physical disabilities who require support
  - adults unable to fund own care into old age.

Assets and resources outside traditional services

- Voluntary sector.

- Integrated approaches.

- Community groups.

- Local schools.

- Private investment.

- Grants and charity funding.

- Local fundraising.

- Charitable donation.

- Personal funding.

Technology as a resource

- Telecare.

- IT support.

- Electronic Assistive Technologies (eATs).

- Care Act 2014.

- Government Digital Strategy 2013.

- Department of Health's Digital Strategy: *Leading the Culture Change in Health and Care* (2012).

- Department of Health's *The Power of Information* (2012).

What needs to be learned
Learning outcome 2: Understand own role in resource management within own adult care organisation

Sustainability in resource management

- Ethical procurement.

- Examination of supply chains.

- Sustainable Social Care programme (2009–2012), Social Care Institute for Excellence (SCIE).

- Balanced approach to social, economic and environmental factors in the commissioning and delivery of adult social care.

- Communities and services more resilient, resulting in improved health and wellbeing for all.

Roles and responsibilities for resource management

- Roles:
  - manager
  - owner/business partners
  - stakeholders
  - local authority
  - Clinical Commissioning Group
  - independent broker
  - social care commissioner
  - users of services.

- Responsibilities:
  - partnership approaches
  - planning and resource allocation
  - human resourcing
  - budget control
  - balancing competing priorities for resources
  - meeting statutory duties
  - demonstrating 'best value'
  - demonstrating cost-effectiveness of spending decisions
  - managing budget and grant cuts from central government while maintaining service quality.

What needs to be learned
Learning outcome 3: Be able to lead on human resource management in adult care

Staff recruitment and retention

- Induction support.

- Mentorship and coaching.

- Open dialogue.

- Supervision processes.

- Promoting adult care services.

- Attracting a diverse workforce.

- Managing new interests and new recruits.

- Retention strategies.

- Standards, learning and qualifications.

Recruitment and selection processes

- Processes, e.g. interviews, references, job descriptions.

- Factors in recruitment and selection processes:

  o safe recruitment

  o Disclosure and Barring Service (DBS)

  o ensuring an appropriate skills mix

  o equality and diversity.

Employment practices

- Employment law.

- Equal opportunities monitoring.

Staff deployment

- Use of skills.

- Person-centred staff planning.

- Staffing patterns to fit with users of services.

Managing changing circumstances

- Understanding change.

- Change management strategies.

- Strategies for responding to emergencies.

Information for tutors

Suggested resources

Book

Langley G, Nolan K et al – *The Improvement Guide: A Practical Approach to Enhancing Organisational Performance*, 2nd edition (Jossey Bass, 2009)
ISBN 9780470192412

Websites

www.acas.org.uk   Advisory, Conciliation and Arbitration Service (ACAS)

www.cqc.org.uk   Care Quality Commission

www.scie.org.uk   Social Care Institute for Excellence

www.skillsforcare.org.uk Skills for Care

Reports

Burtney E and Buddery D – *Assisting Employers with the Workforce Implications of Assistive Technology: Desk-Based Research* (Skills for Care and Development, 2012)

Department of Health – *Changing lives together: using person-centred outcomes to measure results in social care* (Department of Health, 2010) PDF available online at:

www.thinklocalactpersonal.org.uk/_assets/Resources/Personalisation/Personalisation_advice/Changing_lives_together.pdf

Department of Health – *Digital Strategy: Leading the Culture Change in Health and Care* (Department of Health, 2012) PDF available online at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/213222/final-report1.pdf

Down K and Stead A – *Assistive Technology Workforce Development* (Foundation for Assistive Technology, 2007) PDF available online at:

www.fastuk.org/fastdocuments/AT_workforce_June2007_v2.pdf

National Market Development Forum – *Developing market intelligence* (NMDF, 2010)

Skills for Care – *Recruitment and retention strategy 2014–2017* (Skills for Care, 2014) PDF available online at:

www.skillsforcare.org.uk/Document-library/Finding-and-keeping-workers/Recruitment-and-retention-strategy/recruitment-and-retention-strategy-2014---2017.pdf

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcome 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcome 3.

Assessment of learning outcomes 1 and 2 (knowledge) may take place in or outside of a real work environment.

Unit 8: Manage Safeguarding, Protection and Risk in Adult Care

Unit reference number: **J/617/1605**

Level: **5**

Unit type: **Mandatory**

Credit value: **6**

Guided learning hours: **50**

Unit summary

This unit aims to prepare managers and aspiring managers in adult care to meet the challenges of safeguarding the users of services in their care. With increased longevity, more users of services are presenting with vulnerability, including reduced mental capacity and an overall frailty. These factors increase the need for an understanding of safeguarding and protection in a changing legislative and regulatory framework.

This unit gives an insight into the role of the Care Act 2014 in establishing the rights of users of services in adult care. The unit provides information about the role of advocacy under the Mental Capacity Act 2005 and examines the concept of acceptable risk to enable users of services to make choices with regard to their lifestyle and overall wellbeing. The unit also considers how to respond to the suspected or alleged abuse of children or young people encountered in the setting, whether they are relatives of or visitors to the residents, or volunteering or on work experience in the setting.

You will investigate the issues related to the use of restraint in adult care, including the values, principles and standards that ensure the inclusion of safeguarding when applying restraints. Issues regarding 'hidden restraint' are also considered, along with the ethical implications of restricting the liberty of users of services in adult care.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Be able to manage safeguarding resources in adult care	1.1 Provide information to others, in line with organisational procedures, on: • indicators of abuse • measures to prevent abuse • necessary steps in cases of suspected or alleged abuse
	1.2 Evaluate the importance of balancing a respect for confidentiality with ensuring the protection and wellbeing of users of services, when managing safeguarding resources in the setting
	1.3 Promote accurate assessment of risks in accordance with organisational procedures of own setting
	1.4 Support users of services to make informed choices about the use of appropriate safeguarding resources
	1.5 Evaluate sources of funding that are used to construct the safeguarding budget in own area of responsibility
2 Understand how to lead the response to suspected or alleged abuse of children or young people encountered in an adult care setting	2.1 Discuss why everyone in the setting has a responsibility to act on concerns about abuse of children or young people in the setting
	2.2 Assess the actions to take if: • there are concerns that a child or young person is being abused • a child or young person alleges that they are being abused

Learning outcomes	Assessment criteria
3 Be able to lead health and safety compliance in adult care	3.1 Contribute to the development of health and safety policies and procedures in the setting
	3.2 Lead compliance with health and safety policies and procedures in the setting
	3.3 Develop systems to evaluate health and safety policies, procedures and practices in the setting
4 Be able to manage the use of restrictive practices in adult care	4.1 Assess definitions of restraint and when it should be used in the setting
	4.2 Discuss examples of 'hidden restraint'
	4.3 Evaluate potential situations when restraint may be used as a 'last resort' in the setting
	4.4 Meet the needs of users of services for dignity and respect when using restraint in the setting in accordance with organisational procedures
5 Understand how to address concerns about safeguarding in an adult care setting	5.1 Discuss how to apply the regulatory requirements, codes of practice and relevant guidance to managing concerns about safeguarding in the setting
	5.2 Evaluate the role of the Local Government Ombudsman in the regulatory process as applied to the setting
	5.3 Discuss how to use organisational systems to address concerns and complaints effectively in the setting

Learning outcomes	Assessment criteria
6 Be able to manage positive risk taking in adult care	6.1 Review values, principles and standards that contribute to risk taking policies in the setting
	6.2 Support others to balance the rights and choices of users of services as part of a duty of care in accordance with organisational procedures
	6.3 Lead a risk managing culture in the setting in accordance with organisational procedures, explaining how this has helped to achieve person-centred positive outcomes
	6.4 Evaluate own practice in promoting a balanced approach to managing risk in the setting
	6.5 Evaluate the effectiveness of the policies and procedures used for risk taking in the setting
7 Understand issues related to mental capacity in adult care	7.1 Evaluate the potential effectiveness of available support for assessing mental capacity and ability to give consent in the setting
	7.2 Evaluate the key factors of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards that are relevant in the setting, in terms of supporting teams in making appropriate decisions
	7.3 Analyse the role of advocacy under the Mental Capacity Act 2005 in the setting

Content

What needs to be learned
Learning outcome 1: Be able to manage safeguarding resources in adult care

Indicators of abuse

- Physical, including bruises, abrasions, burns, lacerations, human bite marks, swellings in the mouth from forced feeding; the same injuries occurring more than once.

- Emotional, including fear, depression, loss of sleep, unexpected or unexplained changes in behaviour, for example withdrawal.

- Neglect and acts of omission, including malnutrition, confusion, bedsores, over-sedation, unkempt appearance.

Indicators of abuse in children or young people as visitors to the setting

- Evidence of self-harm, withdrawal, demonstrated fear of an individual, unkempt appearance, unexplained bruises, burns.

Measures to prevent abuse

- Staff training on safeguarding, including lines of reporting.

- Regular review of policies, procedures and practices to spot unintentional/institutional abuse due to flawed practice.

- Maintenance of clear lines of reporting.

- Regular observation of staff practice.

- Participation in delivery of care routines to note interactions between users of services and team members.

- Open discussions with users of services.

- Prompt action on complaints.

- Investigation of suspicions and hunches.

Steps to take in cases of suspected or alleged abuse

- Remaining calm.

- Recording reported suspicions or allegation.

- Speaking to the individual and asking how the injury occurred (physical abuse).

- Speaking to the individual to ascertain reasons for changes in behaviour or other signs of emotional abuse.

- Assuring the individual that disclosure will not result in repercussions for them.

- Interviewing members of staff involved and suspending from employment, pending investigations.

- If proven, informing relevant authorities and dismissing employee.

What needs to be learned

Confidentiality

- Ensuring all policies in place and procedures comply with legislation and guidance; Caldicott Principles; Human Rights Act; Data Protection legislation.

- Breach of confidentiality - acceptable where it is in interests of public safety to disclose information.

- Where possible seeking consent to share information; considering the person's mental capacity to consent to information being shared.

Learning outcome 2: Understand how to lead the response to suspected or alleged abuse of children or young people encountered in an adult care setting

Children and young people encountered in adult care

- Relatives of users of services.

- Accompanying adults to visit users of services.

- Volunteers (young people only).

- Work experience (young people only).

Responsible adults

- Employees.

- Volunteers.

- Residents.

Legal framework

- Children Act 1989.

- Children Act 2004.

- Culpability under the law of anyone who suspects abuse but takes no action.

Required actions

- Honesty with informer, regarding essential sharing of information.

- Recording allegations or suspicions.

- Informing relevant authorities, police and social services.

What needs to be learned
Learning outcome 3: Be able to lead health and safety compliance in adult care

Legislation

- Health and Safety at Work etc. Act 1974.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Policies and procedures

- Regular reviews of policies and procedures to ensure compliance.
- Involvement of whole team to take account of recorded incidents and accidents.
- Accessible complaints procedure.

Health and safety compliance

- Demonstrated best practice.
- Regular staff training, to include updates to legislative framework.
- Observation of team to ensure compliance.
- Implementation of evaluation to ensure best practice, including use of questionnaires with users of services and visitors.
- Periodic risk assessments.

What needs to be learned

Learning outcome 4: Be able to manage the use of restrictive practices in adult care

Definition of restrictive practice

- 'Making someone do something they don't want to do or stopping doing something they want to do' (*A Positive and Proactive Workforce*, Skills for Care, April 2014).

Restrictive practices

- Physical restraint, including use of reasonable force.

- Use of medication.

- Seclusion.

- Use of devices, including hand control mittens, cot sides, locked doors.

Hidden restraint

- Use of threats to enforce compliance.

- Withdrawal of privileges to ensure compliance.

Potential situations for using restraint

- Behaviour that places the user of services at risk of serious harm.

- Behaviour that endangers other users of services.

- Behaviour that endangers staff or volunteers.

Safeguards

- Relevant legislation, regulations and guidelines, including Mental Capacity Act 2005, Deprivation of Liberty Safeguards 2014, Health and Safety at Work etc. Act 1974, Skills Councils guidance on restrictive practices, Care Quality Commission Standards and Regulations 2010, Human Rights Act 1998.

- Incorporation of legislation, regulations and guidelines into relevant policies and procedures:
  o all interventions must be lawful and in the individual's best interests, based on a risk assessment
  o restrictive interventions should be used as a last resort, when all other options have been explored and exhausted
  o staff can only use restraint measures if they have had training to ensure they use the procedures to promote the wellbeing and best interests of individual.

- Reporting of all incidents; record keeping; recording injuries; use of body maps.

- Recognising types of challenging behaviours and their triggers.

- Person-centred approaches and accurate assessments.

- Positive behavioural support; reactive and proactive strategies.

- Staff training and current evidence-based practice.

- De-briefing sessions for individual and staff member after an incident.

- Reflect on impact on individual, in terms of their safety, dignity, relationships with others and wellbeing.

What needs to be learned
Learning outcome 5: Understand how to address concerns about safeguarding in an adult care setting

Safeguarding legislation and guidance

- Human Rights Act 1998.

- Care Standards Act 2000.

- Mental Capacity Act 2005.

- Care Act 2014.

- Safeguarding Vulnerable Adults 2006.

- 'No Secrets' Guidance 2011.

- Deprivation of Liberty Safeguards 2014.

- Health and Safety at Work etc. Act 1974.

- Data Protection legislation.

Regulatory framework

- Skills Councils guidance on restrictive practices.

- Care Quality Commission Standards and Regulations 2010.

- Local Government Ombudsman investigations into concerns in adult care.

Organisational systems

- Organisational and setting complaints policies and procedures:
  - records of incidents
  - prompt responses in accordance with policy and procedure
  - audit processes
  - accessible complaints procedure
  - recognition of factors that would prevent individuals from reporting concerns or complaints, e.g. fear of retribution
  - reporting concerns: staff meetings, residents' meetings, open forums, anonymous feedback, unannounced regulatory inspections
  - improved practice based on responses to concerns and complaints.

- Principles of safeguarding adults:
  - empowerment
  - prevention
  - proportionality
  - protection
  - partnership
  - accountability.

- Responses to serious case reviews.

- Safeguarding policy review and update.

- Referral processes; lines of accountability; local safeguarding boards; multiagency approaches; partnerships; joint investigations.

- Information sharing; confidentiality and 'need to know' basis.

- Multi-agency approaches; case conferences.

- Support to individuals, families and carers.

What needs to be learned

Support for team

- Maintenance of confidentiality, including anonymity of whistle-blower.
- One-to-one support to discuss issues and concerns.
- Regular supervision sessions supported by records and action plans.
- Current and updated training.

Learning outcome 6: Be able to manage positive risk taking in adult care

Values and standards

- Dignity.
- Respect.
- Recognition of personhood of the user of services.
- Incorporation of the 6 'C's into discussions and assessment.

Balancing rights and choices with a duty of care

- Positive risk assessments for all users of services.
- Discussing choices with users of services and family members.
- Use of advocacy to support users of services in making appropriate choices.
- Staff training on managing risks rather than avoiding risk.
- Potential effects on other users of services, including available resources, staff time.
- Recognition of ethical dilemmas, including potential risk of reduced overall health and wellbeing versus increased quality of life.
- Use of cost-benefit analysis techniques.

Promotion of accurate risk assessments

- Adherence to relevant legislation, including the Health and Safety at Work etc. Act 1974.
- Following the 5 steps to risk assessment (HSE).
- Person-centred and aimed at empowerment, choice and independence.
- Involvement of user of services in all discussions.
- Assessment of available resources, including human resources.
- Measurement of costs.

Effectiveness of policies and procedures

- Policy development and review.
- Evidence-based practice.
- Sensible risk assessment aimed at enablement.
- Proportionate approaches; 'defensible' decisions based on clear reasoning, underpinned by appropriate legislation, policies and procedures.
- Regular mandatory training programmes.

What needs to be learned
Learning outcome 7: Understand issues related to mental capacity in adult care

Support with assessment

- Care Quality Commission Standards and Regulations 2010.

- Local branch of Care Quality Commission.

- Information from relevant charities, including Mind, Sane.

- Care Act 2014.

- Deprivation of Liberty Safeguards Code of Practice 2008.

- Court of Protection case law.

Key factors of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2014

- Best interests of the user of services.

- Least restrictive intervention.

- Balance of right to self-determination with the safety of the user of services.

- Right to advocacy of the user of services.

- Links between consent, risk management and safeguarding.

- Capacity to give informed consent; ethical concerns; power of attorney; decision making and best interests.

The role of advocacy under the Mental Capacity Act 2005

- Establishing the preferred method of communication of the referred user of services.

- Meeting with the referred user of services and using a variety of methods, as appropriate, to ascertain their views.

- Consulting with staff, professionals and anyone else who knows the user of services well, and who is involved in delivering care, support and treatment.

- Gathering any relevant written documents and other information.

- Attending meetings to represent the user of services, raising issues and questions as appropriate.

- Presenting information to decision-maker verbally and via a written report.

- Remaining involved until decision has been made and being aware that the proposed action has been taken.

- Auditing the best interests-decision-making process.

- Challenging the decision, if necessary.

Information for tutors

Suggested resources

Books

Mandelstam M – *Safeguarding Vulnerable Adults and the Law*
(Jessica Kingsley Publishers, 2008) ISBN 9781843106920

Martin J – *Safeguarding Adults (Theory into Practice)*
(Russell House Publishing Limited, 2007) ISBN 9781903855980

Richards R, Mughal A – *Working with the Mental Capacity Act 2005,* 2nd revised
edition (Matrix Training Associates, 2009) ISBN 9780955234934

Websites

www.cqc.org.uk/content/safeguarding-people	Care Quality Commission information on safeguarding
www.hse.gov.uk	Health and Safety Executive
www.skillsforcare.org.uk/Topics/Restrictive-practices/Restrictive-practices.aspx	Skills for Care information on restrictive practices

Other

Community Care magazine

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner
presents for assessment must demonstrate that they have met the required
standard specified in the learning outcomes and assessment criteria and the
requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid,
sufficient, authentic and appropriate evidence that meet the assessment criteria,
centres should apply guidance in *Section 8 Assessment*, of this specification and the
requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units
in the qualification. This gives the assessment process greater rigour and minimises
repetition, time and the burden of assessment on all parties involved in the
process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's
Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 1, 3, 4 and 6 (competence) must be
made based on evidence generated during the learner's normal work activity. Any
knowledge evidence integral to these learning outcomes may be generated outside
of the work environment, but the final assessment decision must be within the real
work environment. Simulation may not be used as an assessment method for
learning outcomes 1, 3, 4 and 6.

Assessment of learning outcomes 2, 5 and 7 (knowledge) may take place in or
outside of a real work environment.

Unit 9: Manage Self in Adult Care

Unit reference number: L/617/1606

Level: 5

Unit type: Mandatory

Credit value: 6

Guided learning hours: 30

Unit summary

As a manager, it is essential to recognise how personal beliefs and values can affect workplace practice, introducing bias and reducing the efficacy of work. This unit will support managers and aspiring managers in developing reflective skills, in order to develop an objective approach to feedback from peers, senior colleagues and users of services.

The role of the adult care manager can be stressful for many reasons. This unit addresses various potential stressors and ways of dealing with them, referring to techniques and relevant psychological theories. The role of digital technology in promoting personal development and enabling greater efficacy is also explored.

This unit gives you opportunities to develop as a reflective practitioner. You will be supported in developing greater self-awareness and an understanding of the ways in which your words and actions can affect the performance of others. Completion of the unit will contribute to your overall development as a practicing or aspiring manager in adult care.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Be able to demonstrate self-awareness in the adult care workplace	1.1 Evaluate how own values, belief systems and experiences have affected working practices, referring to relevant examples
	1.2 Assess the potential impact of own emotions on the behaviour of others
	1.3 Discuss how own actions and behaviours have affected the behaviour of others
	1.4 Use different sources to obtain feedback about own values, behaviours and actions, giving reasoned justification for the choices made
2 Be able to manage own behaviour in the adult care workplace	2.1 Evaluate ways of ensuring that own actions reflect a high standard of integrity, referring to personal examples
	2.2 Use different strategies to manage own emotions when interacting with others
	2.3 Adapt own communication in response to the expressed feelings and communication of others
3 Be able to manage own workload in the adult care workplace	3.1 Use strategies and tools to support the identification of own work priorities
	3.2 Evaluate ways of reducing stress and building resilience to support own wellbeing in the workplace
	3.3 Demonstrate delegating responsibilities to others

Learning outcomes	Assessment criteria
4 Understand the importance of personal development to the role of adult care manager	4.1 Assess own areas requiring development
	4.2 Compare tools and strategies to support own personal learning
	4.3 Assess how digital technology can enhance own efficiency as an adult care manager
	4.4 Evaluate potential measures of the impact of own personal learning on performance in the workplace
5 Understand how to promote the vision of the adult care organisation	5.1 Analyse the importance of promoting a shared vision with the team
	5.2 Evaluate the importance of own words and actions in communicating commitment to the organisational vision
	5.3 Assess ways of challenging views, actions, systems and routines that do not promote the organisational vision

Content

What needs to be learned
Learning outcome 1: Be able to demonstrate self-awareness in the adult care workplace

Personal values, including beliefs and preferences, culture, political perspectives, interests and priorities.

Principles, including equal rights, diversity, confidentiality, protection from abuse and harm.

Changes to personal values due to tensions between personal values and principles of good practice, values of others in the workplace, e.g. staff, volunteers, users of services, introduction of new regulations, legislation and codes of practice.

Self-awareness

- Definition: conscious knowledge of one's own character and feelings.

- Models of self-reflection, including Gibbs cycle of reflection, Kolb's cycle of reflective practice, Johns' model of structured reflection, the Johari Window Model, Rolfe et al framework for reflective practice.

- Theories of self-reflection, including Objective Self-awareness Theory by Silvia and Duval (2001).

Effects of own behaviour on others

- Positive effects: inspiring enthusiasm, efficacy, resilience, optimism, partnership working.

- Negative effects: dysfunction, demotivation, resentment, miscommunication, poor working practice, mistrust.

Sources of feedback to support self-awareness

- Peer observations, team surveys, surveys from users of services, appraisals, team meetings.

What needs to be learned

Learning outcome 2: Be able to manage own behaviour in the adult care workplace

Theories of behaviour including Cognitive Dissonance (Festinger, 1957), Attribution theory (Heider, 1958).

Reasons for managing own behaviour

- Promotion of a positive environment for teams and users of services.
- Compliance with the organisational ethos.
- Reduction of personal and team stress.
- Modelling good practice.
- Compliance with codes of conduct of regulatory bodies.
- Compliance with relevant legislation, regulations and codes of practice.

Strategies for managing own behaviour

- Assertiveness techniques.
- Recognition of stress points.
- Controlling anger and expressing this appropriately.
- Working constructively with team members.
- Developing awareness of own non-verbal communication and that of others.
- Use of reflective diaries/journals.
- Use of 'time out' to restore control of emotions.

Theories of communication

- The Lasswell Formula (1948), Rogers' Three Core Conditions (1965), The Communication Cycle (Berner, 1965, Argyle, 1972).

Communication skills

- Non-threatening tone, pitch, body language, clarity, use of active listening.

Adapting own communication in response to others

- Recognition of cultural difference, including use of non-verbal communication.
- Use of visual cues to ensure appropriate response.
- Observing effects of own communication on others.

What needs to be learned
Learning outcome 3: Be able to manage own workload in the adult care workplace

Importance of work/life balance

- Maintenance of positive mental health.

- Effective work practice.

- Reduction of stress.

- Compliance with health and safety legislation and regulations.

- Effects of burnout (Cherniss, 1982).

Strategies and tools for prioritising work

- Listing the activities to be done.

- Estimation of time needed to carry out each activity.

- Allowing time for unscheduled activities or errors.

- Prioritising in order of importance.

- Reviewing workloads regularly.

- Setting realistic deadlines.

- Structuring the workload.

- Reducing levels of multi-tasking.

- Keeping a log of workload.

- Use of delegation to reduce own workload.

- Responding flexibly to changing needs and demands; rescheduling meetings; resetting targets; adapting timescales.

Potential stressors, including individuals, situations; factors in the environment, including noise, effects of lighting; changes to routine due to unforeseen circumstances.

Techniques for managing stress

- Recognition of stressors.

- Delegation of tasks.

- Use of relaxation techniques.

- Use of mindfulness techniques.

- Use of cognitive behavioural techniques.

- Use of journals and reflective diaries.

- Discussions of issues with senior colleagues.

What needs to be learned

Building resilience to promote own wellbeing

- Building a community of support.

- Effective time management.

- Developing achievable goals and taking actions to achieve them.

- Developing awareness of own emotional reactions to situations and individuals.

- Maintaining work-life balance boundaries.

- Building in time to relax.

- Keeping self-criticism in perspective.

Learning outcome 4: Understand the importance of personal development to the role of adult care manager

Self-assessment of personal development

- Use of self-assessment inventories (online and centre-devised):

  o awareness of preferred learning style
  o personal development plans
  o SMART targets.

- Feedback from peers/users of services.

- Reflective diaries and journals.

- Personal SWOT analysis.

Use of digital technology to improve efficiency, including storage of information, use of emails, digital conferencing, Skype®, specialist software.

Learning outcome 5: Understand how to promote the vision of the adult care organisation

Motivational theories, including Belbin's Team Roles theory (1981), Expectancy theory (Vroom, 1964), Three-Factor theory (Sirota, 2005), Motivation theory (McClelland, 1961), Maslow's Hierarchy of Needs (1943).

Promoting a shared vision with the adult social care team

- Sharing the vision without claiming total ownership.

- Modelling the vision.

- Encouraging team members to share ideas.

- Using careful listening skills with the team.

- Sharing accountability for meeting the vision.

- Recognising that own words and actions convey commitment/lack of commitment.

- Taking a flexible approach where necessary, avoiding being rigid.

- Use of intrinsic and extrinsic motivation.

What needs to be learned
Challenging views, actions, systems and routines
• Reviewing systems and routines regularly, involving the team.
• Discussing issues in team meetings.
• Monitoring team members.
• Inviting feedback from the team.
• Supporting mentoring within the team.
• Using questionnaires and surveys with users of services to measure performance in line with organisational vision.

Information for tutors

Suggested resources

Books

Rungapadiachy D – *Self-Awareness in Healthcare* (Palgrave Macmillan, 2007)
ISBN 9780230019881

Stranks J – *Stress at Work: Management and Prevention* (Routledge, 2005)
ISBN 9780750665421

Websites

www.communitycare.co.uk/emotional-resilience-expert-guide	Guide to building emotional resilience
www.communitycare.co.uk/2009/11/12/quality-in-practice-how-to-support-and-motivate-teams/	Motivating care teams
www.compassionfatigue.org/pages/healthprogress.pdf	Article on burnout in care managers
www.mentalhealth.org.uk/a-to-z/w/work-life-balance	Work-life balance
www.well-online.co.uk/sites/default/files/helpsheets/cic_stress-management-for%20managers_sep11.pdf	Stress management

Other

Care Management Matters (CMM)

Community Care magazine

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 1, 2 and 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 1, 2 and 3.

Evidence for the assessment of learning outcomes 1, 2 and 3 could be presented as a portfolio, either in paper form or as an e-portfolio, and could include all or some of the following: excerpts from reflective journals/diaries; feedback from senior managers, users of services, peers; excerpts from staff appraisals.

Assessment of learning outcomes 4 and 5 (knowledge) may take place in or outside of a real work environment. Written evidence for learning outcomes 4 and 5 could be presented as reports or PowerPoint presentations accompanied by learner notes and evidence of individual research.

Unit 10:

Lead Decision making in Adult Care

Unit reference number: Y/617/1608

Level: 5

Unit type: Mandatory

Credit value: 5

Guided learning hours: 39

Unit summary

Decision making is an everyday skill practised by leaders and managers in adult care. The ability to make decisions, based on an assessment of facts and equitable application of principles of care, is a required part of the skill mix of an effective manager. Making decisions is a complex skill that depends upon effective communication skills, the ability to work as a part of a team and an understanding of the needs of the users of services.

In this unit, you will review the situations that require you to make decisions in your role and the ways in which you interpret information to draw conclusions. You will be able to evidence your contribution to effective decision making in your own role in adult care.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand effective decision making in adult care	1.1 Review the range of purposes and situations in adult care for which decisions by a manager may be required
	1.2 Assess the role of evidence-based decisions in improving quality in adult care
	1.3 Compare the key stages in formal and informal decision-making processes
	1.4 Explain how to analyse and use data to ensure that decisions are evidence-based
2 Understand partnership approaches in facilitating decision making in adult care	2.1 Assess the benefits of engaging with users of services and others and respecting their contributions during the decision-making process
	2.2 Review the range of stakeholders to whom decisions may need to be communicated
	2.3 Discuss the importance of reviewing decisions made and the decision-making process

Learning outcomes	Assessment criteria
3 Be able to carry out effective decision making in adult care	3.1 Record and collate information relating to a decision that needs to be made, justifying the approach used
	3.2 Engage others in the decision-making process in line with organisational policy
	3.3 Evaluate information collected for the decision-making process, justifying the decision made
	3.4 Present conclusions and rationale cogently to different stakeholders with a view to gaining support for the decision made
	3.5 Reflect on the decision-making process, including: • own research and thought processes • the contributions made by others • the impact of decisions made
	3.6 Record and disseminate learning points so as to improve future decision making in own setting

Content

What needs to be learned
Learning outcome 1: Understand effective decision making in adult care

Range and purposes of decisions required

- Staffing and resources.

- Clinical decisions.

- Advance Care Planning.

- Best interests.

- Capacity and consent.

- Person-centred focus.

- Environmental factors.

- Social factors.

- Organisational changes.

Improving quality in service

- Critical thinking.

- Pattern recognition.

- Communication skills.

- Research.

- Review of data; links to health intelligence reports and information.

- Use of audit trails.

- Teamwork.

- Reflection.

- Evaluation.

Key stages in decision making

- Recognising a problem or seeing opportunities that may be worthwhile.

- Gathering information.

- Analysing the situation.

- Developing options.

- Generating several possible options.

- Evaluating alternatives.

- Selecting a preferred alternative.

- Acting on the decision.

What needs to be learned

Data analysis in evidence-based decision making

- Causal relationships.

- Facts.

- Statistical evidence.

- Anecdotal evidence.

- Analogical evidence.

- Conscious rationality.

- Decision ecology.

- Theory of Reasoned Action (Fishbein and Ajzen).

- Theory of Planned Behaviour (Ajzen).

Learning outcome 2: Understand partnership approaches in facilitating decision making in adult care

Benefits of engaging with users of services and others

- Shared decision making.

- Transformational culture change.

- Patient Decision Aids.

- Shared resourcing.

- Trust.

- Risk management.

- Supporting development.

- Challenging practice.

- Service improvement.

Stakeholders

- Users of services and their families and friends.

- Commissioners.

- Social care.

- Healthcare professionals.

- Private investors.

- Owners.

- Care Quality Commission.

- Community.

- Voluntary sector.

What needs to be learned
Review of decisions
• Reflective practice.
• Review of policies and procedures.
• Making changes in practice.
• Reviewing evidence base.
• Development of new audit trails.
• Action research.
Learning outcome 3: Be able to carry out effective decision making in adult care
Researching information
• Awareness of research methodology.
• Review of best practice.
• Literature reviews.
• Primary and secondary research.
Engaging others in decision-making processes
• Staff surveys.
• User of services evaluations.
• Family and friends' feedback.
• Partnership forums.
Structure of recommendations
• Collating data using statistical software.
• Developing user-friendly reader formats and pictorial evidence.
• Use of interpretation services.
• Opportunity for review and consultation periods.
• Use of decision-making processes based upon factual evidence.
Presenting conclusions and rationale
• Developing conclusions in response to primary and secondary sources.
• Making conclusions appropriate to service provision.
• Referring to resource allocation.
• Demonstrating benefits to service.
• Interrogating validity and reliability of decision-making process and data.

What needs to be learned

Reflecting on decision-making process

- Reflective models and approaches:
    - Gibbs' Reflective Cycle (1988)
    - Boud's Triangular Representation
    - Lawrence-Wilkes REFLECT model (2014)
    - Adaptive Decision Maker framework
    - Information Processing Approach
    - choice goals framework.

Recording and disseminating learning points

- Shared-thinking activities.

- Discussion forums.

- Staff meetings.

- Supervision.

- Writing reports.

- Developing policy.

Information for tutors

Suggested resources

Books

Lawrence-Wilkes L and Ashmore L – *The Reflective Practitioner in Professional Education* (Palgrave Pivot, 2014) ISBN 9781137399588

O'Sullivan T – *Decision Making in Social Work 2nd edition* (Palgrave Macmillan, 2010) ISBN 9780230223592

Websites

www.cqc.org.uk	Care Quality Commission
www.nice.org.uk	National Institute for Health and Care Excellence
www.scie.org.uk	Social Care Institute for Excellence
www.skillsforcare.org.uk	Skills for Care

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcome 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcome 3.

Assessment of learning outcomes 1 and 2 (knowledge) may take place in or outside of a real work environment.

Unit 11: Entrepreneurial Skills and Innovation in Adult Care

Unit reference number: D/617/1609

Level: 5

Unit type: Mandatory

Credit value: 6

Guided learning hours: 54

Unit summary

Adult care is undergoing constant change with demands on the service stretching resources to their limits. Consequently, the care system has many deficits and gaps in provision; it lacks structure and does not provide an equitable service across the nation. Leaders and managers in this system routinely encounter change and therefore require skills in change management. Leaders in adult care benefit from taking an entrepreneurial approach, challenging existing delivery of service, nurturing relationships with other agencies and private investors, and reconsidering the constraints of existing practice.

In this unit, you are encouraged to review the skills of entrepreneurship and innovation, and to apply these within your role. You are expected to critically examine current service provision and develop changes that will enhance and modernise services, responding to the current drivers that are shaping adult care.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the market for provision of adult care services	1.1 Explain how adult care services are commissioned, procured and funded
	1.2 Analyse the current drivers shaping: • adult care • funding mechanisms • related services in adult care
	1.3 Explain how own area of service provision relates to the wider market in adult care
	1.4 Analyse the gaps in current market provision in adult care
	1.5 Assess the importance of entrepreneurial skills in ensuring that the market is able to meet future demand for adult care services
2 Be able to work with others to support an entrepreneurial culture in adult care	2.1 Review own organisation in terms of its effectiveness in providing a person-centred service, suggesting improvements in line with organisational objectives
	2.2 Work with others to identify opportunities in line with organisational objectives for: • development or redesign for improved service • business growth
	2.3 Maintain a culture that supports innovation, change and growth in relation to the service provided, in line with organisational requirements
	2.4 Evaluate the resource available in the expertise of those using or working in the service

Learning outcomes	Assessment criteria
3 Be able to develop a vision for the future of the service in adult care	3.1 Examine own role within the wider organisation in relation to developing a vision for the service
	3.2 Analyse ways to engage with colleagues and key influencers, including people who use services and others in the organisation and the local community, about the future of the service
	3.3 Assess factors that are likely to have an impact on service provision and the organisation, by evidencing data that demonstrates quantifiable impact
	3.4 Use evidence-based research, analysis and reflection to develop vision statements that embody core values of adult care and support organisational objectives
	3.5 Evaluate how to monitor developments in the wider adult care system to review the vision and ensure it continues to be compatible and appropriate to development within the organisation
4 Understand principles of change management in adult care	4.1 Critically evaluate theories and models of change management in adult care
	4.2 Analyse how to use change management tools and techniques to support innovation and business development in own setting

Content

What needs to be learned
Learning outcome 1: Understand the market for provision of adult care services
Commissioning, procurement and contracting • Clinical Commissioning Groups (CCGs). • Engaging and communicating with providers, patients and the wider community. • Strengthening integrated care. • Innovative and flexible approaches to commissioning and contracting to drive transformation. • Prime contract model. • Prime provider model. • Alliance contract model. • Contracting to deliver outcomes. • Contracting for service integration. **Current drivers** • Demographics. • Preventing illness. • Addressing risk factors. • Supporting people to live in their own homes. • Providing high standards of primary care. • Developing social care. • Appropriate use of acute services. • Integrated care. **Service provision and the wider market** • Primary care. • Hospital care. • Community care. • Public health. • Preventative services. • Social care. • Mental health. • Global influences. • Reviewing models of healthcare practice across Europe.

What needs to be learned

Gaps in market provision

- Role of users of services in the care team.

- Changing professional roles.

- Location of care.

- Using new information and communication technologies.

- Developing new medical technologies.

- Use of data and information.

Entrepreneurial skills

- Innovation.

- Risk taking.

- Engaging with staff and new providers.

Learning outcome 2: Be able to work with others to support an entrepreneurial culture in adult care

Organisation review

- Identifying gaps in service.

- Practices that could be streamlined.

- Making ineffective service delivery redundant.

- Reviewing staffing needs/patterns.

- Reconsidering funding demands.

- Working across organisations in partnerships.

Opportunities for development

- New funding streams.

- Social enterprise activities.

- Changes in staffing and patterns of service delivery.

Entrepreneurial culture

- Experimental.

- Engaging with users of services.

- Responding to feedback.

- Social enterprise.

- Developing change.

Resource of experience of staff and users of services

- Seeking partnership.

- Being prepared to make changes.

- Listening to experts; being ready to give responsibility to experts.

What needs to be learned

Learning outcome 3: Be able to develop a vision for the future of the service in adult care

Vision

- Nature of vision; types; qualities, e.g. adventurous, broad, different, allowing for imagination and innovation.

- Ideas; developing strategies.

- Expressing the vision to others; developing statement of purpose.

- Engaging others in the vision and developing clear values-based ideals.

Key influencers

- Commissioners.

- Managers.

- Staff.

- Users of services.

- Funders/investors.

- Community.

Factors likely to impact on service provision and organisation

- Changes that:
  o make differences
  o develop interest
  o make people ready to try out new ideas
  o encourage new research
  o are cost-effective
  o are developmental
  o are pioneering.

- Changes in practices maintained over time.

- Greater sense of ownership and decision making from users of services.

Evidence-based research

- Developing action research.

- Based on existing research.

- Allowing for new research opportunities.

Monitoring developments

- Checking vision continues to meet needs.

- Being prepared to change/start again.

- Encouraging teams/organisations to take ownership and shape service delivery.

What needs to be learned
Learning outcome 4: Understand principles of change management in adult care
Theories and models of change management • Fisher's Change Model • Kotter's Change Model • Lewin's Change Management Model • McKinsey 7-S Framework • Transformational change; process; impact on leaders and organisations. • Nudge theory. **Managing change** • Context of change. • Resistance to change. • Change-management tools. • Stakeholder mapping. • Force Field Analysis.

Information for tutors

Suggested resources

Websites

www.cqc.org.uk	Care Quality Commission
www.nice.org.uk	National Institute for Health and Care Excellence
www.scie.org.uk	Social Care Institute for Excellence
www.skillsforcare.org.uk	Skills for Care

Other

Addicott R – *Social enterprise in health care: promoting organisational autonomy and staff engagement* (King's Fund, 2011) PDF available online at:

www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/social-enterprise-in-health-care-kings-fund-report-august-2011.pdf

Curry N, Ham C – *Clinical and service integration: the route to improved outcomes* (King's Fund, 2010) PDF available online at:

www.kingsfund.org.uk/sites/files/kf/Clinical-and-service-integration-Natasha-Curry-Chris-Ham-22-November-2010.pdf

Department of Health – *The NHS Outcomes Framework 2014/15*(Department of Health, 2013) PDF available online at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf

Skills for Care – *The state of the adult social care workforce in England, 2010* (Skills for Care, 2010) PDF available online at:

www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/Research-Reports/social-care-workforce-report/SOASC-full-report-2010-FINAL-for-website.pdf

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt a holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2 and 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2 and 3.

Assessment of learning outcomes 1 and 4 (knowledge) may take place in or outside of a real work environment.

Unit 12: Manage Domiciliary Adult Care Services

Unit reference number: Y/617/1611

Level: 5

Unit type: Optional

Credit value: 7

Guided learning hours: 36

Unit summary

This unit is designed for practitioners who manage the provision of domiciliary and home-based care services. This is an expanding area of demand that includes an increasing elderly population staying at home with support and a growing number of users of services with complex care needs. It also includes users of services with specific needs requiring one-to-one support in care settings or in their own homes.

As a manager, you need to be able to organise and respond to specific care packages within agreed timescales and financial restrictions, ensuring the provision of quality services as required by legislative and regulatory bodies. You have a responsibility for the safe recruitment of appropriate practitioners and to support and mentor teams of staff to promote continuous professional development that will ensure the provision of quality care.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand factors that influence the management of domiciliary adult care services	1.1 Evaluate how the current legislative framework, evidence-based research and organisational protocols impact on the management of domiciliary services
	1.2 Explain how person-centred practice influences the management of domiciliary services
	1.3 Analyse ethical dilemmas and conflicts experienced by managers and practitioners in domiciliary services
2 Be able to manage provision of domiciliary adult care services	2.1 Select and provide suitable practitioners to support the needs of users of services in response to care requirements and organisational planning
	2.2 Support practitioners to develop awareness of their duties and responsibilities in accordance with organisational standards of care
	2.3 Support clear communication and information sharing with users of services and others, in line with agreed ways of working of the organisation
	2.4 Manage record-keeping to meet legislative and regulatory requirements
	2.5 Meet regulatory body requirements for managing domiciliary adult care services

Learning outcomes	Assessment criteria
3 Be able to implement systems for safeguarding of users of services and staff in domiciliary services	3.1 Implement agreed ways of working that support the safety and protection of users of services and others
	3.2 Support practitioners to anticipate, manage and report risks in line with organisational policies and procedures
	3.3 Manage systems for risk or incident reporting, action and follow-up in accordance with legislative and regulatory guidance
4 Be able to support practitioners to promote person-centred care in domiciliary adult care services	4.1 Support practitioners to place the needs and preferences of users of services at the centre of their practice, as required by organisational policies and procedures
	4.2 Enable practitioners to be involved in contributing to person-centred care planning, supported by organisational policies
	4.3 Develop opportunities for practitioners to contribute to multidisciplinary reviews in promoting a person-centred focus
	4.4 Manage and review systems to monitor feedback from users of services to support organisational planning
	4.5 Explain the importance of supporting practitioners to challenge systems and ways of working that do not comply with organisational policies and procedures
5 Be able to respond to day-to-day demands and emergencies in domiciliary services	5.1 Explain the challenges associated with addressing day-to-day demands and emergencies in domiciliary services
	5.2 Manage day-to-day changes and emergencies in domiciliary services in line with organisational expectations

Learning outcomes	Assessment criteria
6 Be able to manage human resources required for domiciliary adult care services	6.1 Plan human resource requirements for domiciliary services in response to financial assessment and care requirements
	6.2 Review contingency arrangements for planned or unforeseen circumstances to meet the organisation's requirements
	6.3 Implement systems for regular supervision and appraisal of practitioners in accordance with organisational policy
	6.4 Plan and implement regular opportunities for staff team meetings and feedback sessions to support workforce development and cohesion
	6.5 Facilitate safe recruitment and selection processes for employment of staff, in accordance with legislation and regulatory guidance
	6.6 Implement and facilitate induction training and shadowing for new staff, in line with agreed ways of working and organisational requirements
	6.7 Explain the actions that should be taken when practitioners do not comply with agreed ways of working

Content

What needs to be learned
Learning outcome 1: Understand factors that influence the management of domiciliary adult care services
Current legislative frameworks, evidence-based research and organisational protocols • Care Standards Act 2000 – setting minimum standards of care. • Data Protection Act 1998 – record-keeping and confidentiality. • Equality Act 2010 – promotes equality and diversity. • Health and Social Care Act 2012– development of CQC, regulating care provision. • Care Act 2014 – changes to access and funding of care. • Evidence-based research: researching evidence and reports on care provision; home-based care packages; benefits of domiciliary care; self-managed personal care budgets. • Organisational protocols: development and review of policies and procedures. **Person-centred practice** • Choice and control over decisions for own care; involvement of user of services in care planning; supporting and challenging decisions. • The 6Cs of care. • Outcomes-based approach. • Inclusive practices. **Ethical dilemmas** • Principle of informed choice. • Confidentiality versus disclosure. • Mental Capacity Act 2005. • Best Interests Assessment. • Deprivation of Liberty. • Balancing needs of family and needs of user of services. • Person-centred approaches and risk taking; managing risks when balancing rights of user of services and own duty of care.

What needs to be learned

Learning outcome 2: Be able to manage provision of domiciliary adult care services

Assessing needs of user of services

- Outcomes-focused approach.

- Planning agreed objectives aligned with national and local service priorities.

- Employing staff with right values and experience.

Duties and responsibilities of support staff

- To provide consistent quality care in response to needs of user of services; duty of care; confidentiality; safeguarding.

- Inclusive practice.

- Care values.

Communication and information sharing

- Effective communication; meeting different communication needs; working with others; communication policy.

Record keeping

- Safe storage of records; abiding by policy; strategies for information sharing; confidentiality; Data Protection Act 1998; communications policy.

Costing care packages

- Personal budgets.

- Government funding.

- Social care budget.

- Budget reform.

Meeting regulatory body requirements for practice

- Care Quality Commission (CQC).

- Leadership Qualities Framework.

- Manager Induction Standards.

Others could include:

- self

- workers/practitioners

- carers

- significant others

- visitors to the work setting.

What needs to be learned

Learning outcome 3: Be able to implement systems for safeguarding of users of services and staff in domiciliary services

Safeguarding and protection

• Safeguarding vulnerable adults.

• Safeguarding children.

• Children Act 1989.

• Human Rights Act 1998.

• No Secrets (Adult Protection) 2000.

• Safeguarding Adults 2005.

Risk assessment and review

• Risk assessment process; person-centred assessment; review and update.

• Accessible and clear complaints process.

• Staff training; review of policies.

• Partnership working.

• Following agreed protocols; evaluating systems and procedures.

• Challenging ineffective practice; whistle-blowing policy.

Others could include:

• self

• workers/practitioners

• carers

• significant others

• visitors to the work setting.

What needs to be learned
Learning outcome 4: Be able to support practitioners to promote person-centred care in domiciliary adult care services

Placing needs and preferences of users of services at centre of practice

- Needs-led assessment.

- Developing positive relationships.

- Autonomy.

- Systems for training.

- Supervision and appraisal.

- Working within resource allocation.

Person-centred planning

- Care planning processes.

- Person-centred approaches.

- Individualised processes.

- Target driven with outcome focus.

- Fully contributed to by user of services and family.

- Responding to rights of user of services to be kept safe in their own home and to maintain dignity.

- Respect and equality of opportunity.

Multidisciplinary review

- Working as part of a team; recognising roles and responsibilities of partner agencies.

- Reviewing processes; measuring outcomes; evaluating progress; reflective processes.

- Sharing information.

- Leading on inclusive practice.

- Recognising and documenting changes.

- Monitoring progress of individual to meeting outcomes.

What needs to be learned

Feedback from users of services

- Feedback from users of services and family.

- Advocacy support.

- Complaints policy.

- Seeking feedback; open dialogue; communication channels.

- Care plan reviews.

- Promoting choice and dignity; respecting individual rights; promoting risk taking and autonomy; collective vision.

- Systems and processes.

- Safeguarding.

Supporting practitioners to challenge decisions

- Provision of mentor support; involvement in planning; developing positive culture; teamwork; use of policies and procedures; effective supervision; shared learning; CPD opportunities.

Learning outcome 5: Be able to respond to day-to-day demands and emergencies in domiciliary services

Challenges of day-to-day demands and emergency responses in domiciliary care

- Balanced approach.

- Risk assessment.

- Contingency planning.

- Record keeping and communication strategies.

- Effective planning.

- Staff delegation.

- Effective training strategies.

- Management styles.

- Overcoming conflict.

- Reflecting on challenges; evaluating performance; recommendations for change.

- Partnership work.

What needs to be learned

Learning outcome 6: Be able to manage human resources required for domiciliary adult care services

Human resources

- Staffing; employment law; contracts of employment; staff rotas; diversity of workforce.

- Responding to packages of care.

- Commissioned services.

- Liaising with agencies.

Contingency arrangements

- Staff roles and planning; emergency responses; effective rota planning; shift cover and use of bank staff.

Systems for supervision

- Scope and purpose of supervision; developmental models; performance management cycles; performance indicators; supervision policy; agreement of location and frequency of supervision; providing feedback.

Staff meetings and feedback

- Team meetings; frequency of contact; facilitating shift changes to accommodate central meeting time and venue; possibly supporting childcare; time-limited meetings; enable active participation; minuted and targeted meetings; effective skills in team communication.

Safe recruitment and selection

- Disclosure and Barring Services (DBS); suitability for role; periods of probation; equality of opportunity; consistent and fair interview processes; robust checking of references and experience.

Induction and training

- Induction policy; shadowing; training; mandatory training; planning CPD; ongoing training opportunities; funded external provision.

Agreed ways of working

- Policies and procedures; agreeing scope of role; roles and responsibilities; boundaries of role; staff meetings; staff feedback; shadowing opportunities; development of role; progression opportunities.

Actions when practitioners do not comply with agreed ways of working

- Disciplinary policy; investigation processes; monitoring performance; feedback from users of services; termination of contract; reporting of concerns.

Information for tutors

Suggested resources

Books

Calpin PJ et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Coulter A, Collins A – *Making Shared Decision-making a Reality: No Decision about Me, without Me* (King's Fund, 2011) ISBN 9781857176247

Tilmouth T, Quallington J – *Level 5 Diploma in Leadership for Health and Social Care 2nd edition* (Hodder, 2016) ISBN 9781471867927

Government papers

Department of Health – *Modernising Social Services: Promoting Independence, Improving Protection, Raising Standards* (1998) ASIN B013RO8V7Y

Department of Health – *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care* (2007)

webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH_4081593

www.cpa.org.uk/cpa/putting_people_first.pdf

Websites

www.cqc.org.uk	Care Quality Commission
www.hse.gov.uk	Health and Safety Executive
www.nhs.uk	NHS Choices
www.scie.org.uk	Social Care Institute for Excellence
www.skillsforcare.org.uk	Skills for Care

Other

Alakeson V – *Putting Patients in Control: The Case for Extending Self-direction into the NHS* (The Social Market Foundation, 2007)

www.smf.co.uk/search/The+Case+for+Extending+Self-direction+into+the+NHS

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt a holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3, 4, 5 and 6 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2, 3, 4, 5 and 6.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 13: Manage Residential Adult Care Services

Unit reference number: D/617/1612

Level: 5

Unit type: Optional

Credit value: 7

Guided learning hours: 36

Unit summary

This unit is designed for practitioners who manage the provision of residential adult care services. This is an expanding area of demand as the UK population continues to age, with the number of individuals over the age of 65 growing substantially. People are living longer and healthier lives, often with complex needs. This places additional pressures on health and social care systems.

As a manager, you need to be able to organise and respond to specific care packages within agreed timescales and financial restrictions, ensuring the provision of quality services as required by legislative and regulatory bodies. You also have a responsibility for the safe recruitment of appropriate practitioners, and to support and mentor teams of staff to promote continuous professional development that will ensure the provision of quality care.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand factors that influence the management of residential adult care services	1.1 Evaluate how the current legislative framework, evidence-based research and organisational protocols impact on the management of residential adult care services
	1.2 Explain how person-centred practice influences the management of residential adult care services
	1.3 Analyse ethical dilemmas and conflicts experienced by managers and practitioners in residential adult care services
2 Be able to manage provision of residential adult care services	2.1 Select and provide suitable practitioners to support the needs of users of services in response to care requirements and organisational planning
	2.2 Support practitioners to develop awareness of their duties and responsibilities in accordance with organisational standards of care
	2.3 Support clear communication and information sharing with users of services and others, in line with agreed ways of working of the organisation
	2.4 Manage record-keeping to meet legislative and regulatory requirements
	2.5 Meet regulatory body requirements for managing residential adult care services

Learning outcomes	Assessment criteria
3 Be able to implement systems for safeguarding of users of services and staff in residential adult care services	3.1 Implement agreed ways of working that support the safety and protection of users of services and others
	3.2 Support practitioners to anticipate, manage and report risks in line with organisational policies and procedures
	3.3 Manage systems for risk or incident reporting, action and follow-up in accordance with legislative and regulatory guidance
4 Be able to support practitioners to promote person-centred care in residential adult care services	4.1 Support practitioners to place the needs and preferences of users of services at the centre of their practice, as required by organisational policies and procedures
	4.2 Enable practitioners to be involved in contributing to person-centred care planning, supported by organisational policies
	4.3 Develop opportunities for practitioners to contribute to multidisciplinary reviews in promoting a person-centred focus
	4.4 Manage and review systems to monitor feedback from users of services to support organisational planning
	4.5 Explain the importance of supporting practitioners to challenge systems and ways of working that do not comply with organisational policies and procedures
5 Be able to respond to day-to-day demands and emergencies in residential adult care services	5.1 Explain the challenges associated with addressing day-to-day demands and emergencies in residential adult care services
	5.2 Manage day-to-day changes and emergencies in residential adult care services, in line with organisational expectations

Learning outcomes	Assessment criteria
6 Be able to manage human resources required for residential adult care services	6.1 Plan human resource requirements for residential adult care services in response to financial assessment and care requirements
	6.2 Review contingency arrangements for planned or unforeseen circumstances to meet the organisation's requirements
	6.3 Implement systems for regular supervision and appraisal of practitioners, in accordance with organisational policy
	6.4 Plan and implement regular opportunities for staff team meetings and feedback sessions to support workforce development and cohesion
	6.5 Facilitate safe recruitment and selection processes for employment of staff, in accordance with legislation and regulatory guidance
	6.6 Implement and facilitate induction training and shadowing for new staff, in line with agreed ways of working and organisational requirements
	6.7 Explain the actions that should be taken when practitioners do not comply with agreed ways of working

Content

What needs to be learned
Learning outcome 1: Understand factors that influence the management of residential adult care services
Current legislative frameworks, evidence-based research and organisational protocols • Care Standards Act 2000 – setting minimum standards of care. • Data Protection Act 1998 – record keeping and confidentiality. • Equality Act 2010 – promotes equality and diversity. • Health and Social Care Act 2012– development of CQC, regulating care provision. • Care Act 2014 – changes to access and funding of care. • Evidence-based research: researching evidence and reports on care provision; self-managed personal care budgets. • Organisational protocols: development and review of policies and procedures. **Person-centred practice** • Choice and control over decisions for own care; involvement of user of services in care planning; supporting and challenging decisions. • The 6Cs of care. • Outcomes-based approach. • Inclusive practices. **Ethical dilemmas** • Principle of informed choice. • Confidentiality versus disclosure. • Mental Capacity Act 2005. • Best Interests Assessment. • Deprivation of Liberty. • Balancing needs of family and needs of user of services. • Person-centred approaches and risk taking; managing risks when balancing rights of user of services and own duty of care.

What needs to be learned

Learning outcome 2: Be able to manage provision of residential adult care services

Assessing needs of users of services

- Outcomes-focused approach.

- Planning agreed objectives aligned with national and local service priorities.

- Employing staff with right values and experience.

Duties and responsibilities of support staff

- To provide consistent quality care in response to needs of users of services; duty of care; confidentiality; safeguarding.

- Inclusive practice.

- Care values.

Communication and information sharing

- Effective communication; meeting different communication needs; working with others; organisation's communications policy.

Record keeping

- Safe storage of records; abiding by policy; strategies for information sharing; confidentiality; Data Protection Act 1998; organisation's communications policy.

Costing care packages

- Personal budgets.

- Government funding.

- Social care budget.

- Budget reform.

Meeting regulatory body requirements for practice

- Care Quality Commission (CQC).

- Leadership Qualities Framework.

- Manager Induction Standards.

Others could include:

- self

- workers/practitioners

- visitors to the work setting.

What needs to be learned
Learning outcome 3: Be able to implement systems for safeguarding of users of services and staff in residential adult care services

Safeguarding and protection

- Safeguarding vulnerable adults.

- Safeguarding children.

- Children Act 1989.

- Human Rights Act 1998.

- No Secrets (Adult Protection) 2000.

- Safeguarding Adults 2005.

- Impact of policy developments; serious case reviews and lessons learned; personalisation.

Risk assessment and review

- Risk assessment process; person-centred assessment; review and update.

- Accessible and clear complaints process.

- Staff training; review of policies.

- Partnership working.

- Following agreed protocols; evaluating systems and procedures.

- Challenging ineffective practice; whistle-blowing policy.

Others could include:

- self

- workers/practitioners

- visitors to the work setting.

What needs to be learned
Learning outcome 4: Be able to support practitioners to promote person-centred care in residential adult care services
Placing the needs and preferences of users of services at centre of practice • Needs-led assessment. • Developing positive relationships. • Autonomy. • Systems for training. • Supervision and appraisal. • Working within resource allocation. **Person-centred planning** • Care planning processes. • Person-centred approaches. • Individualised processes. • Target driven with outcome focus. • Fully contributed to by user of services and family. • Responding to rights of user of services to be kept safe and to maintain dignity. • Respect and equality of opportunity. **Multidisciplinary review** • Working as part of a team; recognising roles and responsibilities of partner agencies. • Reviewing processes; measuring outcomes; evaluating progress; reflective processes. • Sharing information. • Leading on inclusive practice. • Recognising and documenting changes. • Monitoring progress of individual to meeting outcomes.

What needs to be learned

Feedback from users of services

- Feedback from users of services and family.

- Advocacy support.

- Complaints policy.

- Seeking feedback; open dialogue; communication channels.

- Care plan reviews.

- Promoting choice and dignity; respecting rights of users of services; promoting risk taking and autonomy; collective vision.

- Systems and processes.

- Safeguarding.

Supporting practitioners to challenge decisions

- Provision of mentor support; involvement in planning; developing positive culture; teamwork; use of policies and procedures; effective supervision; shared learning; CPD opportunities.

Learning outcome 5: Be able to respond to day-to-day demands and emergencies in residential adult care services

Challenges of day-to-day demands and emergency responses in residential adult care

- Balanced approach.

- Risk assessment.

- Contingency planning.

- Record keeping and communication strategies.

- Effective planning.

- Staff delegation.

- Effective training strategies.

- Management styles.

- Overcoming conflict.

- Reflecting on challenges; evaluating performance; recommendations for change.

- Partnership work.

What needs to be learned

Learning outcome 6: Be able to manage human resources required for residential adult care services

Human resources

- Staffing; employment law; contracts of employment; staff rotas; diversity of workforce.

- Responding to packages of care.

- Commissioned services.

- Liaising with agencies.

Contingency arrangements

- Staff roles and planning; emergency responses; effective rota planning; shift cover and use of bank staff.

Systems for supervision

- Scope and purpose of supervision; developmental models; performance management cycles; performance indicators; supervision policy; agreement of location and frequency of supervision; providing feedback.

Staff meetings and feedback

- Team meetings; frequency of contact; facilitating shift changes to accommodate central meeting time and venue; possibly supporting childcare; time-limited meetings; enable active participation; minuted and targeted meetings; effective skills in team communication.

Safe recruitment and selection

- Disclosure and Barring Services (DBS); suitability for role; periods of probation; equality of opportunity; consistent and fair interview processes; robust checking of references and experience.

Induction and training

- Induction policy; shadowing; training; mandatory training; planning CPD; ongoing training opportunities; funded external provision.

Agreed ways of working

- Policies and procedures; agreeing scope of role; roles and responsibilities; boundaries of role; staff meetings; staff feedback; shadowing opportunities; development of role; progression opportunities.

Actions when practitioners do not comply with agreed ways of working

- Disciplinary policy; investigation processes; monitoring performance; feedback from users of services; termination of contract; reporting of concerns.

Information for tutors

Suggested resources

Books

Calpin PJ et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Coulter A, Collins A – *Making Shared Decision-making a Reality: No Decision about Me, without Me* (King's Fund, 2011) ISBN 9781857176247

Tilmouth T, Quallington J – *Level 5 Diploma in Leadership for Health and Social Care* 2nd edition (Hodder, 2016) ISBN 9781471867927

Government papers

Department of Health – *Modernising Social Services: Promoting Independence, Improving Protection, Raising Standards* (1998) ASIN B013RO8V7Y PDF available online at:

webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH_4081593

Department of Health – *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care* (2007) PDF available online at:

www.cpa.org.uk/cpa/putting_people_first.pdf

Websites

www.cqc.org.uk	Care Quality Commission
www.hse.gov.uk	Health and Safety Executive
www.nhs.uk	NHS Choices
www.scie.org.uk	Social Care Institute for Excellence
www.skillsforcare.org.uk	Skills for Care

Other

Alakeson V – *Putting Patients in Control: The Case for Extending Self-direction into the NHS* (The Social Market Foundation, 2007) PDF available online at:

www.smf.co.uk/search/The+Case+for+Extending+Self-direction+into+the+NHS

Care Quality Commission – *Residential Adult Social Care Services Provider Handbook* (2016) PDF available online at:

www.cqc.org.uk/sites/default/files/20160422_ASC_residential_provider_handbook %20April_2016_update.pdf

Skills for Care – *A Guide to Adult Safeguarding for Social Care Service Providers* (2015) PDF available online at:

www.skillsforcare.org.uk/Document-library/Skills/Safeguarding/a-guide-to-adult-safeguarding-for-social-care-service-providers.pdf

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3, 4, 5 and 6 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2, 3, 4, 5 and 6.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 14: Support Community Partnerships in Health and Social Care

Unit reference number: L/616/7409

Level: 4

Unit type: Optional

Credit value: 5

Guided learning hours: 42

Unit summary

This unit is for practitioners who work in a wide range of health and social care settings. Community partnership working is high on the government agenda to bring about and facilitate change, and to address health and social care needs within local communities. The role of a practitioner can involve both supporting and managing those partnerships.

This unit will give you the knowledge, understanding and skills that you need to organise the setting up, running and evaluation of local community partnerships to benefit users of services. The unit also covers meeting your own responsibilities to work collaboratively with other organisations and individuals involved, supervising the practice and supporting the development of other community development practitioners.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the role of community partnership working	1.1	Explain the concepts, processes and values relating to community partnerships
		1.2	Discuss relevant legislation, codes of practice and organisational policies and procedures that may apply to community partnerships
		1.3	Analyse the benefits of different types of community partnerships, including agencies, networks, organisations and individuals
2	Be able to engage with community partnerships to inform and support practice	2.1	Engage with selected individuals from diverse communities to establish a community partnership
		2.2	Conduct community research using collective methods, in line with organisational requirements
		2.3	Contribute to disseminating information to members of a community partnership to support practice
		2.4	Support a community partnership to identify their own needs, in line with organisational requirements
3	Be able to support the setting up of a community partnership	3.1	Build inclusive relationships that support the development of a community partnership
		3.2	Invite participation by members using collective methods, in line with organisational requirements
		3.3	Support the setting up of a community partnership
		3.4	Carry out collaborative working across a range of sectors in line with organisational requirements

Learning outcomes	Assessment criteria
4 Be able to contribute to running a community partnership	4.1 Carry out own responsibilities to support members of a community partnership to meet their agreed roles
	4.2 Support a community partnership to operate effectively to achieve aims
	4.3 Evaluate ways to support a community partnership if a member disengages
5 Be able to contribute to reviewing community partnerships	5.1 Support members of a community partnership to monitor activities in line with organisational requirements
	5.2 Support a community partnership to set criteria to measure achievement of aims and objectives, evaluating effectiveness
	5.3 Contribute to the evaluation of a community partnership's practice, supporting members to agree changes in response to measuring effectiveness
6 Be able to supervise and support the development of other community development practitioners	6.1 Carry out supervising the work of other community development practitioners in line with organisational requirements
	6.2 Contribute to supporting the development of other community development practitioners in line with organisational requirements

Content

What needs to be learned

Learning outcome 1: Understand the role of community partnership working

Concepts

- Diversity of the different types of communities:
  - geographical
  - interest
  - identity
  - specific themes
  - policy initiatives.

Processes

- Working practices and approaches:
  - relevant theories and models that underpin the specific area of community development practice, relevant to the health and/or social care sector, as appropriate:
    - structural determinants, e.g. social, political, socio-economic
    - health determinants, e.g. psychosocial, physical/environmental, physiological, behavioural factors
    - social determinants, e.g. age, gender, education, employment/unemployment, anti-social behaviour
    - needs-based, goal-orientated, asset-based, etc.
    - models, e.g. community action model
  - bringing people together and participation
  - overcoming barriers to partnership working
  - reviewing and evaluating partnerships.

Values

- Ways to support community engagement:
  - inclusivity and fairness
  - anti-discrimination
  - empowerment
  - collective action
  - working and learning together.

Legislation, organisational policies, procedures and codes of practice

- Current UK legislation and relevant codes of practice, to meet legal requirements and ethical obligations, relevant to the health and/or social care sector and service user group, as appropriate:
  - legislation, regulations and approved codes of practice relevant to health and/or social care practice and specific groups of users of services
  - codes of practice of professional and other practitioners
  - relevant standards and guidance about contributing to the development and running of community networks and partnerships
  - data protection and information sharing
  - health and safety
  - risk assessment and management
  - safeguarding issues.

What needs to be learned
• Organisational policies and procedures: o policies and procedures of involved organisations and workers affecting opportunities and boundaries for setting up and maintaining community networks and partnerships. **Benefits of different types of community partnerships** • Active citizens through working within community partnerships. • Shaping and changing respective communities. • Promoting empowerment of disadvantaged and vulnerable communities. • Inclusion of diverse and marginalised communities actively sought.
Learning outcome 2: Be able to engage with community partnerships to inform and support practice
Engagement with selected individuals from diverse communities • Contact with different types of communities. • Informal networks to increase number and quality of contacts. • Nature, composition, power relationships impacting on communities. • Different methods and styles of engaging with individuals (e.g. promoting empowerment) and communities (e.g. participation and influence); building relationships, trust and respect (e.g. positive action, promoting inclusion, equal opportunities and anti-discrimination). **Community research** • Using diverse research methodology (e.g. quantitative and qualitative methods) and participatory strategies (e.g. equal value of knowledge and experience, ability to identify own problems/solutions) to facilitate the community research process to conform to professional and ethical standards. • Community members aware of principles of safe community research (e.g. legislation, sensitive diversity issues, confidentiality). • Contributions of community members to proposals for community research. • Disseminating information, using inclusive and participatory methods to overcome barriers. **Disseminating information** • Reviewing the quality and quantity of information, supporting the contributions of marginalised communities. • Using data and information that is valid, accurate, reliable and sufficient for its intended purpose. • Communities given sufficient information to make informed decisions about engagement with other organisations (e.g. groups, communities, statutory bodies). • Identification of community priorities and concerns through participatory approaches; requirement to express needs, interests and concerns of different communities.

What needs to be learned

Support for a community partnership to identify own needs

- Membership of the partnership.

- Aims, objectives and outcomes.

- Roles and responsibilities, including contribution of resources, commitment of time, allocation of tasks.

- Areas for development, i.e. capacity building.

- Activities and practices.

- Potential costs and sources of funding for the partnership.

Learning outcome 3: Be able to support the setting up of a community partnership

Inclusive relationships

- Acknowledging community perspectives and lived experience.

- Including marginalised communities.

- Keeping up to date with changes in the local population.

- Considering how best to respond to newly identified need.

Inviting participation

- Motivating people.

- Facilitating coming together and community engagement.

- Recognising the rights of communities to engage.

- Overcoming barriers to involvement.

Supporting a community partnership

- Providing active support.

- Supporting communities, where appropriate, to positively challenge local and national policy.

- Maintaining and practising up-to-date knowledge relating to community development partnership working.

- Using community development approaches to challenge inequalities, social injustice and discrimination.

Collaborative working

- Working with partnerships to enable them to examine potential for collaboration with other groups or different organisations (i.e. other communities and groups, statutory bodies, voluntary, other organisations (e.g. private)).

- Encouraging partnership and collaborative working within and between sectors that are members of community partnerships.

- Working with communities promoting the exchange of views with other partnership organisations.

What needs to be learned

Learning outcome 4: Be able to contribute to running a community partnership

Supporting members of community partnerships to meet agreed role

- Developing members' confidence, skills and knowledge.

- Promoting opportunities for development and learning.

- Facilitating community learning to bring about change.

Supporting community partnerships to operate effectively

- Operating effectively will include working inclusively, respecting and valuing all members, supporting members to participate, abiding by agreements, resolving conflicts.

- Promoting inclusiveness and empowering ways of working to ensure all contributions made within the partnership are valued and respected.

- Working with community partnerships to support an individual member, community group or sector organisation if they disengage.

- Working with others to seek and acquire resources to enable partnership to meet its aims, objectives and outcomes.

Supporting community partnerships when a member disengages

- Supporting inclusive and effective ways of working.

- Liaising equally with all involved members of community partnership.

- Listening to and negotiating with all members to resolve issues.

Learning outcome 5: Be able to contribute to reviewing community partnerships

Monitoring activities and evaluating effectiveness

- Monitoring and evaluating activities.

- Evaluating external support and incurred costs.

- Ensuring community partnership activities are working within legal and regulatory requirements.

Criteria to measure aims and objectives

- Criteria appropriate to measure aims and objectives.

- Criteria can measure aims and objectives accurately.

- Criteria are applied consistently so measurements are reliable.

Evaluating the partnership and agreeing changes to practice

- Identifying strengths and weaknesses.

- Potential areas for development (i.e. capacity building of members).

- Activities of partnership.

- Assisting change to structures and practices to increase effectiveness.

What needs to be learned
Learning outcome 6: Be able to supervise and support the development of other community development practitioners
Supervising the work of other community development practitioners • Using Community Development National Occupational Standards in practice situations. • Implementing systems for supervision, appraisal and reporting within organisational requirements. • Facilitating teamworking and peer-support mechanisms within the organisation. **Supporting the development of other community development practitioners** • Supporting other community development practitioners to analyse and reflect on their practice. • Promoting and guiding professional development of other community development practitioners. • Implementing systems for individual development plans and identifying areas for improvement. • Facilitating the ability of practitioners to achieve and meet targets identified in their individual development plans.

Information for tutors

Suggested resources

Websites

www.bma.org.uk	British Medical Association
www.communitycare.co.uk	Community Care
www.dh.gov.uk	Department of Health
www.england.nhs.uk	NHS England
www.fcdl.org.uk/learning-qualifications/community-development-national-occupational-standards/	Federation for Community Development Learning
www.health.org.uk	The Health Foundation
www.nationalvoices.org.uk	National Voices: Coalition of Health and Social Care Charities in England
www.onlinelibrary.wiley.com	Wiley Online Library
www.skillsforcare.org.uk	Skills for Care
www.skillsforhealth.org.uk	Skills for Health
www.skillsforcareanddevelopment.org.uk	Skills for Care and Development

Other

British Journal of Community Nursing

Community Development National Occupational Standard JETSCD00 (2015)

Health and Social Care in the Community Journal

Journal of Public Health

Nursing Standard

Nursing Times

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3, 4, 5 and 6 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2, 3, 4, 5 and 6.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 15: Understand Dementia Care

Unit reference number: H/617/1613

Level: 4

Unit type: Optional

Credit value: 5

Guided learning hours: 44

Unit summary

Dementia is a common disease process seen in adults. The likelihood of getting dementia increases with age and it affects a significant proportion of the elderly population. A practitioner working in adult care is very likely to need to provide support for users of services with dementia. Although the exact causes of the disease are not clearly understood, knowledge about the types of dementia and their presenting symptoms has increased in recent years. Much research has been carried out into ways of identifying the disease and supporting affected individuals to maintain quality of life.

In this unit, you will investigate the main types of dementia, the neurology of the brain in order to understand the signs and presentation of different forms of dementia and how individuals may experience dementia. You will also explore appropriate support pathways and recognise the importance of person-centred planning in providing care for users of services with dementia, and in supporting their families and friends.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the neurology of dementia	1.1 Discuss the prevalence and types of dementia that can affect individuals
	1.2 Discuss the anatomy of the brain and the main neurological symptoms of dementia
	1.3 Analyse the different factors that can lead to the development of dementia
	1.4 Assess the influence of factors that can exacerbate the signs and symptoms of dementia
2 Understand person-centred approaches to planning care for users of services diagnosed with dementia and their families and friends	2.1 Assess the effects of a diagnosis of dementia on the user of services and their family and friends
	2.2 Review current guidance on standards of care relevant to users of services with dementia in own setting
	2.3 Evaluate the person-centred approach to supporting users of services with dementia
	2.4 Compare the types of support offered to users of services with dementia

Learning outcomes	Assessment criteria
3 Be able to lead in the development of care for users of services with dementia	3.1 Develop agreed ways of working based upon current guidance on care pathways for users of services diagnosed with dementia
	3.2 Plan care for users of services with dementia in own setting, in line with organisational requirements
	3.3 Evaluate the benefits of support to staff in promoting person-centred approaches in dementia care in own setting
	3.4 Contribute to assessment of the needs of a user of services with dementia in own setting, in accordance with organisational policy
	3.5 Promote strategies to support the needs of users of services with dementia in line with organisational policy
4 Be able to work in partnership when supporting users of services with dementia and their families and friends	4.1 Build supportive relationships with families and friends of users of services with dementia in own setting, in line with organisational policy
	4.2 Review the support available to users of services with dementia from care professionals and agencies within and outside own organisation
	4.3 Reflect on own contribution to working in partnership with other care practitioners in providing care to users of services with dementia and their families and friends
	4.4 Make recommendations for developing service provision in dementia care in own setting, in line with organisational requirements

Content

What needs to be learned
Learning outcome 1: Understand the neurology of dementia

Types of dementia

- Alzheimer's disease.

- Vascular dementia.

- Pick's disease (frontotemporal dementia).

- Dementia with Lewy bodies.

- Creutzfeldt-Jakob disease (CJD).

- Huntington's disease.

Anatomy of brain

- Parietal lobe – receives and interprets sensations of pain, pressure, temperature, touch, size, shape and body part awareness.

- Temporal lobe – involved in understanding sounds and spoken words, as well as emotion and memory.

- Occipital lobe – involved in understanding visual images and the meaning of the written word.

- Hippocampus – processes various forms of information as long-term memory; damage to the hippocampus produces global amnesia.

Neurological symptoms

- Changes in:
    - information processing
    - sensory input of sight and sound
    - judgement
    - awareness
    - spatial skills
    - personality
    - behaviour.

- Decline in attention, memory, reasoning and communication.

- Loss of short-term memory; long-term memory.

- Loss of skills; fluctuation of abilities; difficulty performing usual activities.

- Movement difficulties.

- Becoming disoriented about places and times.

- Delusions.

- Apathy; depression; anxiety; becoming short-tempered and hostile.

What needs to be learned

Factors affecting development of dementia

- Genetics.

- Poor diet.

- Lack of stimulation.

- Smoking.

- Alcohol.

Factors that exacerbate signs and symptoms

- Depression and confused states.

- Presence of infection.

- Dehydration.

- Anxiety.

- Hunger.

- Fatigue.

- Sensory changes due to age-related degeneration, e.g. macular degeneration and cataracts affecting vision, loss of hearing and increase of tinnitus affecting balance.

- Reduced metabolism causing poor appetite.

- Osteoporosis and fear of falling; lack of movement.

- Changes to the physical environment, e.g. moving home, starting at a day centre.

- Changes to the social environment, e.g. changes in carers, loss of family or friends and social isolation, bereavement.

- Changes to the emotional environment, e.g. carers become stressed, experience of abuse; personal changes – changes in treatment.

- Changes in medication, and changes in physical condition, e.g. bacteria or viral infections.

- Vascular changes.

- Rapidity of onset of dementia.

What needs to be learned
Learning outcome 2: Understand person-centred approaches to planning care for users of services diagnosed with dementia and their families and friends

Effects of a diagnosis of dementia on the user of services and family and friends

- Confusion; anger; denial; fear.

- Need for information.

- Sources of support.

- Emotional impact.

- Social/financial impact.

- Legal impact (power of attorney).

Current guidance on standards of care

- National Institute for Health and Care Excellence (NICE) quality standards.

- Prime Minister's Challenge on Dementia 2020.

- NHS England – *Dementia Diagnosis and Management* (2015).

- Care Quality Commission – *Cracks in the Pathway: People's experiences of dementia care as they move between care homes and hospitals* (2014).

Person-centred approach

- Principles of care, including dignity, respect, choice, independence, privacy, rights, culture.

- Seeing the person first and the dementia second.

- Focusing on strengths and ability, preferred or appropriate communication.

- Acting in the best interests of the user of services.

- Person-to-person relationships; involving user of services in care planning; taking account of history, e.g. personal, family, medical.

Types of support

- Voluntary sector.

- Dementia UK.

- Alzheimer's Society.

- NHS dementia specialists.

- Websites.

What needs to be learned
Learning outcome 3: Be able to lead in the development of care for users of services with dementia

Care pathways for users of services diagnosed with dementia

• Dementia Care Pathways – NICE.

Care planning

• Advance care planning.

• End of life care.

• Supporting and recording decisions in advance care planning.

Agreed ways of working

• Person-centred care.

• Risk management.

• Health and safety.

• Deprivation of Liberty (Mental Capacity Act).

• Equality and diversity.

• Communication.

• Safeguarding.

• Record keeping (Data Protection Act).

• Confidentiality.

• Complaints.

Support to staff

• Staff training.

• Supervision and appraisal.

• Coaching and mentoring.

Assessment of needs

• Initial assessments.

• Health needs.

• Background history.

• Preferences.

• Likes and dislikes.

• Preferred communication methods.

• Risk assessment.

• Social need assessments.

• Best Interests meetings.

• Care reviews.

• Interagency approaches.

What needs to be learned
Strategies to support users of services with dementia

Strategies to support users of services with dementia

- Cognitive rehabilitation.

- Reality-orientation approach; validation approach.

- Environmental redesign.

- Use of assistive technologies, e.g. pressure mats, door alarms linked to staff pagers, personal pendant alarms; an enabling and safe environment, e.g. handrails, safe flooring, use of colour/textures, practical aids.

- Cognitive behavioural therapy to address anxiety.

- Memory boards.

- Use of social environment to enable positive interactions with users of services with dementia.

- Use of reminiscence techniques to facilitate a positive interaction with the user of services with dementia.

- Holistic approach, responsive and flexible approach; involving family and friends, personal beliefs of the user of services, focusing on strengths and abilities, effective communication.

- Appropriate exercise; activities specific to the needs of the user of services, e.g. music sensory; alternative therapies, e.g. aromatherapy, massage, sensory.

What needs to be learned
Learning outcome 4: Be able to work in partnership when supporting users of services with dementia and their families and friends

Supportive relationships

- Effective communication.

- Time and patience.

- Building positive relationships.

- Encouraging positive approaches.

- Support in signposting.

Care professionals and agencies

- Hospitals, hospices.

- Residential care, nursing homes.

- Independent living, sheltered housing.

- Day care, domiciliary care.

- GP, social services, pharmacists.

- End-of-life support, urgent care response, early intervention.

- Psychiatric services, memory services.

- Physiotherapists, occupational therapists, dieticians, other health and social care workers, counsellors, dementia advisers, advocates.

Working in partnership

- Joint planning.

- Centralised resources.

- Shared expertise.

- Outcomes-focused approaches.

Recommendations for service provision

- Developing a dementia-friendly environment.

- Reminiscence therapies.

- Sensory therapies.

- Developing training.

Information for tutors

Suggested resources

Books

Adams T, Manthorpe J – *Dementia Care: An Evidence-Based Textbook* (CRC Press, 2003) ISBN 9781444113853

Spencer R – *Understanding Alzheimer's and Dementia* (Emerald Publishing, 2016) ISBN 9781847166623

Websites

www.alzheimers.org.uk	Alzheimer's Society
www.cqc.org.uk	Care Quality Commission
www.dementiauk.org	Dementia UK
www.gov.uk	Government reports
www.england.nhs.uk	National Health Service – England
www.nice.org.uk	National Institute for Health and Care Excellence
www.skillsforcare.org.uk	Skills for Care
www.scie.org.uk	Social Care Institute for Excellence

Reports

Care Quality Commission – *Cracks in the Pathway - People's experiences of dementia care as they move between care homes and hospitals* (CQC, 2014) PDF available online at:

www.cqc.org.uk/sites/default/files/20141009_cracks_in_the_pathway_final_0.pdf

Department of Health – *Transforming the Quality of Dementia Care: Consultation on a National Dementia Strategy* (Department of Health, 2008) PDF available online at:

www.cpa.org.uk/cpa/consultation_on_national_dementia_strategy.pdf

Department of Health – *Living Well with Dementia: A National Dementia Strategy* (Department of Health, 2009) PDF available online at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

NICE/SCIE – *Dementia: Supporting people with dementia and their carers in health and social care* (TSO, 2006) Available online at:

www.nice.org.uk/guidance/cg42

Department of Health – *Prime Minister's Challenge on Dementia 2020: Implementation Plan* (Department of Health, 2016) PDF available online at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/507981/PM_Dementia-main_acc.pdf

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 3 and 4.

Assessment of learning outcomes 1 and 2 (knowledge) may take place in or outside of a real work environment.

Unit 16: Understand Physical Disability in the Context of Adult Care

Unit reference number: K/617/1614

Level: 4

Unit type: Optional

Credit value: 5

Guided learning hours: 28

Unit summary

Physical disabilities vary from severe to mild forms. The types of physical disability covered in this unit include congenital (disabilities that an individual is born with), acquired (for example, as a result of an accident), neurological (such as disabilities following a stroke), and progressive (increasing in severity as time passes).

This unit is designed to develop your understanding of physical disability and the possible impacts of a physical disability on a person's life. This unit promotes a person-centred approach as an underpinning value in working with users of services with physical disabilities in adult care. The unit also explores ways to promote independence, inclusion and choice for users of services with physical disabilities in adult care.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand physical disabilities and their possible impacts on individuals	1.1	Explain the following terminology used in relation to physical disability, giving examples of conditions in each category: • congenital • acquired • neurological • progressive
		1.2	Discuss the possible emotional impact of a progressive disability on the individual
		1.3	Compare the different emotional impacts on individuals that congenital and progressive disabilities can have
2	Understand possible effects of living with a physical disability within society	2.1	Describe environmental and social barriers that may affect an individual with a physical disability
		2.2	Analyse possible socio-economic effects of physical disability on an individual
		2.3	Discuss possible effects of physical disability on an individual's life choices
		2.4	Analyse positive and negative perceptions of physical disability in society and their potential effects on individuals
		2.5	Analyse the effects on individuals and society of disability legislation

Learning outcomes	Assessment criteria
3 Understand the importance of differentiating between a user of services and their disability in adult care	3.1 Discuss benefits to users of services of recognising the centrality of the individual rather than the disability
	3.2 Explain the importance of person-centred assessment in adult care
	3.3 Analyse the difference in outcomes that may occur as a result of focusing on the strengths and aspirations of a user of services rather than their needs only
4 Understand how to promote inclusion and independence when working with users of services with physical disabilities in adult care	4.1 Explain the importance of inclusion and independence for users of services with physical disabilities
	4.2 Explain how to promote inclusion and independence in an adult care setting in accordance with organisational requirements
	4.3 Discuss the implications for users of services of having control of choices and decisions in an adult care setting
	4.4 Analyse the importance of positive risk-taking for users of services with physical disabilities
	4.5 Explain how to encourage positive risk-taking by users of services in an adult care setting while maintaining safety, in accordance with organisational requirements

Content

What needs to be learned
Learning outcome 1: Understand physical disabilities and their possible impacts on individuals

Types of physical disability

- **Acquired** disabilities (an accident or disease after birth) could include:
  - rheumatism
  - arthritis
  - cardiac conditions
  - pulmonary conditions from work conditions or smoking, e.g. emphysema, pulmonary fibrosis
  - amputation of limbs.

- **Congenital** disabilities could include:
  - cerebral palsy
  - cystic fibrosis
  - spina bifida
  - congenital heart conditions
  - muscular dystrophy
  - congenital hip disorder.

- **Neurological** disabilities could include:
  - motor neurone disease
  - multiple sclerosis
  - Parkinson's Disease
  - stroke.

- **Progressive** disabilities could include:
  - motor neurone disease
  - multiple sclerosis
  - Parkinson's Disease
  - cystic fibrosis.

  (Some progressive disabilities are neurological and some are congenital.)

Emotional impact of a progressive disability

- Possible impact, e.g. reduced self-esteem, negative self-image, feelings of isolation, depression, anger.

Different emotional impacts of congenital and progressive disabilities

- Possible impacts, e.g. congenital disabilities are usually accepted more readily as the individual has always had the disability, while progressive disabilities cause increasing limitations during life and are often more traumatic.

What needs to be learned

Learning outcome 2: Understand possible effects of living with a physical disability within society

Environmental and social barriers

- Environmental, e.g. lack of ramps/lifts, uneven ground, narrow doorways.

- Social, e.g. attitudes of others, lack of public transport, inaccessible public buildings.

Socio-economic effects

- Possible effects, e.g. ability to work, access to benefits, limited educational opportunities, discrimination.

Effects on life choices

- Life choices include:
  - physical health
  - education
  - housing
  - employment
  - access to cultural/leisure activities
  - mobility
  - sexuality.

Positive and negative perceptions and their effects

- Positive, e.g. inclusion in the media, educational awareness, increased job opportunities.

- Negative, e.g. prejudice, discrimination, exclusion.

Effects of disability legislation

- Equality Act 2010; adherence to disability legislation.

- Societal attitudes.

- Effects on individuals, e.g. increased opportunities, improved life chances.

What needs to be learned

Learning outcome 3: Understand the importance of differentiating between a user of services and their disability in adult care

Recognising the centrality of the individual

- Recognising the centrality of an individual with disabilities will boost:
  - confidence
  - self-esteem.
- Considering the user of services as a whole will reinforce:
  - dignity
  - respect.

Person-centred assessment

- Care tailored to the user of services.

- Needs-led assessment.

- Involving user of services and care team.

Focusing on the strengths and aspirations of a user of services rather than needs only

- Strengths, e.g. abilities, skills, interests.

- Aspirations, e.g. goals, objectives, aims of the user of services.

- Needs, e.g. support required, necessities of life.

What needs to be learned
Learning outcome 4: Understand how to promote inclusion and independence when working with users of services with physical disabilities in adult care

Importance of inclusion and independence

- Inclusion, e.g. groups for mixed abilities (e.g. PHAB); benefits for users of services.

- Independence, including aids to independent living, personal assistants; benefits for users of services.

Promotion of inclusion and independence

- Ways to promote inclusion, choice and control.

- Ways to promote independence, e.g. access to facilities, transport.

Implications for users of services of having control of choices and decisions

- Informed choice.

- Informed decision making.

- Duty of care.

Importance of positive risk-taking

- Right of the user of services to make their own decisions.

- The role of the care team, family and friends in supporting users of services to take risks safely.

- Positive risk-taking and its contribution to achieving fulfilling and meaningful life experiences.

Encouraging positive risk-taking while maintaining safety

- Weighing up the potential benefits and harms of exercising one choice of action over another.

- Identifying the potential risks involved.

- Developing plans and actions that reflect the positive potential and stated priorities of the user of services.

Information for tutors

Suggested resources

Websites

www.disabilityjobsite.co.uk	Helps people with a disability into employment through an online interface designed to deliver 'barrier-free' eRecruitment.
www.disabilityrightsuk.org	Disabled people leading change, working for equal participation for all.
www.in-control.org.uk	A network and 'community for change' that aims to help people take control of their lives, influence and improve the delivery of self-directed support, and measure the impact of self-directed support and personal budgets on people's lives.
www.jrf.org.uk	Joseph Rowntree Foundation – works to inspire social change through research, policy and practice, also provides social care.
www.leonardcheshire.org	Provides social care, helps disabled people find and remain in employment, builds confidence through information, advice and guidance, and breaks down barriers through access to computers and adapted IT equipment.
phab.org.uk	PHAB – supports social activities and sports for those of all abilities.
www.scope.org.uk	Provides support, information and advice to disabled people and their families.

Other

Aiden H, McCarthy A – *Current Attitudes towards Disabled People* (Scope, 2014) PDF available online at:

www.scope.org.uk/Scope/media/Images/Publication%20Directory/Current-attitudes-towards-disabled-people.pdf

Dowling S, Manthorpe J, Cowley S et al – *Person-Centred Planning in Social Care* (Joseph Rowntree Foundation, 2006) ISBN 9781859354797 PDF available online at:

www.jrf.org.uk/sites/default/files/jrf/migrated/files/9781859354803.pdf

Staniland L – *Public Perceptions of Disabled People: Evidence from the British Social Attitudes Survey 2009* (The Office of Disability Issues, 2011) ISBN 9781849475013 PDF available online at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/325989/ppdp.pdf

Isle of Wight Council Community Services and Isle of Wight NHS Primary Care Trust – *Managing Risk Positively: A Guide for Staff in Health and Social Care* (2009) PDF available online at:

www.iwight.com/azservices/documents/riskmanagementguidance.pdf

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcome 4 must be made during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcome 4.

Simulation may be used as an assessment method for learning outcomes 1, 2 and 3.

Unit 17: Manage Provision to Support Users of Services with Multiple Conditions and/or Disabilities

Unit reference number: F/616/7424

Level: 5

Unit type: Optional

Credit value: 4

Guided learning hours: 38

Unit summary

The purpose of this unit is to provide the knowledge and skills needed to review and improve service provision for users of services with multiple conditions and/or disabilities. In contemporary UK society, living with multiple conditions and/or disabilities has become increasingly common and has an impact across all areas of people's lives. Mental health issues are more prevalent among people with multiple conditions and the risk of mental health problems increases the more conditions a person lives with.

As a manager in the health and social care sector, there is a requirement to review service provision for users of services living with multiple conditions and/or disabilities. Following the successful review, it will be your responsibility to research ways to improve the service provision for these users of services. This could involve making recommendations for changes to service delivery, providing advice to support the assessment of users of services with multiple conditions and/or disabilities and developing strategies to improve practice.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the implications of multiple conditions and/or disabilities for users of services	1.1 Discuss the correlation between conditions and • disability • gender • age • ethnicity • socio-economic status 1.2 Analyse ways in which multiple conditions and/or disabilities can impact on users of services 1.3 Make justified recommendations for modifications to service delivery, with a view to improving outcomes for users of services with multiple conditions and/or disabilities
2 Be able to support a user of services with multiple conditions and/or disabilities	2.1 Work collaboratively with the user of services and/or others to support the user of services, in line with organisational requirements 2.2 Provide advice and expertise to support the assessment and/or referral of a user of services with multiple conditions and/or disabilities, in line with organisational requirements 2.3 Use referral processes to secure services for the user of services
3 Be able to develop others to support users of services with multiple conditions and/or disabilities	3.1 Advise and inform others about the implications of multiple conditions and/or disabilities 3.2 Evaluate strategies to improve the practice of others with regard to multiple conditions and/or disabilities, in terms of the effectiveness of the strategies in promoting positive outcomes: • at an individual level • at an organisational level

Learning outcomes	Assessment criteria
4 Be able to review service provision in respect of users of services with multiple conditions and/or disabilities	4.1 Reflect on own role in relation to providing a service for users of services with multiple conditions and/or disabilities in line with organisational requirements
	4.2 Evaluate, with others, the extent to which provision in own setting meets the needs of users of services with multiple conditions and/or disabilities using the setting
	4.3 Implement actions agreed as a result of evaluation within own role

Content

What needs to be learned
Learning outcome 1: Understand the implications of multiple conditions and/or disabilities for users of services

Correlation between conditions and disability, gender, age, ethnicity and socio-economic status
 	
• Multiple conditions and/or disabilities could include a combination of factors relating to:
 	
    o sensory loss
    o physical health
    o mental health
    o physical disability
    o learning difficulty/disability
    o emotional health.
 	
Impact of multiple conditions and/or disabilities on users of services
 	
• Challenges could include:
 	
    o limited person-centred support
    o poor communication between different agencies and the user of services
    o limited access to services
    o lack of 'ownership' for the user of services.
 	
Modifications to service delivery for improved outcomes
 	
• Modifications could include:
 	
    o improvements to the treatment/management of conditions
    o a proactive, holistic and preventive model of care
    o encouraging users of services to play a central role in managing their own care.

What needs to be learned

Learning outcome 2: Be able to support a user of services with multiple conditions and/or disabilities

Collaborative working

• Should be developed in partnership with the user of services.

• Should be led by the user of services.

• The user of services should be supported by a range of resources.

• Partners could include care givers, friends, colleagues and neighbours.

Others could include:

• other professionals

• care givers/family members

• advocates

• colleagues.

Assessment

• All staff carrying out assessment should be competent in:
  o relevant verbal and non-verbal communication skills
  o the perception of the problem(s) and their impact
  o tailoring information
  o supporting participation in decision making
  o discussing treatment options.

Referral processes

• Generally via the GP; discussion between user of services and GP to reach the right choice for the user of services.

What needs to be learned
Learning outcome 3: Be able to develop others to support users of services with multiple conditions and/or disabilities
Implications of multiple conditions and/or disabilities could include: • fragmented, ineffective support for users of services, possibly undermining management of their conditions   • safety issues regarding medication   • the impact of living with multiple conditions on emotional and psychological health and wellbeing.   **Others** could include: • other professionals   • care givers/family members   • advocates   • colleagues.   **Strategies to improve the practice of others** could include: • the development of seamless, person-centred support, including key working, joint working between professionals, local area coordinators, and cross agency referral systems   • improved communication and information sharing   • improved ways to access services   • reduction in the number of separate appointments that users of services are required to attend   • improved support for self-management.

What needs to be learned
Learning outcome 4: Be able to review service provision in respect of users of services with multiple conditions and/or disabilities
Own role in relation to providing a service for users of services with multiple conditions and/or disabilities, including: • self-reflection • peer reviews • appraisal systems • feedback mechanisms for users of services requiring the service. **Evaluation of the extent to which provision meets the needs of users of services with multiple conditions and/or disabilities** • Regular review of care needs. • Specific review as or when care needs change. • Care planning meetings attended by the user of services, care giver/family, professionals providing support. **Others** could include: • other professionals • care givers/family members • advocates • colleagues. **Implementation of agreed actions** • Actions implemented following appraisals, peer reviews and self-reflection, and as a result of action planning and feedback from user of services/family of user of services/care giver.

Information for tutors

Suggested resources

Websites

www.ageuk.org.uk	Age UK
www.kingsfund.org.uk/sites/files/kf/field/field_ publication_file/self-management-long-term-conditions-patients-perspectives-sara-corben-rebecca-rosen-kings-fund-26-july-2005.pdf	Self-management for Long-term Conditions: Patients' Perspectives on the Way Ahead
www.nice.org.uk	National Institute for Health and Care Excellence
www.skillsforcare.org.uk	Skills for Care

Other

Long Term Conditions Alliance Scotland – *Living with Multiple Conditions: Issues, Challenges and Solutions* (2011) PDF available online at:

http://www.alliancescotland.org.uk/download/library/lib_4e858df323e51

Lorig, Dr. Kate – *Self-Management of Long Term Health Conditions – Third Edition* (Bull Publishing 2014)

The Health and Social Care Alliance Scotland – *Many Conditions, One Life* (2014) PDF available online at:

http://www.jitscotland.org.uk/resource/many-conditions-one-life-living-well-multiple-conditions/

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3 and 4 must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work

environment. Simulation may not be used as an assessment method for learning outcomes 2, 3 and 4.

Assessment of learning outcome 1 may take place in or outside of a real work environment.

Unit 18: The Use of Assessment Processes in Care Settings

Unit reference number: M/617/1615

Level: 5

Unit type: Optional

Credit value: 6

Guided learning hours: 40

Unit summary

The purpose of this unit is to explore the use of different assessment processes in formulating the planned care of users of services in care settings. You will develop the knowledge and skills to understand the purpose of different assessment methods and tools, as well as implementing care plans based on the assessments.

There are different forms of assessment processes that are supported by contributions from the multidisciplinary team. As part of the team, you will work in partnership to agree outcomes in collaboration with users of services. In your role you will lead, implement and review assessments to ensure effective care planning. You will promote an understanding of assessment processes to others in your team, as well as to users of services and their families.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand assessment processes used in planning care for a user of services in a care setting	1.1 Discuss the use of different assessment processes used in own setting
	1.2 Review the use of recognised assessment tools in developing care plans
	1.3 Analyse the use of assessment methods in developing care plans
	1.4 Evaluate the benefits of partnership approaches in assessment and care planning
2 Understand the effects of assessment processes for the user of services and their family in care settings	2.1 Assess the benefits to the user of services and their family of the assessment process
	2.2 Review the potential barriers of the assessment methods used for the user of services and their family
	2.3 Analyse the approaches used to support full participation of the user of services and their family in the planning of care
3 Be able to lead and contribute to assessments in care settings	3.1 Initiate early assessment of the user of services in line with organisational requirements
	3.2 Support the active participation of the user of services in shaping the assessment process, in line with organisational requirements
	3.3 Undertake assessments within the boundaries of own role within the organisation
	3.4 Make recommendations to support referral processes in accordance with organisational procedures

Learning outcomes		Assessment criteria	
4	Be able to manage the outcomes of assessments in care settings	4.1	Develop a care or support plan in collaboration with the user of services that meets their needs, in accordance with organisational standards of care
		4.2	Implement interventions using agreed ways of working, evaluating their effectiveness in terms of positive outcomes for the user of services
5	Understand the role of the practitioner as a part of the multidisciplinary team	5.1	Explain the roles and responsibilities of other agencies involved in the assessment
		5.2	Evaluate the contributions made by the practitioner as a part of the wider multidisciplinary team
		5.3	Analyse the scope and boundaries of the role of the organisation in the assessment process
6	Be able to evaluate the care/support plan and make recommendations as a part of the review process	6.1	Review the care/support plan using feedback from the user of services and/or others
		6.2	Evaluate the outcomes of care/support plan using feedback from the user of services and/or others
		6.3	Develop an action plan to address the recommendations identified by the review in accordance with organisational requirements

Content

What needs to be learned
Learning outcome 1: Understand assessment processes used in planning care for a user of services in a care setting
Assessment processes
• Purposes of assessment: protect user of services, identify needs, represent the user of services, act on policies and priorities, inform other agencies.
• In response to policy development: assessment of needs, assessment in legal context, application of human rights.
• Range of activities used to inform the care planning process.
Forms of assessment
• Resource-led assessment.
• Needs assessment.
• Self-assessment (person-centred approach; single assessment process (SAP).
• Risk assessment.
Partnership approaches
• Contributions to care process.
• User of services at centre of shared decision making.
• Pooled resources.
• Perspectives of care.
• Developed knowledge and skills.

What needs to be learned
Learning outcome 2: Understand the effects of assessment processes for the user of services and their family in care settings

Benefits of assessment process

- Person-focused; central planning; seamless provision of service; collaborative approaches; person-centred; target drive; measurable outcomes; care planning cycle.

Functions of different assessment tools

- Collection of information.

- Tools of measurement, including index of independence for activities of daily living

- Waterlow Scale used for risk of pressure sores.

- Pain scales.

- Health questionnaires.

- Beck inventory for depression and anxiety.

Barriers to assessment

- Possibility of assessment outcomes highlighting factors that impact on the user of services and family, such as resource issues, health issues, dependency, conflict and dysfunction, discrimination.

Contribution to the assessment process

- Shared responsibility for assessment; shared decisions and knowledge from others, especially family and previous carers who know user of services well; need for agencies to work together.

- Benefits include early assessment preventing further health deterioration, quicker access to services, improved quality of service, clarity of roles and responsibilities.

What needs to be learned
Learning outcome 3: Be able to lead and contribute to assessments in care settings

Early assessment

- Care process; assessment; planning; implementation and review.

- Personalised care planning; outcomes-led; documentation; involvement of user of services.

- Based on assessed needs, circumstances, views and priorities of user of services, desired outcomes, safety risk assessments and risk taking; choice and control; equality and diversity; promotes anti-discriminatory practice.

Active participation

- Promotes voice of user of services; support and contribution; advocacy services; effective communication; problem solving and decision making; shared thinking; ownership; choice; control; risk empowerment; positive relationships.

Boundaries of own role

- Understanding of role and responsibilities; working in agreed ways; following policies and procedures; duty of care; confidentiality; safeguarding; equality and diversity; training requirements; DBS; care values and expectations.

Referral processes

- Following organisational policies; making referrals in agreement with users of services; using appropriate forms of communication; documentation and record keeping; effective communication.

What needs to be learned

Learning outcome 4: Be able to manage the outcomes of assessments in care settings

Care/support plans

- Agreed documentation; record keeping; risk assessments; holistic assessment; planned care; open to review; supports the practitioner; developmental process.

Interventions that contribute to positive outcomes for the user of services

- Attitudes and aspirational targets aimed at developing skills and knowledge or health and wellbeing of a user of services.

- Can implement interventions leading to positive outcomes based on needs, strengths, aspirations and resources.

- Outcomes-based approach can lead to:
  - improved quality of life
  - improved physical and mental health
  - making a positive contribution to the local community
  - being able to exercise choice and control
  - freedom from discrimination and harassment
  - economic wellbeing
  - personal dignity, including cleanliness and comfort.

Learning outcome 5: Understand the role of the practitioner as a part of the multidisciplinary team

Roles and responsibilities of agencies

- Professionals involved in, for example: care; health; social care; voluntary services; education; community services; support services – including professionals such as general practitioners; hospital services; district nurses; practice nurses; speech and language therapists; dietitians; podiatrists; physiotherapists; psychologists; addiction specialists; pharmacists; social workers; advocates; voluntary support groups.

Multidisciplinary teams

- Shared decision making; planning; effective communication; shared resources; learning from others; professional boundaries; roles and expectations; key person taking lead; supports consistency of care; person-focused; avoids fragmented care packages.

What needs to be learned
Learning outcome 6: Be able to evaluate the care/support plan and make recommendations as a part of the review process

Review of assessment process based on feedback

- Processes for involving users of services and family; review meetings; supporting communication; user-friendly documentation; technological aids and adaptations.

- Reflective practice; models of reflection: Gibbs (1988), Schön (1983), Johns (2004).

- Review of practice; measuring outcomes; data analysis; quality assurance

- Care-planning cycle.

Evaluation of outcomes of assessment

- Balanced view; feedback from user of services; multidisciplinary team review; identifying gaps in service or ineffective interventions; effects of lack of resource; policy review; response to changing policy and external factors.

- **Others** could include:
  - other professionals
  - carers/family members
  - advocates
  - colleagues.

Information for tutors

Suggested resources

Books

Calpin PJ et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Taylor BJ – *Professional Decision Making and Risk in Social Work*, *2nd edition* (SAGE Publications, 2013) ISBN 9781446266595

Tilmouth T, Quallington J – *Level 5 Diploma in Leadership for Health and Social Care* 2nd edition (Hodder, 2016) ISBN 9781471867927

Wallace C, Davies M – *Sharing Assessment in Health and Social Care: A Practical Handbook for Inter-professional Working* (SAGE Publications, 2009) ISBN 9781412945745

Websites

www.cpa.org.uk	Centre for Policy on Ageing
www.cqc.org.uk	Care Quality Commission
www.hse.gov.uk	Health and Safety Executive
www.nhs.uk	NHS Choices
www.scie.org.uk	Social Care Institute for Excellence
www.skillsforcare.org.uk	Skills for Care

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 3, 4 and 6 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 3, 4 and 6.

Assessment of learning outcomes 1, 2 and 5 (knowledge) may take place in or outside of a real work environment.

Unit 19: Lead Active Support in Adult Care

Unit reference number: T/617/1616

Level: 5

Unit type: Optional

Credit value: 5

Guided learning hours: 42

Unit summary

This unit is designed for practitioners whose roles include managing others to deliver direct support and assistance to users of services. Active support is an approach for giving support that enables and empowers users of services to do things for themselves, building on their existing skills and learning new ones. It provides more choices and control in order to improve the quality of life for users of services.

This unit will give you the knowledge, understanding and skills to deliver active support to users of services in a way that is proportionate to their needs. You will learn to use practice-leadership principles to support others in developing their own skills when delivering active support to users of services. This person-centred approach promotes decision making and increased engagement for users of services in managing their own lives, leading to improved outcomes for them.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria	
1 Understand how the active support approach underpins person-centred practice	1.1	Discuss how the active support approach empowers users of services to enhance the quality of their life
	1.2	Analyse how person-centred principles underpin the active support approach to benefit users of services from different care settings
	1.3	Evaluate how evidence can be used to measure the success of active support outcomes for users of services
2 Be able to communicate the aims of active support to users of services and others	2.1	Demonstrate practice leadership to communicate the benefits of active support to users of services and others
	2.2	Demonstrate positive interactions with users of services and others consistent with the aims of active support, in line with organisational requirements
	2.3	Support others to develop skills to interact positively with users of services
	2.4	Supervise and give constructive feedback to others on their positive interaction with users of services, in line with organisational requirements

Learning outcomes		Assessment criteria	
3	Be able to support others to develop skills that promote the engagement of users of services	3.1	Support others to promote the active engagement of users of services
		3.2	Support others to provide person-centred practice proportionate to the needs of the user of services
		3.3	Demonstrate to others how to promote the self-esteem of users of services through person-centred practice, in line with organisational requirements
		3.4	Demonstrate to others how to overcome barriers to engagement of users of services with active support in line with organisational requirements
4	Be able to lead others to develop and implement person-centred support plans	4.1	Lead others to develop daily plans in line with organisational requirements to promote participation
		4.2	Lead others to organise and deliver assistance in line with organisational requirements to meet the needs and preferences of users of services
		4.3	Support others in line with organisational procedures to identify and take remedial action to ensure a valued range of activities for users of services is available throughout the day

Learning outcomes	Assessment criteria
5 Be able to lead others to maintain the quality of life of users of services	5.1 Lead others in line with organisational procedures to review and revise the quality of support provided to users of services
	5.2 Lead others to interpret, in line with organisational procedures, the extent to which the participation over time of users of services represents the balance of activity associated with a valued lifestyle
	5.3 Support others to improve the quality of participation of a user of services in line with organisational requirements, addressing: • the range, frequency and duration of activities • the skills, personal preferences and social image of the user of services

Content

What needs to be learned
Learning outcome 1: Understand how the active support approach underpins person-centred practice
Empowering users of services through active support

- Proactive approach providing the right level of support to users of services.

- Building on existing skills and developing new ones.

- Increasing learning opportunities to develop experiences.

- Promoting engagement in activities of daily life and the wider community.

- Developing relationships and friendships.

Person-centred principles

- Relevant models and theories:
  - **active support model**: a person-centred model of how to interact positively with users of services, combined with daily planning systems that promote participation and enhance quality of life
  - **contemporary person-centred values and aims**: derived from Social Role Valorisation; commonly expressed as the five service accomplishments of Respect, Competence, Participation, Community Presence and Choice; contrast with the hotel model, where carers undertake all domestic tasks while users of services remain unoccupied.

- Working with users of services to promote their independence and self-esteem.

- Promoting social inclusion and developing social networks.

- Providing more choices and control over own life.

- User of services receives the right level and range of support.

Measuring active support outcomes

- Identifying a range of recording opportunities.

- Types of data available to monitor (i.e. levels of engagement, new skills development, reviewing action plans).

- Using appropriate methods to assess and measure outcomes for users of services.

- Implementing changes on the basis of evidence to benefit the user of services.

What needs to be learned

Learning outcome 2: Be able to communicate the aims of active support to users of services and others

Communicating the benefits of active support

- Users of services, others (i.e. adult care worker), other support worker (i.e. advocates), family and friends.

- Effective interactive skills so that users of services understand opportunities available to them, facilitating best levels of support.

- Verbal and written communications, including formal and informal, being clear, legible, accurate and relevant.

Positive interactions

- Adapting communication strategies to meet the needs of the user of services and others.

- Interactions to promote participation and engagement.

- Methods that promote independence.

Supporting others to develop skills to interact positively

- Practice leadership to embed active support values and principles into service delivery – **practice leadership** refers to the development and maintenance of high-quality support, involving a constant focus on promoting an optimum quality of life for users of services. Key elements include:
  - organising others to deliver support when and how users of services need and want it
  - coaching others to deliver better support by observing them, providing constructive feedback and modelling good practice
  - reviewing the quality of support provided in regular supervision and finding ways to improve it.

- Staff meetings to review levels of participation and engagement of user of services and identify any difficulties

- Positive interactions with users of services that model good practice
  - **positive interaction** refers to supportive interaction using the level of assistance, task analysis and positive reinforcement that helps a user of services to participate in constructive activity.

Supervising and giving constructive feedback on positive interactions

- Team meeting as a forum to raise team issues.

- Mentoring and coaching skills to support others and team.

- One-to-one feedback sessions with others when necessary.

What needs to be learned
Learning outcome 3: Be able to support others to develop skills that promote the engagement of users of services
Supporting others to promote active engagement • Engaging users of services in all daily activities in their own life. • Providing different ways to organise activities (e.g. household tasks, tasks, interests, hobbies, social activities). • Utilising available services and accessing resources to promote engagement. • Extending the range of activities to include more interesting and complex activities to meet the needs of the user of services. **Supporting others to provide person-centred practice proportionate to the needs of the user of services** • Different ways to organise the task. • Providing the right level of support. • Matching person-centred support directly to the needs of users of services. • Bridging gap to participation and knowing when to phase out support. **Person-centred practice promoting the self-esteem of users of services** • Contribution to running own life and having a sense of responsibility. • Different ways of giving support to meet the needs of the user of services. • Promoting personal independence and self-care. • Pursuing own hobbies and interests, expressing own identity. **Overcoming barriers to engagement** • Delivering more person-centred support, working with the user of services (e.g. keeping things simple). • Building on existing skills and concentrating on the interests of the user of services (e.g. minimising distractions). • Using verbal prompts (e.g. ask, instruct, prompt, show, guide) to meet the needs of the user of services. • Adapting methods of communication to meet the needs of user of services (e.g. physical disability, sensory impairment, intellectual impairment, challenging behaviour). • **Disengagement** means doing no constructive or meaningful activity and can include aimlessly wandering about, pacing, staring, sitting, lying down, purposelessly fiddling with items, etc. with no social contact.

What needs to be learned
Learning outcome 4: Be able to lead others to develop and implement person-centred support plans

Developing daily plans

- Plan best use of time, taking into account preferences of user of services (i.e. domestic, personal self-care, social and vocational activities).

- Drawing up weekly timetable, setting realistic time frames for each day and breaking activities into a sequence of steps (e.g. smaller steps for those with lesser ability).

- Plans are flexible, checked with user of services for preferences and discussed with advocates (e.g. family).

- Using simple tools (e.g. activity support plans, participation records).

Assistance to meet needs and preferences of users of services

- Turning person-centred plans into person-centred action, using graded support and positive reinforcement.

- Structuring activities into steps to match abilities of users of services to provide effective assistance.

- Demonstrate commitment to clear coordination, decision making and using effective communication methods.

- Using active support alongside other approaches (e.g. positive behavioural support).

Ensuring availability of a valued range of activities for users of services

- **Valued range of activities** refers to the balance of activities that contribute to a good quality of life for users of services, including vocational, domestic, personal, leisure, educational and social activities.

- Working as a team and being consistent in approach.

- Establishing good communication and coordination within the team to identify and resolve problems to meet needs of users of services.

- Using recorded information to benefit the user of services.

- Meeting relevant standards of care (e.g. internal and external) that may apply.

What needs to be learned
Learning outcome 5: Be able to lead others to maintain the quality of life of users of services
Reviewing and revising quality of support • Regular staff meetings as appropriate (e.g. depending on needs of users of services, care setting). • Monitoring, discussing and recording progress issues (e.g. level of participation – more/less). • Revising plans to meet needs of users of services when necessary (e.g. level of support required as appropriate). • Identifying any additional needs and adding activities accordingly, to meet the needs of users of services and acknowledge their preferences. **Participation of users of services in terms of valued lifestyle** • **Valued lifestyle** refers to the balance of activities that contribute to a good quality of life for users of services, including vocational, domestic, personal, leisure, educational and social activities • Fitting together support plans to provide a good balance over a period of time (i.e. day/week). • Completing participation records and monitoring levels of engagement. • Recording the extent and range of opportunities made available to the user of services (i.e. more interesting and/or complex). • Using recorded information to benefit the user of services. **Improving the quality of participation of users of services** • Regular staff meetings involving all staff as a forum for discussion, prioritising welfare concerns, and when planning and agreeing any new developments. • Reviewing quality of life outcomes for users of services to ascertain their progress. • Positively implementing changes, using different approaches to resolve problems, spotting inconsistencies in support being provided. • Using audits to systematically review arrangements for users of services to ensure quality indicators are met.

Information for tutors

Suggested resources

Books

Ashman B, Ockenden J, Beadle-Brown J, Mansell, J – *Person-centred Active Support: A Handbook* (Pavilion Publishing, 2010) ISBN 9781841962726

Mansell J, Beadle-Brown J – *Active Support: Enabling and Empowering People with Intellectual Disabilities* (Jessica Kingsley Publishers, 2012) ISBN 9781849051118

Online publications

Jones E, Perry J, Lowe K, Allen D, Toogood S, Felce D – *Active Support: A Handbook for Supporting People with Learning Disabilities to Lead Full Lives* (ARC Publications, 2011)

arcuk.org.uk/publications/files/2011/11/Active-Support-Handbook.pdf

Websites

www.bcodp.org.uk	British Council of Disabled People
www.bild.org.uk	British Institute of Learning Disability
www.cqc.org.uk	Care Quality Commission
www.communitycare.co.uk	Community Care
www.dh.gov.uk	Department of Health
www.disabilityactionalliance.org.uk	Disability Action Alliance
www.learningdisabilityengland.org.uk	Learning Disability England
www.mencap.org.uk	Mencap: The voice of learning disability
www.scie.org.uk	Social Care Institute for Excellence
www.skillsforcare.org.uk	Skills for Care
www.skillsforhealth.org.uk	Skills for Health
www.stroke.org.uk	Stroke Association

Journals

Caring Times

Disability Now

Nursing Times

Nursing Standard

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3, 4 and 5 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2, 3, 4 and 5.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 20: Manage Group Living for Adults

Unit reference number: A/617/1617

Level: 5

Unit type: Optional

Credit value: 6

Guided learning hours: 39

Unit summary

This unit addresses issues that concern all managers and aspiring managers of group living environments in adult care. A well-managed group living environment provides a positive experience and improved outcomes for users of services. This can be achieved through a combination of suitable physical surroundings, appropriate daily living activities and positive relationships, among users of services themselves and between users of services and staff. The role of the manager is central in striking a balance between safety and freedom of choice, ensuring that legal and regulatory requirements are met. The role is essential in addressing issues arising from group dynamics and ensuring that available resources provide maximum benefit for users of services.

In this unit, you will examine theoretical approaches to group living and the impact of current legislation on the structure of physical environments in group living settings. You will work with others to implement daily living activities that meet the individual needs and preferences of users of services. You will also explore ways to promote positive outcomes for users of services in a group living environment through the effective management of relationships, staff and resources.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Be able to lead development of the physical group living environment in adult care	1.1 Discuss current theoretical approaches to group living provision for adults
	1.2 Evaluate the impact of legal and regulatory requirements on the physical group living environment in adult care
	1.3 Justify proposals for providing and maintaining high-quality decorations and furnishings for group living
	1.4 Manage the balance between maintaining an environment that is safe and secure and promoting freedom, choice and wellbeing in accordance with organisational policy
	1.5 Lead an inclusive approach to decision making about the physical environment in accordance with organisational policy
2 Be able to lead the implementation of daily living activities in adult care	2.1 Evaluate the impact of legislation and regulation on daily living activities in adult care
	2.2 Develop systems in line with organisational requirements to ensure that users of services are central to decisions about their daily living activities
	2.3 Support others to plan and implement daily living activities that meet individual needs and preferences in accordance with organisational policy
	2.4 Review with team members the daily living activities of users of services in own adult care setting, suggesting improvements in line with organisational requirements

Learning outcomes	Assessment criteria
3 Be able to promote positive outcomes for users of services in a group living environment in adult care	3.1 Evaluate how group living can promote positive outcomes for users of services
	3.2 Promote the achievement of individual positive outcomes in own adult care setting in accordance with organisational policy
	3.3 Ensure that users of services are supported to maintain and develop positive relationships in own adult care setting
	3.4 Evaluate effective approaches to resolving conflicts and tensions arising from group living in own adult care setting, in line with organisational policy
4 Be able to manage a positive group living environment in adult care	4.1 Evaluate the effects of staff working schedules and patterns on group living in own adult care setting
	4.2 Justify recommended changes to staff working schedules and patterns as a result of evaluation
	4.3 Produce a workforce development plan for the group living environment in own setting in line with organisational requirements, justifying the activities included
	4.4 Support staff to recognise professional boundaries whilst developing and maintaining positive relationships with users of services in accordance with organisational policy
	4.5 Use appropriate methods to raise staff awareness of group dynamics in a group living environment
	4.6 Evaluate the effectiveness of approaches to resource management in maintaining a positive group living environment in own setting

Content

What needs to be learned
Learning outcome 1: Be able to lead development of the physical group living environment in adult care
Theoretical approaches to group living provision for adults
- Wolfensberger's theory of social role valorisation.   - Rogers' growth-promoting environment, person-centred approach.   - Erikson's Eight Stages of Development.   - Seligman's theory of learned helplessness.
Impact of legal and regulatory requirements on the physical group living environment
- Health and Safety at Work etc. Act 1974.   - Human Rights Act 1998.   - Safeguarding Vulnerable Groups Act 2006.   - Equality Act 2010.   - Mental Capacity Act 2005.   - Deprivation of Liberty Safeguards 2015.   - Control of Substances Hazardous to Health Regulations 2002 (COSHH).
High-quality decorations and furnishings
- Ensuring safety of residents and team; reduction of risks, e.g. due to damaged furniture.   - Meeting legislative and regulatory requirements.   - Ensuring best value.   - Provision of 'home' environment for residents; recognition of the importance of comfort in the 'home' situation.   - Importance of aesthetics to emotional wellbeing.   - Meeting the holistic needs of users of the services; meeting cultural and religious requirements.   - Adaptations to enable mobility within the setting.
Balancing safety and security with freedom of choice
- Managed risk for individual users of services.   - Inclusion of risk assessment in individual care plans.   - Disclosure and Barring (DBS) checks for staff and volunteers.   - Involvement of users of services in planning.   - Use of security systems, including use of key pads on external doors, burglar, fire and smoke alarms.   - Signing in and out registers for staff, volunteers and external visitors.

What needs to be learned

- Use of advocacy to support informed choices about manageable risks.

Developing an inclusive approach

- Involvement of team, volunteers and users of services in discussions.

- Taking note of likes, dislikes, wants and wishes.

- Open and honest discussion regarding budgets and availability of resources.

- Designation of key workers.

Learning outcome 2: Be able to lead the implementation of daily living activities in adult care

Impact of legislation

- Shaping policies and procedures.

- Planning activities.

- Effects on delivery.

- Effects on risk assessment, including external activities.

- Promoting an anti-discriminatory approach.

- Imposition of a duty of care on all staff and visitors within settings.

- Regulation of equipment.

Systems that ensure users of services are central to decisions

- Involvement of users of services and their families in planning discussions and decisions.

- Recording of decisions to ensure consistency.

- Use of alternative methods of communication to ensure full understanding, including British Sign Language, Makaton, audio recordings, use of large print.

Support planning

- Delegation of tasks to team members.

- Mentoring of team to support development.

- In-house training.

Evaluation and review

- Use of SWOT analysis.

- Use of questionnaires and focus groups.

- Observation of activities.

- Feedback from users of services.

What needs to be learned

Learning outcome 3: Be able to promote positive outcomes for users of services in a group living environment in adult care

Positive outcomes in a group living environment

- Evaluation measures:
  - promotion of self-sufficiency
  - promotion of self-autonomy and collective autonomy
  - levels of physical health
  - levels of mental health
  - evidence of health-promoting behaviour, e.g. healthy eating, personal hygiene, self-medication, exercise
  - levels of self-esteem (use of inventories, including the Coopersmith Self-Esteem Inventory, Rozenberg Self-Esteem Scale).

- Positive outcomes:
  - positive self-esteem
  - positive relationships between users of services and between team and users of services
  - evidence of anti-discriminatory practice
  - users of services are motivated to achieve personal goals, self-actualised and confident in expressing opinions and making choices
  - evidence of independence among residents
  - trusting relationships exist between users of services and key members of the staff team.

Supporting users of services to maintain and develop relationships

- Providing opportunities for group participation in activities.

- Enabling choices regarding seating arrangements for meals, activities and relaxation.

- Providing space for conversations between friends.

Conflict resolution

- Staff training in conflict resolution.

- Accessible complaints procedure.

- Modelling positive behaviour to team and users of services.

- Using behavioural techniques to diffuse aggression and prevent escalation of situations.

- Challenging inappropriate behaviour within the setting.

- Encouraging frank discussion of issues and providing time and space for this.

- Use of advocacy.

- Use of external mediators where appropriate.

What needs to be learned
Learning outcome 4: Be able to manage a positive group living environment in adult care

Effects of working patterns and schedules

- Effects on relationships of:
  - o shift patterns
  - o key worker absences (due to illness, etc.).

Recommending changes as a result of evaluation

- Clear lines of accountability for managing rotas and working patterns.

- Importance of regular monitoring and review.

- Implementing changes as required, e.g. where there has been disruption, disturbance or dispute within the setting.

- Monitoring resources and resource allocation to ensure that positive outcomes for users of services can be achieved and maintained.

Workforce development plan

- Team meetings to discuss necessary changes and invite views.

- Implementation of appropriate training and development for team, internal and external.

- Discussions with users of services to understand concerns and issues.

- Implementation of agreed monitoring and review of any changes to current policies and procedures.

Professional boundaries

- Professional **boundaries** include:
  - o not sharing personal information with users of services
  - o not sharing personal problems with users of services
  - o not lending/borrowing money to/from users of services
  - o not spending more time with one user of the services unnecessarily.

- Recognition of the differences between professional and personal relationships.

- Possible consequences of crossing professional boundaries:
  - o negative effects on overall wellbeing of users of services
  - o potential manipulation of staff by users of services
  - o risk to emotional wellbeing of users of services
  - o breakdown of trust between users of services and staff.

Group dynamics

- Raising staff awareness of group dynamics and the impact on the setting.

- Use of group activities to improve dynamics within residential groups.

- Use of external trainers to raise staff awareness of group dynamics.

- Theoretical approaches, including system theory, Tuckman's stages of group dynamics.

What needs to be learned
Resource management   • Audits of current resources.   • Involvement of staff in managing resources.   • Comparison of contracts when commissioning replacement/new equipment/fixtures and fittings.   • Use of cost benefit analysis to ensure that resources are managed without detriment to the group living environment and users of services.

Information for tutors

Suggested resources

Books

Cooper F – *Professional Boundaries in Social Work and Social Care: A Practical Guide to Understanding, Maintaining and Managing Your Professional Boundaries* (Jessica Kingsley Publishers, 2012) ISBN 9781849052153

Ward A – *Working in Group Care: Social work and social care in residential and day care settings*, *revised 2nd edition* (Policy Press, 2006) ISBN 9781861347060

Websites

www.alz.org/library/downloads/designenviron_rl2014.pdf	A list of resources for designing environments for people with dementia
www.hse.gov.uk/healthservices/sensible-risk-assessment-care-settings.htm	Guidance on risk assessment in care settings

Other

Community Care magazine

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 1, 2, 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 1, 2, 3 and 4.

Unit 21: Support End of Life Care in Adult Care

Unit reference number: Y/616/7428

Level: 4

Unit type: Optional

Credit value: 7

Guided learning hours: 48

Unit summary

Providing support and care at the end of life is essential to the manager's role in adult care. It is a period of care that requires efficient and sensitive planning and resourcing. It also requires there to be effective partnerships with users of services and their families and friends, and with agencies. End of life care has been developed and is supported by a national care strategy. Leading this care requires knowledge, skills and awareness of the demands of this work on self and staff teams.

This unit gives you the knowledge and skills you need to be able to support end of life care in adult care. You will review the agreed ways of working in your own organisation in line with national guidance. As a leader, you will review your own role in ensuring effective practice and planning, as well as supporting users of services, families and staff teams.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the impact of regulatory and national guidance on developing agreed ways of working in end of life care in adult care	1.1 Explain the legal requirements and agreed ways of working designed to protect the rights of users of services in end of life care
	1.2 Review current national policies and regulatory guidance in maintaining high standards of end of life care
	1.3 Evaluate opportunities for service improvement and policy review in end of life care in own setting, based on governance frameworks
2 Understand the factors that can affect planning of end of life care in adult care	2.1 Explain how to adapt end of life care to the beliefs, religion and culture of users of services
	2.2 Assess social factors that may affect the way a user of services and their family respond to planning and support in end of life care
	2.3 Review the role of family and social networks in end of life care
	2.4 Analyse theoretical approaches to death, dying and grieving in considering the psychological support needs of the user of services and their family and friends
3 Understand the importance of promoting person-centred planning in end of life care	3.1 Explain the approaches used in own setting to promote person-centred planning in end of life care
	3.2 Review own role in supporting and recording decisions about advance care planning
	3.3 Assess ethical and legal issues that may arise in relation to advance care planning

Learning outcomes	Assessment criteria
4 Be able to lead on the development and implementation of agreed ways of working in end of life care	4.1 Lead development of policies and procedures in response to national guidance on end of life care
	4.2 Facilitate training and staff development opportunities in end of life care in line with organisational policy
	4.3 Provide support in accordance with organisational policy for a user of services and their family and friends that respects their beliefs, religion and culture
	4.4 Provide information in line with organisational policy to a user of services and/or family and friends about the illness of the user of services and the support available
	4.5 Support staff team to provide individualised end of life care according to any advance directives or wishes and preferences of the user of services, in line with organisational policy
	4.6 Contribute to partnership working with family and friends to support the wellbeing of the user of services in accordance with organisational policy

Learning outcomes	Assessment criteria
5 Be able to address sensitive issues in relation to end of life care in adult care	5.1 Support the user of services and family and friends to explore their thoughts and feelings about death and dying
	5.2 Promote a sensitive and caring ethos for staff team to review their own feelings and responses to death and dying
	5.3 Discuss how to respond to conflicts and legal or ethical issues that may arise in relation to death, dying or end of life care
6 Understand the role of organisations and support services available to users of services and their family and friends in end of life care in adult care	6.1 Discuss the role of support organisations and specialist services that may contribute to end of life care
	6.2 Assess the role and value of an advocate in relation to end of life care
	6.3 Analyse sources of support to address spiritual needs of users of services and their families in end of life care
	6.4 Reflect on own role in working as a part of a team to develop effective end of life care and support to users of services and their families, and how these experiences could inform future practice

Content

What needs to be learned
Learning outcome 1: Understand the impact of regulatory and national guidance on developing agreed ways of working in end of life care in adult care

Legislation and rights of individual

- Equality Act 2010.

- Mental Capacity Act 2005 – Best interests principle.

- Consent and capacity.

- Equalities and human rights – Human Rights Act 1998.

- Lasting power of attorney (LPA).

Regulatory guidance and national policy

- NICE quality standard for end of life care for adults (2011).

- National End of Life Care Strategy, Department of Health (2008).

- The National Council for Palliative Care (NCPC) guidance on planning future care (2014).

- The National Gold Standards Framework (GSF) guidance on end of life care (2017).

Benchmarks for best practice

- Common Core Principles and competences for social care and health workers working with adults at the end of life (Skills for Care and Skills for Health, 2014).

Service improvement

- Clear care pathways.

- Understanding needs of users of services.

- Working as part of wider team.

- Supporting needs of users of services and family and friends.

- Developing approaches that promote dignity and respect empowerment, choice and control.

What needs to be learned

Learning outcome 2: Understand the factors that can affect planning of end of life care in adult care

Beliefs, religion and culture

- Preparing for death and last wishes.

- Spirituality; rejoicing in past life; wanting to make amends; wanting to share feelings.

- Religious factors; different religious customs and last rites.

- Customs relating to death.

- Funeral preparations; family roles and preparation of the body.

- Burial; cremation; natural burial.

- Wakes; celebrations of life.

- Belief structures regarding afterlife, e.g. heaven, reincarnation.

Social factors

- Influence of life circumstances, e.g. age, gender, sexuality, disability.

- Family/friends support networks; how they react to death and dying.

- Feelings, e.g. fear, guilt, anxiety about death process and what happens next.

- Taboos and superstitions.

- Preparing for death, e.g. wanting to support those left behind, wanting to make contact with lost friends/family.

- Making plans, e.g. wills, advance directives, paying funeral costs.

- Effective communication between professionals; discussion regarding death.

- Organ donation.

Role of family and social networks

- Support to user of services, e.g. comfort, care, shared memories, reassurance, company, allay fear and anxiety.

- Provide information about last wishes.

- Can contact wider family and ensure all preparations in place.

Theoretical approaches

- Five stages of grieving – Kübler-Ross (1969).

- Bowlby's theory of grief (1961).

- The Dual Process Model of Coping with Bereavement – Stroebe and Schut (1999).

- The Theory of Continuing Bonds – Klass, Silverman and Nickman (1996).

- Emotional and psychological impact of bereavement.

- Complicated grieving, e.g. unable to move on.

- Support, e.g. counselling, cognitive behaviour therapy.

What needs to be learned
Learning outcome 3: Understand the importance of promoting person-centred planning in end of life care

Person-centred planning

- Individualised.

- Responsive to needs.

- Innovative.

- Gives choice and control.

- Promotes dignity and respect.

- Supports independence.

- Promotes quality of life, tailored to the religious, cultural and ethnic needs of users of services.

Advance care planning

- Identifying wishes and preferences.

- Refusing specific treatments; putting a 'do not resuscitate' (DNR) order in place.

- Requesting an advocate.

- Making a lasting power of attorney.

- Support from medical team.

- Recording information.

- Open dialogue.

Ethical and legal issues

- Conflict over advance directives.

- Interpreting information.

- Changes to care planning.

- Family disagreement.

- Ability to give consent.

- Mental capacity.

What needs to be learned

Learning outcome 4: Be able to lead on the development and implementation of agreed ways of working in end of life care

Policies and procedures

- End of life care.

- Data protection.

- Health and safety.

- Infection control.

- Advance directives.

Staff development

- Team meetings and feedback; agreement on care.

- Training, e.g. staff training, dedicated courses, accredited certification courses.

- Developing organisational approaches.

- Standardisation of care pathways.

- Response to changing legislation.

- Evidence-based practice.

Supporting users of services and key people

- Effective methods of communication, e.g. reading cues to talk, sharing life experiences, showing respect.

- Confidentiality.

- Enabling privacy.

- Listening skills.

- Record keeping.

- Encouraging opportunities for user of services to talk with family and friends.

- Effective communication across agencies; integrated planning.

- Building relationships based on trust.

- Recognising boundaries of role.

Supporting staff

- Emotional impact, e.g. grief and grieving, stress, anxiety, worry about what will happen due to lack of experience, fear of own responses.

- Self-awareness.

- Links to personal experiences.

- Coping with grief of others.

- Seeking support.

- Sources of support, e.g. support groups, internet, manager.

- Adhering to policies and procedures.

What needs to be learned
Partnership working
• Working collaboratively.
• Effective planning.
Learning outcome 5: Be able to address sensitive issues in relation to end of life care in adult care
Thoughts and feelings
• Communication and listening.
• Empathy.
• Sharing feelings.
• Professional approach.
• Understanding and allaying fears.
Caring ethos
• Promoting feelings of security and safety.
• Allowing for expressions of grief.
• Recognising different responses.
• Promoting opportunities to discuss feelings.
Dealing with conflict
• Showing understanding.
• Promoting calm.
• Recognising states of anxiety.
• Supporting the needs of the user of services.
Own feelings and support needs
• Recognising own feelings.
• Identifying with past experiences.
• Seeking support through mentors.
• Reflecting on experiences.

What needs to be learned
Learning outcome 6: Understand the role of organisations and support services available to users of services and their family and friends in end of life care in adult care

Support organisations and specialist services

- Palliative care team.

- Hospice care.

- Social care.

- Voluntary agencies.

- Macmillan nurses.

- Hospice staff.

- Consultants/GP.

- Pharmacists.

- Palliative care social workers.

- Psychologists.

- Grief counsellors.

- Funeral directors.

Role of advocate

- Non-biased approach.

- Speaking for user of services.

- Promoting personal preferences and choices for user of services.

Meeting spiritual needs

- Liaising with clergy/ministers.

- Awareness of main spiritual/religious teachings.

- Supporting visits and enabling privacy.

- Respect for beliefs of others.

Teamwork

- Shared communication.

- Integrated support and planning.

- Support for families.

- Practical support, e.g. finances, benefits, funeral planning.

- Best interests meetings, advance planning directives.

Information for tutors

Suggested resources

Books

Katz J, Peace S – *End of Life in Care Homes: A Palliative Care Approach* (Oxford University Press, 2003) ISBN 9780198510710

Kübler-Ross E – *On Death and Dying* (Routledge, 1973) ISBN 9780415040150

Websites

www.alzheimers.org.uk	Alzheimer's society
www.cqc.org.uk	Care Quality Commission
www.goldstandardsframework.org.uk	The National Gold Standards Framework (GSF) – training for providing end of life care
www.ncpc.org.uk	The National Council for Palliative Care
www.nice.org.uk	National Institute for Health and Care Excellence
www.skillsforcare.org.uk	Skills for Care
www.scie.org.uk	Social Care Institute of Excellence

Other

Advance Care Planning: A Guide for Health and Social Care Staff (NHS End of Life Care Programme and University of Nottingham, 2007) PDF available online at:

www.ncpc.org.uk/sites/default/files/AdvanceCarePlanning.pdf

Advance Decisions to Refuse Treatment: A Guide for Health and Social Care Professionals (NHS End of Life Care/National Council for Palliative Care, 2008) PDF available online at:

www.londonhp.nhs.uk/wp-content/uploads/2011/03/EOLC-advance-decisions-to-refuse-treatment.pdf

Building on Firm Foundations – Improving end of life care in care homes: examples of innovative practice (NHS End of Life Care Programme/National Council for Palliative Care, 2007) PDF available online at:

www.ncpc.org.uk/sites/default/files/BuildingOnFirmFoundations.pdf

Chapman C – *The Mental Capacity Act in Practice: Guidance for End of Life Care* (National Council for Palliative Care, 2008) ISBN 9781898915621

Talking about end of life care: right conversations, right people, right time (NHS, 2011) PDF available online at:

socialwelfare.bl.uk/subject-areas/services-activity/health-services/nhsnationalendoflifecareprogramme/140380TalkingAboutEndOfLifeCare20110124.pdf

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 4 and 5 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 4 and 5.

Assessment of learning outcomes 1, 2, 3 and 6 (knowledge) may take place in or outside of a real work environment.

Learning outcomes 4 and 5 must be assessed in a real work environment in ways that do not intrude on the care of a user of services at the end of life.

Unit 22: Lead the Management of Transitions in Adult Care

Unit reference number: T/617/1633

Level: 5

Unit type: Optional

Credit value: 7

Guided learning hours: 29

Unit summary

This unit provides learners with essential knowledge covering the different types of transitions that people may experience, and the possible impacts of these transitions and significant life events. The unit also helps to develop practical skills for leading and managing others in supporting users of services through these transitions towards positive outcomes.

People experience many forms of transitions in their lives, from the birth of a baby to the loss of a loved one. Each of these life events can have a significant impact, either negative or positive, on individuals' health and psychological wellbeing. As a manager, having a good understanding of the background and life circumstances of each user of services is an essential aspect of your role in leading and supporting others to provide quality provision and practice for users of services.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the impact of transitions and significant life events on the health and wellbeing of individuals	1.1 Discuss different forms of transition and significant life events that may affect the wellbeing of individuals
	1.2 Analyse how identity and attachment theories inform approaches to the management of transitions
	1.3 Discuss how transition frameworks aid understanding of how individuals move through the transition process
	1.4 Analyse the ways in which individuals respond to different forms of transition and significant life events
2 Be able to lead and manage colleagues in supporting users of services through transitions and significant life events	2.1 Lead and manage colleagues in following organisational systems and practices for supporting users of services through transitions and significant life events
	2.2 Enable colleagues to work in partnership with users of services and others to establish and understand transitional needs
	2.3 Promote a culture that empowers users of services to take ownership of transitional experiences and significant life events
	2.4 Support colleagues in developing plans in line with organisational requirements to meet the needs of users of services to support them through transitions and significant life events
	2.5 Evaluate the effectiveness of own practice in leading and managing colleagues in supporting users of services through transitions and significant life events

Content

What needs to be learned
Learning outcome 1: Understand the impact of transitions and significant life events on the health and wellbeing of individuals

Defining transitions
 	
• Situational role transitions:
   ○ health and illness transitions
   ○ environmental transitions (organisational change).
 	
• Transitions in adult care:
   ○ passage from one life phase, condition or status to another
   ○ the process and outcome of complex person/environmental interactions.
 	
• Significant life events:
   ○ dying/death of an individual
   ○ rejection
   ○ retirement
   ○ chronic/terminal illness
   ○ physical/mental impairments
   ○ relocations
   ○ step families
   ○ separations.
 	
• Transitional experiences of different groups, e.g. those with dementia, ethnic minority groups, rural living, proportionally smaller population, vulnerable groups, poverty.
 	
• Barriers impacting on ability to manage transitions, e.g. sensory deprivation, hearing; first language not English; problems with communicating needs; physical or mental capacity; age; social status; geographical location to family and friend networks.
 	
Identity and attachment theories
 	
• Concept of the self and identity formation and how it affects the way individuals approach transitions.
 	
• Attachment theories, e.g. Bowlby (1969), Baumeister (1995) Ainsworth et al (1973).
 	
• Family and Society Systems theory.
 	
• Stage theories, e.g. Erikson (1950, 1963), Freud (1905).
 	
• Humanistic theories, e.g. Maslow (1943), Rogers (1959).
 	
• Social identity theory, e.g. Tajfel (1979).
 	
• Types of conformity, e.g. Asch (1951), Milgram (1963), Zimbardo (1971).

What needs to be learned

Transition processes/frameworks

- Grief and loss theories and processes, e.g. stages of grieving process, variation between cultures, beliefs and values.

- Arnold van Gennep (1960) – pre-liminal, liminal, post-liminal rites of passage.

- Bridges (1991) – three-point transition framework: ending, losing and letting go; the neutral zone; the new beginning.

- Meleis et al (2000) – five elements of transition experiences: awareness, engagement, change and difference, time span and critical points.

- Kralik et al (2006) – transition processes having a beginning and end; linear or cyclic.

- Trigger of old issues; meaning and purpose of life; coping methods used in previous transitions may not be accessible any more (e.g. exercise).

Responses to transitions and significant life events

- Ways in which transitions can impact on stability.

- Impact of individual's experiences on others, inside and outside practice.

- Healthy versus unhealthy transitional processes: modifying expectations versus maintaining unrealistic expectations; effects of premature transitions or transitions to inappropriate care facilities.

- Movement towards growth: adapting; building resilience, empowering positive growth; sense of meaning; realigning self with new transition.

- Psychological impact: grief; depression; anxiety; stress; fear; loss of confidence/independence; powerlessness, learned helplessness; mental conditions.

- Psychosocial impact: isolation; withdrawal; apathy; addictions; suicide.

- Physical impact: disability; physical impairment.

- Factors affecting responses may include:
  o positive/negative identity and self-esteem
  o stable/unstable relationships and networks
  o secure/insecure attachments
  o experience of discrimination/social exclusion
  o experience of abuse or harm.

What needs to be learned
Learning outcome 2: Be able to lead and manage colleagues in supporting users of services through transitions and significant life events

Organisational systems and practices for supporting users of services

- Policies, procedures and protocols relating to leading and managing users of services through transitions, e.g. staffing and skill levels, training needs, responding to the changing needs.

- Organisational systems and procedures for responding, monitoring, reporting and recording information on emotional, behavioural, physical changes.

- Physical environment, routines to meet individual needs; involvement of others, promoting multidisciplinary approach.

Working with users of services and others through transitions and significant life events

- Significance of a person-centred approach:
  - respecting and accepting emotional expression of users of services
  - acknowledging difficulties and emotions
  - ways and time to help them process transitions
  - promoting privacy and dignity.
- Communication methods used:
  - adapting style and mode
  - engaging with open and regular communication
  - positive body language, genuine care and interest.
- Collaborative working using different modes of communication to gain information on the transition needs of user of services, e.g. family members, carers, professionals, translators.

- Working with users of services and others to understand available resources, strengths and abilities of users of services experiencing transitions, e.g. social workers, counsellors, therapists, specialist practitioner nurses and professionals.

- Working in partnership with others to understand transition and possible impacts, e.g. health, finances, psychological, psychosocial life, location, spiritual, cultural, significant others.

- **Others** may include:
  - self
  - workers/practitioners
  - carers
  - significant others
  - other professionals
  - users of services.

What needs to be learned

Empowering users of services experiencing transitions and significant life events

- Taking ownership, promoting independence and resilience through targeted provision/services.

- Developing capacity for users of services to move positively through transitions.

- Working with what users of services can do, not what they cannot do.

- Building on existing capacity and strengthening.

- Focusing on detail, not problems.

- Identifying own strengths, abilities, needs, coping strategies and obstacles, e.g. lack of familiarity, adjustment, change.

- Use of therapies, e.g. solution-focused practice, CBT, counselling, grief therapy.

- Active involvement in the transition process, e.g. building expectations and anticipation, participation, information, exploration of alternatives.

Meeting transitional needs

- Organisations and programmes supporting users of services and others through transitions, e.g. Cruse, Mind, Be a Friend, Age UK.

- Support systems, e.g. health, nursing, advice and guidance, psychological, spiritual, cultural.

- Strategies for identifying additional support needs; specialist resources, referrals – involvement of significant others/users of services in developing care plans and arrangements for care needs.

- **Additional support** may include:
  o training
  o emotional support
  o support to manage tensions and dilemmas.

- Assessment and planning priorities prior to transitions that are planned; timely, reactive approaches to unplanned transitions.

- Access to systems, e.g. assessments for home care, options for care outside the home (assisted living, nursing homes, hospices).

- Use of community sources to support users of services, e.g. local community initiatives, groups supporting people to remain in own home, schemes that develop social networks, befriending, intergenerational initiatives, day services.

Effectiveness of work practice

- Own working practice as leader and manager in supporting colleagues.

- Own skills and knowledge in understanding how to support users of services through transitions.

- Partnership working with colleagues and others in supporting users of services through transitions and significant life events.

Information for tutors

Suggested resources

Websites

www.ageing-better.org.uk	Centre for Ageing Better
www.ageuk.org.uk	Age UK
www.cruse.org.uk	Cruse Bereavement Care
www.eoslifework.co.uk/transprac.htm	Life events and career change: transition psychology in practice

Other

Ellins et al – *Understanding and improving transitions of older people: a user and carer centred approach* (National Institute for Health Research, Service Delivery and Organisation Programme, 2012) – publication available online at:

www.birmingham.ac.uk/documents/news/sdotransitions-report.pdf

Life Transitions: What can be learnt across sectors to better support individuals when they undergo a life transition? (Forces in Mind Trust/College of St George, 2016) – publication available online at:

www.stgeorgeshouse.org/wp-content/uploads/2017/02/SGH-FiMT-Life-Transitions-Final-Report.pdf

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcome 2 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to this learning outcome may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 1 and 2.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 23: Recruitment and Selection in Care Settings

Unit reference number: H/616/7433

Level: 4

Unit type: Optional

Credit value: 6

Guided learning hours: 54

Unit summary

Recruitment and selection are important tasks undertaken by leaders and managers in care settings. Recruitment and selection have a pivotal role in people management and staff retention. Decisions on who to employ or not to employ lie with the manager. Recruitment and selection decisions are based not just on finding a replacement for the person who has left, but on making sure the replacement can perform to a high level and will demonstrate the commitment and quality to underpin positive organisational outcomes.

This unit will develop your understanding of the roles and responsibilities of people involved in the recruitment and selection process. The unit will also give you the skills you need to lead practice, while supporting others and working with them to ensure successful recruitment of individuals working in care settings.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand recruitment and selection processes in care settings	1.1 Explain the impact on selection and recruitment processes, in own setting, of: • legislative requirements • regulatory requirements • professional codes • agreed ways of working 1.2 Discuss circumstances, when it is necessary, to seek specialist expertise in relation to recruitment and selection 1.3 Analyse the impact of serious case reviews and inquiries in contributing to recruitment policies and procedures that safeguard vulnerable adults

Learning outcomes	Assessment criteria
2 Be able to participate in recruitment and selection processes in care settings	2.1 Review job descriptions and person specifications to meet work setting objectives
	2.2 Work with others to establish the criteria that will be used in the recruitment and selection processes
	2.3 Work with others to establish the methods that will be used in the recruitment and selection processes
	2.4 Involve users of services in the recruitment process in accordance with organisational policy
	2.5 Use agreed methods to assess candidates
	2.6 Use agreed criteria to select candidates
	2.7 Communicate the outcome of the selection process to candidates and others according to the policies and procedures of own setting
3 Be able to evaluate recruitment and selection processes in care settings	3.1 Evaluate the recruitment and selection methods and criteria used in own setting
	3.2 Recommend changes for improvement to recruitment and selection processes in own setting

Content

What needs to be learned
Learning outcome 1: Understand recruitment and selection processes in care settings
Frameworks governing recruitment and selection • Framing recruitment and selection processes within a historical context. • Legal frameworks, e.g. Equality Act 2010, Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002, Rehabilitation of Offenders Act 1974, Safeguarding Vulnerable Groups Act 2006, Immigration, Asylum and Nationality Act 2006, Data Protection Act 1998, Human Rights Act 1998, Employment Act 2008. • Regulatory requirements, e.g. Disclosure and Barring Service (DBS) checks. • Professional codes of conduct, e.g. Skills for Care – Code of Conduct for healthcare support workers and adult social care workers in England. • Development of policies and procedures through processes of serious case review studies and inquiries. • Agreed ways of working, including policies and procedures where they exist. **Meeting legal requirements** • Personnel and procedures responsible for recruiting and selecting individuals in own organisation. • Legal requirements at different stages, e.g. job postings, interview content and questions, references, job offers. • Organisational policies and procedures. • Support networks/organisations providing advice and support in recruitment and selection process, e.g. Advisory, Conciliation and Arbitration Service (ACAS), Skills for Care, human resources department.

What needs to be learned

Learning outcome 2: Be able to participate in recruitment and selection processes in care settings

Others

- Others could include:
  - human resource personnel
  - workers/practitioners
  - carers
  - significant others.

Recruitment process

- Process can include consultation or practical involvement.

Identifying staffing needs and requirements

- Workforce plans in identifying immediate and future staff needs.

- Advantages and disadvantages of internal and external recruitment.

- Purpose and benefits of conducting a job-role analysis.

- Recruitment plans and processes:
  - personnel involved in development
  - recruitment plan elements including posting period, placement goals.

Job descriptions and person specifications

- Importance of developing well written recruitment documentation, e.g. providing a good impression of the organisation, clear articulation, mitigates against discrimination, complaints.

- Purpose and content of job descriptions, e.g. work role, job title, main tasks, remuneration, benefits, minimum requirements.

- Purpose and content of person specifications, e.g. essential and desirable qualifications, experience and skills.

- Process of posting position through different media, e.g. advertising and recruitment agencies and sources, diversity agencies, resume banks, job fairs, conference and university campus recruiting, IT sources.

- Monitoring and updating recruitment plans.

Selection models and methods

- Application forms.

- Curriculum vitae (CVs).

- References.

- Arranging interviews, e.g. points of contact.

The selection process

- Selection committee, e.g. recruiting, roles and responsibilities.

- Protocols and legislative considerations for interviews.

- Shortlisting candidates, e.g. selection criteria, justifying selection, recording rationale.

What needs to be learned

The interview process

- Shortlisting candidates.

- Preparing for interview, e.g. venue, interview panel, agreed format, interview guide, presentations, information applicant may need to know.

- Question types, e.g. introduction, problem, follow up, indirect.

- Reviewing job descriptions, applicants' CVs and applications.

- Types of interview, e.g. face-to-face, virtual, structured, semi-structured and unstructured.

- Interview process, e.g. introductions, description of job role, questions from panel and applicant, closing interview.

- Recording and analysing interviews.

Interviewer and applicant behaviours

- Behaviours expected of applicants, e.g. timeliness, good presentation skills, positive attitude, knowledge of company, maintenance of interest and eye contact.

- Behaviours expected of interviewer, e.g. welcoming, positive body language, eye contact, good listening skills, putting applicants at ease, reframing questions rather than repeating, paying attention.

- Tests, e.g. IQ, psychometric, medical, attainment, aptitude.

Post interview

- Candidate selection and offer.

- References, e.g. postal, email, telephone.

- DBS checks.

- Finalising recruitment, e.g. formal offer, negotiating or countering the offer, informing candidates, issuing contracts, agreeing terms of reference.

What needs to be learned
Learning outcome 3: Be able to evaluate recruitment and selection processes in care settings

Evaluating systems and practices

- Systems in own organisation and personnel involved.

- Policies and procedures.

- Recruitment planning.

- Development of job descriptions and person specifications.

- Roles and responsibilities of those involved in recruitment and selection.

- Organisational function and meeting outcomes for users of services.

- Effects on working practices.

- Ways to monitor and review policies and procedures for future recruitment and selection.

Own learning and professional development

- Own role in recruitment and selection processes.

- Developmental targets for own personal and professional development.

- Own role in leading and supporting recruitment and selection process in own organisation.

Information for tutors

Suggested resources

Websites

www.acas.org.uk/index.aspx?articleid=1461	ACAS employer advice
www.gov.uk/browse/employing-people	Employment legislation and guidance
www.scie.org.uk/workforce/peoplemanagement/recruitment/selection/	Social Care Institute for Excellence (SCIE) recruitment advice
www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf	Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2 and 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 24: Manage Quality in Care Settings

Unit reference number: Y/616/7431

Level: 5

Unit type: Optional

Credit value: 5

Guided learning hours: 40

Unit summary

High-quality care is the expected standard for all service provision in care settings. Maintaining quality provision and measuring achievements in quality standards will promote care that meets the needs of the user of services and is responsive to changing needs. Quality is central to the care provided, to the ethos and culture of the organisation, to innovation in practice and to the application of evidence-based practices. As a leader in an organisation, it is important to have skills and qualities that will energise the organisation to strive for high standards. The ability to monitor and review service development is also important.

This unit will develop your knowledge, understanding and skills required to manage quality assurance systems in your own work setting.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand how to monitor quality assurance in care settings	1.1 Discuss the main legislative and regulatory frameworks that inform quality standards within own organisation
	1.2 Review quality standards within own organisation and their impact on positive outcomes for users of services
	1.3 Evaluate a range of methods that can be used to measure the achievement of quality standards
	1.4 Analyse how quality assurance standards relate to performance management
2 Be able to lead on the development and implementation of quality standards in own setting	2.1 Work with team members and others, in line with organisational requirements, to: • agree quality standards for the service • select indicators to measure agreed standards • identify controls to support the achievement of agreed standards
	2.2 Develop systems and processes to measure achievement of quality standards
	2.3 Support team members to carry out their roles in implementing quality controls in line with organisational procedures

Learning outcomes	Assessment criteria
3 Be able to review and monitor quality assurance processes in own setting	3.1 Support team members to carry out their roles in monitoring quality indicators in line with organisational procedures
	3.2 Use selected indicators to evaluate the achievement of quality standards
	3.3 Work with others, in line with organisational requirements, to identify: • areas of best practice • areas for improvement
	3.4 Work with others, in line with organisational requirements, to develop an action plan to improve quality of service

Content

What needs to be learned
Learning outcome 1: Understand how to monitor quality assurance in care settings

Legislation

- Health and Social Care Act 2008, including the Code of Practice on the prevention and control of infections and related guidance.

- Care Quality Commission (Registration) Regulations 2009.

- Equality Act 2010.

Regulatory frameworks

- NICE quality standards and social care guidance.

- CQC Essential standards of quality and safety.

- Adult Social Care Outcomes Framework.

Quality standards

- Involvement and information.

- Personalised care, treatment and support.

- Safeguarding and safety.

- Suitability of staffing.

- Quality and management.

- Suitability of management.

Quality measures

- Quality of life/user of services experience.

- Admissions to hospital.

- Satisfaction of carers.

- Person-centred approaches.

- Outcomes-based practice.

Quality assurance and staff performance

- Performance assessment and management.

- Incentivising quality improvement.

- Publication to inform the public and support patient choice.

- Benchmarking against peers for feedback.

- Learning to support quality improvement.

- Academic research.

What needs to be learned

Learning outcome 2: Be able to lead on the development and implementation of quality standards in own setting

Working with others to agree quality standards

- **Others** may include:
  - o users of services
  - o advocates
  - o family members
  - o others important to the wellbeing of the user of services.
- Multidisciplinary approaches.
- Safety of user of services.
- Experiences of user of services.
- Effectiveness of care.
- Communication.
- Positive outcomes.

Systems and processes for measuring achievement

- Record keeping.
- Feedback and review.
- Accident audit.
- CQC inspection reports.
- Staff feedback.
- Feedback from family and others.

Quality controls

- Person-centred approach to care and support for each user of services.
- Involving users of services and staff in the auditing process.
- Internal quality monitoring visits.
- Themed audits for each service.
- Identifying commendations for good practice and achievements.
- Policies, procedures and guidelines detailing how agreed levels of service are to be achieved.
- Auditing of systems to ensure high quality standards are maintained.
- Areas for continuous improvement.

What needs to be learned

Learning outcome 3: Be able to review and monitor quality assurance processes in own setting

Quality indicators

- Data sets.
- Managing information.
- Regulatory requirements.
- Mortality.
- Infections.
- Hospital admissions.
- Accidents.
- Complaints and concerns.
- Safeguarding referrals.

Best practice

- Data collection.
- Record keeping.
- User of services and family involvement.
- Themed audits.
- CQC responses.
- Staff development.
- Care planning.
- Positive outcomes.

Areas for improvement

- Communication.
- Safety.
- Identifying safety issues.
- Staff turnover.
- Staff development.
- CQC reports and raised issues.
- Concerns voiced from other agencies.
- Complaints and concerns.
- Whistle-blowing.

What needs to be learned
Action plan
• Developing targets; SMART targets.
• Addressing inequalities in service provision.
• Response to external agencies.
• Continuous development.
• Service improvement.

Information for tutors

Suggested resources

Websites

www.cqc.org.uk   Care Quality Commission

www.nice.org.uk   National Institute for Health and Care Excellence

www.skillsforcare.org.uk   Skills for Care

www.scie.org.uk   Social Care Institute of Excellence

Reports and articles

Care Quality Commission – *The Adult Social Care Market and the Quality of Services – Technical Report* (November 2010)

Care Quality Commission – *Essential Standards of Quality and Safety* (March 2010)

Raleigh V, Foot C – *Getting the Measure of Quality: Opportunities and Challenges* (King's Fund, 2010) ISBN 9781857175905

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2 and 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2 and 3.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 25: Develop Procedures and Practice to Respond to Concerns and Complaints in Adult Care

Unit reference number: A/617/1634

Level: 5

Unit type: Optional

Credit value: 6

Guided learning hours: 52

Unit summary

In a leadership role in adult care, you will find yourself responding to issues of complaints or concerns in the setting. These complaints or concerns could come from users of services in the setting, their family or friends, advocates or other members of staff in the multidisciplinary team. It is essential that individuals making complaints are treated with respect and are advised clearly of their rights. They also need to be advised of the procedures for investigating and resolving the complaint, and supported through the process. Complaints should be viewed as opportunities for development of the service.

This unit will give you the knowledge, understanding and skills required to develop, implement and review procedures and practices to address concerns and complaints. It covers the relevant regulatory requirements, codes of practice and guidance, and their impact on service provision.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the management of concerns and complaints in adult care	1.1 Review the regulatory requirements, codes of practice and guidance for managing concerns and complaints
	1.2 Assess the links between the management of concerns and complaints, risk management and safeguarding
	1.3 Discuss why individuals may be reluctant to raise concerns or make complaints
	1.4 Analyse attitudes and approaches to ensure that concerns and complaints prompt continuous improvement of the service
2 Be able to lead practice to address concerns and complaints in adult care	2.1 Implement systems and procedures that address and respond to concerns and complaints within agreed time frames, in line with organisational requirements
	2.2 Support team members to understand systems and procedures relating to concerns and complaints
	2.3 Investigate concerns and complaints according to organisational policy
	2.4 Respond appropriately to concerns and complaints in line with organisational policy and procedures
	2.5 Review circumstances in which concerns and complaints should be reported to other agencies, referring to relevant organisational policies
	2.6 Review the procedures regularly in line with regulatory and organisational guidelines

Learning outcomes	Assessment criteria
3 Be able to develop a person-centred approach to addressing concerns and complaints in adult care	3.1 Demonstrate a person-centred approach to addressing concerns and complaints
	3.2 Ensure information and support is in place to enable users of services and their carers to raise concerns and make complaints when they wish to
	3.3 Develop strategies in line with organisational requirements to make the concerns and complaints procedure accessible for all users of services
	3.4 Support users of services to raise concerns and complaints within own setting
4 Be able to review procedures for addressing concerns and complaints in adult care	4.1 Demonstrate organisational audit trail and review processes for concerns and complaints
	4.2 Show how own management practice has provided a culture where the organisation can learn from concerns and complaints
	4.3 Demonstrate how to use outcomes from concern and complaint investigations to make improvements to the service in own setting

Content

What needs to be learned
Learning outcome 1: Understand the management of concerns and complaints in adult care

Legislative framework

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

- Equality Act 2010.

- Human Rights Act 1998.

- Data Protection Act 1998.

- Care Act 2014.

- Public Interest Disclosure Act 1998.

Regulatory guidance

- Care Quality Commission (CQC).

- The Parliamentary and Health Service Ombudsman.

- Local Government Ombudsman.

- Healthwatch England.

- Professional regulators (e.g. General Medical Council, Nursing and Midwifery Council).

- NHS Complaints Advocacy.

- Clinical Commissioning Group

Codes of practice

- Set out minimum standards.

- Promote dignity and respect.

- Safeguarding.

- Duty of care.

- Effective communication.

- Record keeping.

Policy development and service improvements

- Whistle-blowing policy for staff.

- Concerns, compliments and complaints policy.

- Equality and diversity.

- Advocacy and support.

- Risk management.

- Safeguarding policy.

- Developing transparency.

What needs to be learned
• Promoting effective communication channels.   • Empowering individuals.   • Partnership approaches.   • Audit and monitoring of service development.   • Meeting regulatory requirements.   • Identifying gaps in service.
Learning outcome 2: Be able to lead practice to address concerns and complaints in adult care
Procedures for reporting concerns and complaints   • Clear process.   • Suitable timescales.   • User of services involvement.   • Independent reviewer.   • Facilitation of supportive process.   • Accessible.   **Staff training**   • Whistle-blowing policy.   • Induction training.   • Staff development.   • Supervision and appraisal   • Induction processes.   **Investigation of concerns and complaints**   • Confidential and sensitive.   • Accurate record keeping.   • Addressing immediacy of issues.   • Supporting safeguarding with prompt referral.   • Action plan with clear audit trail.   • Following organisational policy.   **Responses to concerns and complaints**   • Valuing, respecting and protecting employees/users of services who raise concerns or complaints.   • Whistle-blowing policy.   • Seeking out feedback.   • Actively identifying gaps in provision

What needs to be learned

Reporting concerns to other agencies

- Safeguarding of vulnerable adults.

- Multidisciplinary approaches.

- CQC reporting processes.

Review of procedures

- Identifying failures in service.

- Reviewing practices.

- Monitoring improvements.

- Open, transparent and learning culture.

Monitoring and review

- 'Intelligent monitoring'.

- Gathering and analysing information about service.

- Self-report on complaints handling.

- Leadership.

- Governance.

- Awareness.

- Investigation.

- Timeliness.

- Learning.

What needs to be learned
Learning outcome 3: Be able to develop a person-centred approach to addressing concerns and complaints in adult care
Person-centred approaches • Person-focused and honest culture. • Listening approaches. • Regard for different views. • Feedback groups/user of services meetings. • Timely responses. • Providing responses in writing. • Offering apologies and providing support. **Regulatory requirements** • Care Quality Commission (CQC). • Prescribed body under the Public Interest Disclosure Act 1998. • Using the information from complaints in regulatory activities. • Promoting safe, effective, compassionate and high quality care. • Professional Standards Authority. • Review of professionals in care. • Inspections. **Accessibility** • Different languages. • Different formats, e.g. audio, pictorial. • User-friendly language. • Accessible online. **Supporting users of services to raise concerns** • Advocacy. • Accessible complaints procedure. • Providing advice and support. • Signposting to other agencies. • Responses for family and friends.

What needs to be learned
Learning outcome 4: Be able to review procedures for addressing concerns and complaints in adult care
Audit processes • Review themes and frequency. • Audit trails. • Regular review. • Reporting concerns. **Organisational culture** • Learning lessons from complaints. • Demonstrating changes. • User of services involvement. • Active participation groups. • Proactive approaches. **Service improvement** • Staff development. • Development of resources. • Improved staffing. • Improved user of services experience.

Information for tutors

Suggested resources

Books

National Audit Office – *Feeding Back? Learning from Complaints Handling in Health and Social Care: Report by the Comptroller and Auditor General, Session 2007-2008 (House of Commons papers)* (Stationery Office, 2008) ISBN 9780102954296

Social Exclusion Unit – *A Sure Start to Later Life: Ending Inequalities for Older People: Final Report* (Office of the Deputy Prime Minister, 2006) ISBN 9781851128129

Wanless D – *Securing Good Care for Older People: Taking a Long-term View* (King's Fund, 2006) ISBN 9781857175448

Websites

www.cqc.org.uk	Care Quality Commission
www.careuk.com	Care UK – care homes
www.skillsforcare.org.uk	Skills for Care
www.scie.org.uk	Social Care Institute of Excellence

Other

Ministers, local government, NHS, social care, professional and regulatory organisations – *Putting People First: A shared vision and commitment to the transformation of Adult Social Care* (HM Government, 2007) PDF available online at:

webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081119.pdf

Pemberton S, Tombs S, Ming Ming Joiy Chan and Seal L – 'Whistleblowing, organisational harm and the self-regulating organisation' in *Policy and Politics*, 2012

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2, 3 and 4.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 26: Facilitate Change in Care Settings

Unit reference number: D/616/7429

Level: 5

Unit type: Optional

Credit value: 5

Guided learning hours: 45

Unit summary

The purpose of this unit is to develop the learner's knowledge, understanding and skills to facilitate organisational change in care settings.

As a manager, it is necessary that you understand the principles of change management in care settings. Challenges that may arise during the process of change will need to be analysed and you will be required to promote the benefits of change. You will need to create an approved change management plan and develop strategies to ensure that the quality of service for users is maintained during a period of change.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the principles of change management in care settings	1.1 Analyse factors that drive change
	1.2 Describe underpinning theories of change management
	1.3 Explain approaches, tools and techniques that support the change process
	1.4 Discuss the importance of effective change management for service provision
2 Be able to facilitate a shared understanding of the need for change in a care setting	2.1 Promote the benefits of change
	2.2 Analyse challenges that may arise during the process of change
	2.3 Enable others to express views about proposed change
	2.4 Agree with others the changes that need to be made, in accordance with organisational requirements
3 Be able to develop an approved change management plan in a care setting	3.1 Analyse the impact of a proposed change to the service provision
	3.2 Produce a change management plan that takes account of the identified impact
	3.3 Establish criteria against which the plan can be evaluated, in accordance with organisational requirements
	3.4 Secure approvals required for the change management plan in line with organisational procedures

Learning outcomes	Assessment criteria
4 Be able to gain support for a proposed change in a care setting	4.1 Ensure own actions serve as a positive role model when introducing change
	4.2 Discuss how to support others to promote the vision for change
	4.3 Use strategies to address resistance to change
	4.4 Implement a communication strategy to support others to understand a proposed change
5 Be able to implement an approved change management plan in a care setting	5.1 Agree roles and responsibilities for implementing a change management plan
	5.2 Support others to carry out their agreed roles in a change management plan
	5.3 Adapt the change management plan to address issues as they arise
	5.4 Establish strategies to ensure that the quality of service for users is maintained during a period of change
6 Be able to evaluate the change management process in a care setting	6.1 Agree systems to monitor the effectiveness of the change management plan
	6.2 Work with others to review the change management plan against identified criteria
	6.3 Evaluate outcomes of the change for users of services

Content

What needs to be learned
Learning outcome 1: Understand the principles of change management in care settings

Factors that drive change
 	
• **Factors** may include:
    o internal, e.g. changes in staff, resources, care plans
    o external, e.g. changes in legislation, policies, funding.
 	
Underpinning theories of change management
 	
• Kotter's 8-Step Change Model.
 	
• Lewin's 3-Stage Model of Change.
 	
• The Change Curve.
 	
Approaches, tools and techniques that support the change process
 	
• Managing transition.
 	
• Communicating and involving staff and volunteers in change.
 	
• Understanding and managing resistance to change.
 	
• Involving stakeholders in change.
 	
The importance of effective change management for service provision
 	
• Minimal disruption to provision.

Learning outcome 2: Be able to facilitate a shared understanding of the need for change in a care setting
Benefits of change • Improved provision. • Increased participation for users of services. • Gives a sense of ownership to users of services. **Challenges that may arise during the process of change** • Emotional responses, e.g. anxiety, stress, fear. • Resistance. • Insufficient resources. • Insufficient level of competence. **Enabling others to express views about proposed change** • Gathering feedback. • Involving those who will be affected by the change.

What needs to be learned
Agreeing changes with others

• Others may include:
     o   users of services
     o   practitioners
     o   families and friends of users of services
     o   advocates
     o   colleagues
     o   other professionals within and beyond the organisation
     o   others with an interest in the service.

Learning outcome 3: Be able to develop an approved change management plan in a care setting
The impact of a proposed change to the service provision

• **Impact** may include:
     o   risks
     o   costs
     o   benefits.

Criteria against which the plan can be evaluated
• Positive feedback.
Approvals required for the change management plan

• **Approval** from:
     o   stakeholders
     o   users of services
     o   care givers/family
     o   staff involved.

What needs to be learned

Learning outcome 4: Be able to gain support for a proposed change in a care setting

Own actions as a positive role model

- Self-reflection.

- Peer review.

- Appraisal.

Supporting others to promote the vision for change

- **Others** may include:
    - users of services
    - practitioners
    - families and friends of users of services
    - advocates
    - colleagues
    - other professionals within and beyond the organisation
    - others with an interest in the service.

Strategies that address resistance to change

- **Strategies** include:
    - addressing any resistance formally
    - identifying the root causes of resistance.

Communication strategy to support others to understand a proposed change

- **Others** may include:
    - users of services
    - practitioners
    - families and friends of users of services
    - advocates
    - colleagues
    - other professionals within and beyond the organisation
    - others with an interest in the service.

- The communication strategy needs to reflect the needs and preferences of its audiences and may incorporate:
    - using a range of styles and formats
    - adjusting the pace of information-giving
    - repeating key messages over time
    - clarifying and summarising key points
    - updating information as necessary.

What needs to be learned
Learning outcome 5: Be able to implement an approved change management plan in a care setting

Strategies for ensuring that the quality of service for users is maintained during a period of change
 	
• **Strategies** could include:
   o briefings
   o handover procedures
   o record keeping, including any changes to the health and wellbeing of a user of services.

Learning outcome 6: Be able to evaluate the change management process in a care setting

Systems to monitor the effectiveness of the change management plan
 	
• **Change management plan** could include:
   o a workforce development plan
   o a resource plan
   o a support plan for users of services and others affected by the change
   o a communication plan
   o a contingency plan for any unexpected or unplanned events during the period of change
   o regular review of the change process to monitor effects, both expected and unexpected
   o review meetings to share information gathered during the change process.

Information for tutors

Suggested resources

Book

Parkin P – *Managing Change in Healthcare: Using Action Research* (Sage Publications, 2009) ISBN 9781412922593

Other

NHS Service Delivery & Organisation – *Managing Change in the NHS* (2001)

Tata Consultancy Services Ltd (TCS) – *Change Management Theories and Methodologies* (2013)

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3, 4, 5 and 6 must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2, 3, 4, 5 and 6.

Assessment of learning outcome 1 may take place in or outside of a real work environment.

Unit 27: Facilitate Coaching and Mentoring of Practitioners in Care Settings

Unit reference number: F/617/1635

Level: 5

Unit type: Optional

Credit value: 6

Guided learning hours: 56

Unit summary

Coaching and mentoring practitioners in care settings is part of the role of senior staff. As a manager or leader in a care setting, you will need to recognise the differences between coaching and mentoring and to use them appropriately. By facilitating these processes effectively, you will ensure that practitioners in the organisation develop their skills and expertise, which will then benefit the service provision.

This unit will develop the knowledge, understanding and skills to support the coaching and mentoring of practitioners in care settings. You will have the opportunity to explore the benefits of coaching and mentoring, and to plan, implement and evaluate the impact of coaching and mentoring in your own work setting.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the processes for coaching and mentoring practitioners in care settings	1.1 Analyse the differences between coaching and mentoring, giving examples of how each process is used within own organisation
	1.2 Review the benefits of coaching and mentoring relationships to both parties when supporting practitioners within the setting
	1.3 Discuss how coaching and mentoring support the professional development of practitioners
	1.4 Assess how organisational policies in own setting relating to coaching and mentoring promote a learning ethos
	1.5 Explain how appropriate support and training are provided for the coach/mentor within own organisation
2 Understand the benefits for the organisation of effective coaching and mentoring support for practitioners in care settings	2.1 Discuss the benefits to users of services of maintaining effective coaching and mentoring support for practitioners within a setting
	2.2 Assess the role and responsibilities of practitioners when engaging with coaching and mentoring activities to develop professional practice
	2.3 Analyse how the organisation will benefit from effective coaching and mentoring support for all practitioners
	2.4 Analyse how the use of coaching and mentoring in own work setting supports business objectives

Learning outcomes	Assessment criteria
3 Be able to promote coaching and mentoring of practitioners in care settings	3.1 Promote coaching and mentoring support in own work setting according to organisational policies
	3.2 Support practitioners to identify their own learning needs as a part of their development
	3.3 Discuss different types and sources of information, advice and guidance that can support learning in the work setting
	3.4 Demonstrate a solution-focused approach to promoting coaching and mentoring in the work setting
4 Be able to identify the coaching and mentoring needs of practitioners in care settings	4.1 Use different information sources to determine the coaching and mentoring needs of practitioners in own work setting
	4.2 Plan coaching and mentoring activities in line with organisational requirements
5 Be able to implement coaching and mentoring activities in care settings	5.1 Support the implementation of coaching and mentoring activities in line with organisational policies
	5.2 Provide coaching in a work setting according to the agreed plan
	5.3 Provide mentoring in a work setting according to the agreed plan
6 Be able to review the outcomes of coaching and mentoring in care settings	6.1 Evaluate the impact of coaching and mentoring on practice in own setting
	6.2 Develop plans to support the future development of coaching and mentoring in own setting, in accordance with organisational policies and objectives

Content

What needs to be learned
Learning outcome 1: Understand the processes for coaching and mentoring practitioners in care settings

Coaching

- Enables the practitioner to achieve specific goals.

- Focus on short- and long-term goals; target setting; SMART targets.

- Developing a person's skills and knowledge so that their job performance improves, leading to the achievement of organisational objectives.

- More structured – focus on specific issues.

- Meetings scheduled.

- Coach does not need to have knowledge of the role.

Mentoring

- Transfer of knowledge/skills from a highly experienced person to a person of lesser experience.

- Long-term passing on of support, guidance and advice.

- A supportive form of development.

- Focus on providing support to manage career, progress and improve skills.

- Productive discussion of personal issues, unlike in coaching where the emphasis is on performance at work.

- Mentoring activities have both organisational and individual goals.

Models of practice

- GROW – Goal, Reality, Options, Will.

- Kolb's Experiential Learning Cycle.

Benefits of coaching/mentoring relationships

- Development of trust.

- Learning from senior staff.

- Staff feeling accepted and part of the team.

- Opportunities to shadow and plan progression.

- Supporting appraisal processes.

- Identification of staff potential.

What needs to be learned

Support for coach/mentor

- Formal training.

- Refreshing skills.

- Updating practice.

- Developing relationship with the team.

Learning outcome 2: Understand the benefits for the organisation of effective coaching and mentoring support for practitioners in care settings

Benefits to users of services

- Improved practice.

- Upskilled staff.

- Stronger team cohesiveness.

- Continuity and consistency of care.

- Carers feel empowered to provide innovative approaches.

- Learning ethos of organisations promotes evidence-based practice.

Role and responsibilities

- Agreeing to contracts of learning.

- Participating fully.

- Keeping appointments.

- Self-reflection and evaluation.

- Building relationships.

- Completing preparation outside work.

- Updating continuing professional development plan.

- Attending external training.

- Feedback and dissemination to team.

- Completion of training programmes within timescales.

Benefits to organisation

- Improved recruitment and retention.

- Effective succession planning.

- Makes organisations adapt to change.

- Improved performance.

- Engagement/team building.

- Job satisfaction.

- Improved service provision.

- Focus on needs of user of services.

- Meets requirements of regulatory body.

What needs to be learned
• Enables clear target setting for organisation.
Business objectives
• Develops staff skill mix.
• Offers opportunities for progression.
• Promotes learning culture.
• Develops staff in-house.
Learning outcome 3: Be able to promote coaching and mentoring of practitioners in care settings
Promotion of coaching and mentoring
• Developing a learning culture.
• Demonstrating proactive role in planning and implementing support.
• Reviewing organisational policies.
• Modelling of skills and practice.
Information, advice and guidance
• Accessing current research.
• Updating training.
• Sharing new learning.
• Reviewing change in policy development.
• Support from training providers and local colleges; internet sources.
Solution-focused approach
• Identifying innovative approaches.
• Developing work-based approaches.
• Supporting mentor approaches within team.
• Supporting opportunities to observe and shadow.

What needs to be learned
Learning outcome 4: Be able to identify the coaching and mentoring needs of practitioners in care settings

Using information sources to determine coaching and mentoring needs
 	
• **Different** information **sources** could include:
    o strategic/business plans
    o new legislation/regulation
    o supervision agreements/professional development plans
    o availability and expertise of coaches and mentors in the work setting
    o users of services who have different needs.
 	
• Information specific to practitioners, e.g. applications, CVs, past experience, previous training, identified career goals, appraisals, personal development plans.
 	
• Information relating to organisation, e.g. organisational targets, performance measures.
 	
Planning activities
 	
• Training, e.g. staff training, team training, induction training, specific training, shadowing, external training, practical training sessions.
 	
• Meetings; agreed agendas.
 	
• Peer mentor feedback.

Learning outcome 5: Be able to implement coaching and mentoring activities in care settings
Implementation of coaching and mentoring • Induction. • Support for development. • Career progression. • On-the-job learning. • Equal opportunity programmes. • Redundancy and retirement. • New projects. • New job transition. • Change management.

What needs to be learned
Learning outcome 6: Be able to review the outcomes of coaching and mentoring in care settings

Impact of coaching and mentoring

- Personal development.

- Professional development.

- Career progression.

- Developing leaders.

- Improved practice.

- User of services satisfaction.

- Person-centred approaches.

- Team development.

- Learning culture.

- Organisational development.

- Coping with change.

Future development

- Increased opportunities.

- Widening opportunities.

- Reviewing learning opportunities.

- Developing policy.

- Strengthening management and leadership team.

- Development of peer mentors and coaches.

Information for tutors

Suggested resources

Books

Foster-Turner J – *Coaching and Mentoring in Health and Social Care: The Essential Manual for Professionals and Organisations* (Taylor and Francis, 2006) ISBN 9781857755497

Megginson D et al – *Mentoring in Action: A Practical Guide for Managers*, *2nd edition*
(Kogan Page, 2005) ISBN 9780749449155

Websites

www.cipd.co.uk	Chartered Institute of Personnel and Development
www.scie.org.uk	Social Care Institute for Excellence
www.skillsforcare.org.uk	Skills for Care

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 3, 4, 5 and 6 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 3, 4, 5 and 6.

Assessment of learning outcomes 1 and 2 (knowledge) may take place in or outside of a real work environment.

Unit 28: Develop, Implement and Evaluate Operational Plans in Own Area of Responsibility in Adult Care

Unit reference number: **J/617/1636**

Level: **5**

Unit type: **Optional**

Credit value: **4**

Guided learning hours: **23**

Unit summary

Working in the adult care sector requires professionals to be mindful of the importance of adapting and changing to meet current needs, and to ensure positive outcomes for users of services. Being adaptable, willing to change and prepared to devise new and innovative approaches to developing practice and provision are core skills needed in developing operational plans in adult care.

This unit gives you the essential knowledge and skills needed to develop, implement, monitor and review operational plans for your own area of responsibility. The unit is particularly useful for those wishing to progress to higher management positions.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand how to align skills and competencies with objectives of organisation	1.1 Analyse objectives of own organisation against national objectives in adult care
	1.2 Discuss how own skills can be used to align with operational objectives in own area of responsibility
2 Be able to implement operational plans in own area of responsibility	2.1 Discuss how operational plans can be used for different functions in adult care
	2.2 Develop operational plans in own area of responsibility in line with organisational requirements
	2.3 Assess risks associated with operational plans and propose contingency arrangements
	2.4 Engage relevant stakeholders in providing support for operational plans in line with organisational requirements
	2.5 Implement operational plans in own area of responsibility in line with organisational requirements
3 Be able to monitor and evaluate operational plans in own area of responsibility	3.1 Demonstrate monitoring procedures within operational plans in line with organisational requirements
	3.2 Evaluate operational plans, identifying actions to support future development needs and to improve practice and provision

Content

What needs to be learned
Learning outcome 1: Understand how to align skills and competencies with objectives of organisation
National objectives   • Healthcare reforms – accountability and decision making within the NHS, e.g. development of semi-independent trusts.   • Specific care needs that change over time as a result of age and health profile of population, e.g. increasing number of older people resulting in more instances of dementia.   • Technological advances that challenge services to adapt practice and systems.   • Evidence-based programmes setting quality standards and specifying services, which have been introduced through a set of National Service Frameworks (NSFs), e.g. NHS Outcomes Framework 2016 to 2017, Care Standards, statutory requirements.   **Organisational objectives and strategic goals**   • Monitoring and reviewing spending; review of staffing; physical resources; use of grants; integrating services; needs of individual users of services; reviewing and adapting approaches; multi-agency and partnership working.   • Local ambitions based on compliance with wider government initiatives, e.g. NHS wider strategy.   **Own objectives commensurate with work role**   • Administration delivery of administrative functions to support adult care teams, e.g. organisational office practice, IT systems, record keeping, information handling; legislative frameworks and policies.   • Leading and managing teams, e.g. training, appraisals, performance of teams, championing and role modelling core adult care values, driving and upholding standards, working within legislative and regulatory frameworks.   • Resource management, e.g. overseeing effective use of human and physical resources, maintaining and improving environment.   • Supporting needs of users of services and effective working with carers and others, e.g. assessments and support services; providing choice, dignity and respect; ensuring patient safety, clinical effectiveness, patient and carer experience; NHS Outcomes Framework 2016 to 2017.

What needs to be learned

Skills required

- Understanding of legislative and compliance frameworks; implementing policies and procedures; safeguarding; multi-agency working; information handling

- Working within specific organisational legal, regulatory and ethical frameworks.

- Analytical skills, e.g. planning, data analysis, finance, funding and budgeting.

- Managing and leading teams, e.g. promoting best practice, developing positive relationships, managing and chairing meetings, report writing, empowering colleagues to take control.

- Personal skills, e.g. vision, ability to adapt to new and novel concepts, innovative, discretion, diplomacy, person-centred approach, empathy, respecting promoting diversity, equality, independence; knowing own and others' boundaries.

Learning outcome 2: Be able to implement operational plans in own area of responsibility

Purpose of planning

- Operational plans, e.g. plans detailing precise timing and mode of implementation, work plans, operational plans referring to activities of a small unit or of an individual.

- Plans aimed at services, e.g. primary care programmes, institutions (hospitals) or wider geographical area such as a district.

- Planning types:
  - activity planning – maintenance of existing situations and setting of implementation timetables that can be monitored
  - allocative planning – concerned with the possibility of change and making of decisions on how resources will be used and which activities will be undertaken.

Planning tools and techniques

- Planning methods, e.g. cost benefit analysis, budgeting, scheduling, use of Gantt load, SMART objectives, breakeven, PERT, demand and capacity management, hierarchy of needs, contingency planning.

- Challenges of planner to balance the objective, technical dimension of planning with the realities of the context within which the planning is taking place (in own setting).

- Planning approaches: the planning spiral – situational analysis (1), priority setting, option appraisal, programming, implementation and monitoring, evaluation situational analysis (2); problem solving; long-term versus shorter operational plans and narrative approaches.

- Use of appropriate planning tools and techniques.

Risk analysis and management

- Definitions of risk analysis and management of risks.

- Identifying potential risks.

What needs to be learned
• Identifying key aspects of work practice that directly flow from legislation – disruption of supplies, operations, loss of access, customer/employee confidence, procedural, financial, technical, structural.
• Forms of analysis – SWOT, Scenario Analysis, risk mapping, impact/probability grid, risk mitigation.
Stakeholders
• Stakeholder involvement, e.g. engaging with communities, inspecting bodies, managers, employees, government agencies, owners of care services, local businesses, community organisations.
Implementation
• Areas for development or change – aspects of practice, working with teams, individuals, others; finance, budgeting; improving provision.
• Existing frameworks, including legislative guidelines and restrictions impacting on plans.
• Project design, developing services, provision, improving efficiency of workforce, timing of plan (e.g. one year, two years, five years).
• Key stakeholders, identifying and prioritising needs through needs and cost benefit analysis, assessing risk factors, e.g. impact on users of services and others.
• Business plan development, resources including human and competencies, physical resources, finalising timelines.
Learning outcome 3: Be able to monitor and evaluate operational plans in own area of responsibility
Monitoring operational plans
• Strategies for monitoring and maintaining progress towards desired outcomes.
• Types of support from management and others to reach desired outcomes.
• Ways to adapt plans on an ongoing basis to reach desired outcomes.
• Ongoing monitoring using proactive and recursive process of review, adapt and evaluate.
Evaluating operational plans
• Ways to evaluate outcomes and over time, e.g. observations, feedback from users of services and others.
• Effects on practice and provision locally.
• Use of SMART targets for own professional development.
• Techniques for assessing effectiveness of operational plans for improving services and provision for users of services, strengthening workforce agendas, developing professional practice of others.

Information for tutors

Suggested resources

Book

Gopee N, Galloway J – *Leadership and Management in Healthcare* (Sage, 2017)
ISBN 9781473965027

Website

www.gov.uk/government/publications/nhs-   NHS Outcomes Framework for 2016-17
outcomes-framework-2016-to-2017

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2 and 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 2 and 3.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 29: Carry out a Research Project in a Care Setting

Unit reference number: F/616/7407

Level: 5

Unit type: Optional

Credit value: 10

Guided learning hours: 30

Unit summary

This unit supports learners in developing skills in independent enquiry and critical analysis by undertaking a sustained research investigation of direct relevance to a care setting. These skills will help learners to develop a critical and enquiring approach to practice within care settings, in order to recognise areas of required change in their own professional practice and that of others.

This unit gives you the opportunity to develop your research skills and the chance to learn how to prepare to conduct research in care settings. You will take a critical approach and recognise the ethical issues that you need to consider when embarking on a project of this nature.

You will examine potential reasons for extending the research, together with opportunities to evaluate areas for improvement when conducting further study.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Be able to plan a research project in a care setting	1.1 Select an area for the research project, justifying the choice
	1.2 Define the aims and objectives of the research project
	1.3 Analyse ethical considerations that apply to the area of the research project
	1.4 Complete a literature review of chosen area of research, mapping the findings to the aims and objectives of the research
	1.5 Implement a detailed plan for a research project in line with the aims and objectives
2 Be able to conduct preparatory tasks for a research project	2.1 Critically compare different types of research
	2.2 Develop research questions to be used within the project in line with the plan
	2.3 Evaluate a range of methods that can be used to collect data
	2.4 Assess a range of tools that can be used to analyse data
	2.5 Evaluate the importance of validity and reliability of data used within research
3 Be able to conduct a research project in a care setting	3.1 Evaluate sources of support while conducting a research project
	3.2 Conduct the research using selected research methods in line with the research plan
	3.3 Record and collate data, critically evaluating the approach used

Learning outcomes	Assessment criteria
4　Be able to present research findings	4.1　Critically evaluate research findings, justifying conclusions reached
	4.2　Critically compare own findings with initial literature review
	4.3　Assess potential uses for the research findings within practice
	4.4　Make justified recommendations for further research

Content

What needs to be learned
Learning outcome 1: Be able to plan a research project in a care setting

Areas for research

- Work-based.

- Linked to area of personal interest.

- Selection of target group.

Aims and objectives

- The reasons, understanding and methods for conducting the research project:
  - identifying need
  - highlighting gaps in provision
  - planning provision
  - informing policy or practice
  - extending knowledge and understanding
  - improving practice
  - aiding reflection
  - allowing progress to be monitored
  - examining topics of contemporary importance.

Ethical considerations

- Safeguarding of vulnerable adults.

- Confidentiality.

- Seeking agreement with participants.

- Obtaining valid and ethical consent.

- Use of sensitive sources.

- Duty of care versus time to conduct research.

- Effect of key results on services.

- Use and misuse of data.

Legislation and policy

- Human Rights Act 1998.

- Data Protection Act 1998; General Data Protection Regulation 2016.

- Sector codes of practice, policies and procedures.

Literature review

- Journals, online and paper-based.

- Text.

- Articles, online and paper-based.

- Importance of validity and reliability of sources.

Detailed plan

- Identification of proposed area of research and target group.

- Hypothesis/research question.

- Action plan.

- Timescales.

- Methodology.

- Consent.

- Methods of dealing with issues and problems connected with the research process.

Learning outcome 2: Be able to conduct preparatory tasks for a research project

Types of research

- Quantitative.

- Qualitative.

- Primary.

- Secondary.

- Action research.

Research methods

- Observations, including overt and covert.

- Field experiments.

- In situ experiments.

- Questionnaires.

- Surveys.

- Structured interviews.

- Unstructured interviews.

- Focus groups.

- Use of control groups.

- Use of secondary sources.

Tools for data analysis

- Statistical packages.

- Triangulation.

- Graphical representation.

- Principal component analysis.

- Correspondence analysis.

- Discriminant analysis.

- Canonical correlation analysis.

What needs to be learned
• Cluster analysis.

Definition of validity

• The degree to which a research study measures what it intends to measure. Without validity, the results are meaningless.

Types of validity

• Face validity.

• Concurrent validity.

• Predictive validity.

• Construct validity.

Definition of reliability

• The consistency of results when the experiment is replicated under the same conditions. Without reliability, the research cannot be expected to reproduce the same results.

Learning outcome 3: Be able to conduct a research project in a care setting

Sources of support

• Mentors.

• Senior managers.

• Peers.

Conducting the research project

• Regular meetings with mentor to discuss progress.

• Ensuring that valid consent has been obtained to publish information.

• Gaining valid consent to interview vulnerable individuals.

• Recording and collating data using electronic software, written records and diaries.

What needs to be learned
Learning outcome 4: Be able to present research findings

Analysis of findings

- Graphical representation.
- Comparison between results and existing data from secondary sources.
- Use of statistical packages.
- Control groups versus experimental groups.

Justification of findings

- Comparison with hypothesis.
- Research questions answered.
- Results in line with current thinking.
- Comparison with original literature review.

Potential uses for research

- Improvement of current services.
- Contribution to policies and procedures within setting and/or organisation.
- Enhancement of own professional practice.

Recommendations for further research

- Extension of project into other areas of sector.
- Larger samples to provide more reliable results.

Information for tutors

Suggested resources

Books

Bryman A – *Social Research Methods*, *5th edition* (Oxford University Press, 2015) ISBN 9780199689453

Lune H, Berg B – *Qualitative Research Methods for Social Sciences, Global Edition, 9th edition* (Pearson, 2017) ISBN 9781292164397

Websites

www.alzheimer-europe.org/Research/Understanding-dementia-research/Types-of-research/The-four-main-approaches	Four main approaches to research
www.communitycare.co.uk/social-care-research-journal-guide/	Social care research journal guide
www.nuffieldtrust.org.uk/search?search=&filters_type=search &categoriesBD=research-methods-and-evaluation	Search for 'research methods and evaluation'

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 1, 2, 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 1, 2, 3 and 4.

12 Further information and useful publications

To get in touch with us visit our 'Contact us' pages:

- Edexcel, BTEC and Pearson Work Based Learning contact details: qualifications.pearson.com/en/support/contact-us.html

- books, software and online resources for UK schools and colleges: www.pearsonschoolsandfecolleges.co.uk

Key publications

- *Adjustments for candidates with disabilities and learning difficulties, Access and Arrangements and Reasonable Adjustments, General and Vocational qualifications* (Joint Council for Qualifications (JCQ))

- *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units* (Pearson)

- *General and Vocational qualifications, Suspected Malpractice in Examination and Assessments: Policies and Procedures* (JCQ)

- *Equality Policy* (Pearson)

- *Recognition of Prior Learning Policy and Process* (Pearson)

- *UK Information Manual* (Pearson)

- *Pearson Edexcel NVQs, SVQs and competence-based qualifications – Delivery Requirements and Quality Assurance Guidance* (Pearson)

All of these publications are available on our website: qualifications.pearson.com

Further information and publications on the delivery and quality assurance of NVQ/Competence-based qualifications are available at our website on the Delivering BTEC pages. Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please go to the resources page of our website.

13 Professional development and training

Professional development and training

Pearson supports customers with training related to our qualifications. This support is available through a choice of training options offered on our website.

The support we offer focuses on a range of issues, such as:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building in effective and efficient quality assurance systems.

The national programme of training we offer is on our website. You can request centre-based training through the website or you can contact one of our advisers in the Training from Pearson UK team via Customer Services to discuss your training needs.

Training and support for the lifetime of the qualifications

Training and networks: our training programme ranges from free introductory events through sector-specific opportunities to detailed training on all aspects of delivery, assignments and assessment. We also host some regional network events to allow you to share your experiences, ideas and best practice with colleagues in your region.

Regional support: our team of Regional Quality Managers, based around the country, are responsible for providing quality assurance support and guidance to anyone managing and delivering NVQs/Competence-based qualifications. The Regional Quality Managers can support you at all stages of the standard verification process as well as in finding resolutions of actions and recommendations as required.

To get in touch with our dedicated support teams please visit our website at qualifications.pearson.com/en/support/contact-us.html

Online support: find the answers to your questions in *Knowledge Base*, a searchable database of FAQs and useful videos that we have put together with the help of our subject advisors to support you in your role. Whether you are a teacher, administrator, Assessment Associate (AA) or training provider, you will find answers to your questions. If you are unable to find the information you need please send us your query and our qualification or administrative experts will get back to you.

14 Contact us

We have a dedicated Account Support team, across the UK, to give you more personalised support and advice. To contact your Account Specialist:

Email: wblcustomerservices@pearson.com
Telephone: 0844 576 0045

If you are new to Pearson and would like to become an approved centre, please contact us:

Email: wbl@pearson.com
Telephone: 0844 576 0045

Annexe A: Assessment Strategy

Skills for Care and Development Assessment Principles March 2016

1 Introduction

1.1 Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via a partnership of four organisations: Care Council for Wales, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care (adult social care only).

1.2 This document sets out the minimum expected principles and approaches to assessment, and should be read alongside qualification regulatory arrangements and any specific requirements set out for particular qualifications. Additional information and guidance regarding assessment can be obtained from Awarding Organisations and from SfC&D partner organisations[1].

1.3 The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector.

1.4 Where Skills for Care and Development qualifications are jointly supported with Skills for Health, Skill for Health assessment principles should also be considered:
http://www.skillsforhealth.org.uk/images/standards/qcf/Assessment%20of%20Competence%20-%20Skills%20for%20Health%20Assessment%20Principles.pdf

1.5 Throughout this document the term unit is used for simplicity, but this can mean module or any other similar term.

1.6 In all work we would expect assessors to observe and review learners practising core values and attitudes required for quality practice. These include embracing dignity and respect, rights, choice, equality, diversity, inclusion, individuality and confidentiality. All learners should follow the appropriate standards for conduct[2] and all those involved in any form of assessment must know and embrace the values and standards of practice set out in these documents.

1.7 Assessors should ensure that the voices and choices of people who use services drive their practice and that of their learner. This will be apparent throughout the evidence provided for a learner's practice.

2 Assessment Principles

Good practice dictates the following:

2.1 Learners must be registered with the Awarding Organisation before formal assessment commences.

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[1] See Appendix A for links to SfC&D partner organisations' websites

[2] See Appendix B for links to standards for conduct in UK nations

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2.2 Assessors must be able to evidence and justify the assessment decisions that they have made.

2.3 Assessment decisions for skills based learning outcomes must be made during the learner's normal work activity by an occupationally qualified[3], competent and knowledgeable assessor.

2.4 Skills based assessment must include direct observation as the main source of evidence, and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who use care and support, their families and carers.

2.5 Any knowledge evidence integral to skills based learning outcomes may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

2.6 Assessment decisions for skills based learning outcomes must be made by an assessor qualified to make assessment decisions. It is the responsibility of the Awarding Organisation to confirm that their assessors are suitably qualified to make assessment decisions.

2.7 Simulation may not be used as an assessment method for skills based learning outcomes except where this is specified in the assessment requirements. In these cases, the use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

2.8 Where the assessor is not occupationally competent in a specialist area, expert witnesses can be used for direct observation where they have occupational expertise in the specialist area. The use of expert witnesses should be determined and agreed by the assessor, in line with internal quality assurance arrangements and Awarding Organisation requirements for assessment of units within the qualification and the sector. The assessor remains responsible for the final assessment decision.

2.9 Where an assessor is occupationally competent but not yet qualified as an assessor, assessment decisions must rest with a qualified assessor. This may be expressed through a robust countersigning strategy that supports and validates assessment decisions made by as yet unqualified assessors, until the point where they meet the requirements for qualification.

2.10 Witness testimony from others, including those who use services and their families, can enrich assessment and make an important contribution to the evidence used in assessment decisions.

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[3] See Appendix C for links to guidance on qualifications for occupational competence in UK nations

2.11 Assessment of knowledge based learning outcomes:

- may take place in or outside of a real work environment

- must be made by an occupationally qualified and knowledgeable assessor, qualified to make assessment decisions

- must be robust, reliable, valid and current; any assessment evidence using pre-set automated tests, including e-assessment portfolios, must meet these requirements and can only contribute to overall decisions made by the assessor

2.12 It is the responsibility of the Awarding Organisation to ensure that those involved in assessment can demonstrate their continuing professional development, up to date skills, knowledge and understanding of practice at or above the level of the unit.

2.13 Regardless of the form of recording used for assessment evidence, the guiding principle must be that evidence gathered for assessment must comply with policy and legal requirements in relation to confidentiality and data protection. Information collected must be traceable for internal and external verification purposes. Additionally assessors must ensure they are satisfied the evidence presented is traceable, auditable and authenticated and meets assessment principles.

3 Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the unit they are assuring and be qualified to make quality assurance decisions. It is the responsibility of the Awarding Organisation to confirm that those involved in internal quality assurance are suitably qualified for this role.

3.2 Those involved in internal quality assurance must have the authority and the resources to monitor the work of assessors. They have a responsibility to highlight and propose ways to address any challenges in the assessment process (e.g. to ensure suitable assessors are assigned to reflect the strengths and needs of particular learners).

3.3 Those carrying out external quality assurance must be occupationally knowledgeable and understand the policy and practice context of the qualifications in which they are involved. It is the responsibility of the Awarding Organisation to confirm that those involved in external quality assurance are suitably qualified for this role.

3.4 Those involved in external quality assurance have a responsibility to promote continuous improvement in the quality of assessment processes.

4   Definitions

4.1   **Occupationally competent**:

This means that each assessor must be capable of carrying out the full requirements of the area they are assessing occupational competence may be at unit level for specialist areas: this could mean that different assessors may be needed across a whole qualification while the final assessment decision for a qualification remains with the lead assessor. Being occupationally competent means also being occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

4.2   **Occupationally knowledgeable**:

This means that each assessor should possess, knowledge and understanding relevant to the qualifications and/or units they are assessing. Occupationally knowledgeable assessors may assess at unit level for specialist areas within a qualification, while the final assessment decision for a qualification remains with the lead assessor. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

4.3   **Qualified to make assessment decisions**:

This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of skills under assessment. The Joint Awarding Body Quality Group maintains a list of assessor qualifications, see Appendix D.

4.4   **Qualified to make quality assurance decisions**:

Awarding Organisations will determine what will qualify those undertaking internal and external quality assurances to make decisions about that quality assurance.

4.5   **Expert witness**:

An expert witness must:

- have a working knowledge of the units for which they are providing expert testimony

- be occupationally competent in the area for which they are providing expert testimony

- have EITHER any qualification in assessment of workplace performance OR a work role which involves evaluating the everyday practice of staff within their area of expertise.

4.6   **Witness testimony**:

Witness testimony is an account of practice that has been witnessed or experienced by someone other than the assessor and the learner. Witness testimony has particular value in confirming reliability and authenticity, particularly in the assessment of practice in sensitive situations. Witness testimony provides supporting information for assessment decisions and should not be used as the only evidence of skills.

Appendix A: Skills for Care and Development partnership website links

- http://www.ccwales.org.uk

- http://www.niscc.info

- http://www.skillsforcare.org.uk

- http://www.sssc.uk.com

- http://www.skillsforcareanddevelopment.org.uk

Appendix B: Codes and Standards of Conduct

- http://www.ccwales.org.uk/code-of-professional-practice/

- http://www.niscc.info

- http://www.skillsforcare.org.uk/Standards/Code%20of%20Conduct/Code-of-Conduct.aspx

- http://www.sssc.uk.com/about-the-sssc/codes-of-practice/what-are-the-codes-of-practice

Appendix C: Guidance on Occupational Competence Qualifications

Wales:

- Qualification Framework for the Social Care Sector in Wales
  http://www.ccwales.org.uk/qualification-framework/

- List of the Required Qualifications for the Early Years and Childcare Sector in Wales http://www.ccwales.org.uk/early-years-and-childcare-worker/

N Ireland:

- http://www.niscc.info

England:

- http://www.skillsforcare.org.uk/Qualifications-and-Apprenticeships/Adult-social-care-qualifications/Adult-social-care-vocational-qualifications.aspx

Scotland:

- http://www.sssc.uk.com/workforce-development/qualification-information-for-providers/scottish-vocational-qualifications

Appendix D: Joint awarding body quality group – assessor qualifications

D32 Assess Candidate Performance and D33 Assess Candidate Using Differing Sources of Evidence

A1 Assess Candidate Performance Using a Range of Methods and A2 Assessing Candidates' Performance through Observation

QCF Level 3 Award in Assessing Competence in the Work Environment (for competence/skills learning outcomes only)

QCF Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only)

QCF Level 3 Certificate in Assessing Vocational Achievement

Qualified Teacher Status

Certificate in Education in Post Compulsory Education (PCE)

Social Work Post Qualifying Award in Practice Teaching

Certificate in Teaching in the Lifelong Learning Sector (CTLLS)

Diploma in Teaching in the Lifelong Learning sector (DTLLS)

Mentorship and Assessment in Health and Social Care Settings

Mentorship in Clinical/Health Care Practice

L&D9DI - Assessing workplace competence using Direct and Indirect methods (Scotland)

L&D9D - Assessing workplace competence using Direct methods (Scotland)

NOCN – Tutor/Assessor Award

Level 3 Awards and Certificate in Assessing the Quality of Assessment (QCF)

Level 4 Awards and Certificates in Assuring the Quality of Assessment (QCF)

Level 3 Award in Education and Training JABQG Sept 2014 - Version 5

Level 4 Certificate in Education and Training

Level 5 Diploma in Education and Training

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