

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

## Specification

BTEC Competence-based qualification (England only)

First registration January 2023



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# 1 Introducing the qualification

## What are BTEC competence-based qualifications?

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BTEC competence-based qualifications are work-based qualifications that give learners the opportunity to develop and demonstrate their competence in the area of work or job role to which the qualification relates.

Learners will develop the knowledge, skills and behaviours to become competent in the area of work or job role. The requirements to be competent are set by occupational standards for the appropriate sector. Pearson has worked closely with the appropriate professional body in the development of this qualification. The qualifications are written in broad terms to enable employers and providers to apply them to a wide range of occupational areas.

## Qualification purpose

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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 (PAs) 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 Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) 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: leadership and management, governance and regulatory process, decision making, business and resource management, team leadership, team learning and development, supervising others, safeguarding, mental capacity, partnerships, complaints and complaints, leading the vision, continuous improvement, effective communication, handling information, leading person-centred practice, health and wellbeing, equality, diversity, inclusion and human rights, health and safety, continuous development and personal wellbeing.
- 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.

## Industry support and recognition

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This qualification 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 Leader in Adult Care Apprenticeship Standard.

## Funding

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Qualifications eligible and funded for post-16-year-olds can be found on the funding Hub.

## Apprenticeships

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The Level 5 Diploma in Leadership and Management for Adult Care (England) is a mandatory requirement in 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 Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) fulfils this mandatory qualification requirement.

## Relationship with previous qualifications

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This qualification is a direct replacement for the Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) 603/3496/4.

## Core Digital Skills in Adult Care

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Core digital skills are important for:

**Organisations** – so they can offer an efficient service that makes best use of resources.

**Employees** – so they can utilise all that the ‘online’ world has to offer, work more efficiently, move upwards or onwards from their role and use all the learning opportunities available, including those online.

**People who use care and support services** – so they can engage with ALT’s, utilise the benefits of being able to use technology and so can choose to self-care via the use of information and peer networks.

How to use the core digital skills model (Skills for Care)

Skills for Care has undertaken research and worked with social care employers to explore policy implications and employers’ views about core digital skills in social care. They have drawn on the work of Go-ON and its basic digital skills framework to develop the following model. The model explains the core digital skills that a social care worker should have or aim to develop.

There are four key digital skills areas or domains that a social care worker will need to have skills and knowledge in. These are:

- managing information
- sharing data
- using digital skills in direct care
- learning and development.

You can use this model in many ways. You may wish to:

- look at one domain at a time, either with individuals or with groups
- share the wheel with your board or directors to stimulate discussion about the skills of the organisation
- highlight domains or skills within them where you need to concentrate development
- appoint a ‘digital champion’ who can help others improve on their areas of weakness
- use the wheel to stimulate discussion about what else could be done using digital skills and ways of working.

For further information please refer to *Skills for Care: Core Digital Skills in Social Care*

For learners who require further development of their digital skills, Pearson has created Essential Digital Skills qualifications, which are modern qualifications that enable adults to develop their knowledge and skills to use in their personal lives, or to support them in their careers. Please refer to <https://qualifications.pearson.com/en/qualifications/edsq.html> for further information.

## 2 Qualification summary and key information

Qualification title	Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England)
Qualification Number (QN)	610/1580/5
Regulation start date	13/10/2022
Operational start date	01/01/2023
Approved age ranges	19+
Total qualification time (TQT)	903 hours
Guided learning hours (GLH)	606
Credit value	91
Assessment	Internal assessment (portfolio of evidence).
Grading information	The qualification and units are graded Pass/Fail.
Entry requirements	<p>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.</p> <p>Centres must also follow the Pearson Access and Recruitment policy (see <i>Section 6 Access to qualifications</i>).</p>

Qualification title	Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England)
Progression	<p>Learners who achieve the Pearson BTEC Level 5 Diploma in Leadership and Management for Adult Care (England) can, having achieved all other requirements of the apprenticeship standard, progress to achieving the full apprenticeship certification that confirms competency in the job role of Registered Manager.</p> <p>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.</p> <p>Achievement of a Level 5 qualification can also support progression to higher education.</p>

### 3 Qualification structure

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

The requirements outlined in the table below must be met for Pearson to award the qualification.

Minimum number of credits that must be achieved	91
Minimum number of credits that must be achieved at Level 5 or above	56
Number of mandatory credits that must be achieved	76
Number of optional credits that must be achieved	15

Unit number	Mandatory units	Level	Credit	Guided learning hours
1	Leadership and Management in Adult Care	5	4	30
2	Governance and Regulatory Process in Adult Care	5	4	32
3	Decision Making in Adult Care	5	3	24
4	Business and Resource Management	4	4	32
5	Team Leadership in Adult Care	3	3	20
6	Team Learning and Development	5	3	20
7	Supervising Others	5	3	20
8	Safeguarding Practices, Policies and Procedures	5	5	40
9	Mental Capacity	4	4	30
10	Partnership Working in Adult Care	5	5	40
11	Responding to Comments and Complaints in Adult Care	5	3	20

Unit number	Mandatory units (continued)	Level	Credit	Guided learning hours
12	Leading the Vision in Adult Care	5	3	20
13	Continuous Improvement in Adult Care	5	4	24
14	Effective Communication in the Workplace	4	4	24
15	Handling Information	5	3	20
16	Leading Person-centred Practice	5	5	35
17	Health and Wellbeing in Adult Care	5	3	20
18	Equality, Diversity, Inclusion and Human Rights	5	4	30
19	Health and Safety in Adult Care	5	4	32
20	Continuous Professional Development in Adult Care	4	2	15
21	Personal Wellbeing	3	3	20

Unit number	Optional units	Level	Credit	Guided learning hours
22	Manage Domiciliary Adult Care Services	5	7	36
23	Manage Residential Adult Care Services	5	7	36
24	Support Community Partnerships in Health and Social Care	4	5	42
25	Understand Dementia Care	4	5	44
26	Understand Physical Disability in the Context of Adult Care	4	5	28
27	Manage Provision to Support Users of Services with Multiple Conditions and/or Disabilities	5	4	38

Unit number	Optional units	Level	Credit	Guided learning hours
28	The Use of Assessment Processes in Care Settings	5	6	40
29	Lead Active Support in Adult Care	5	5	42
30	Manage Group Living for Adults	5	6	39
31	Support End of Life Care in Adult Care	4	7	48
32	Lead the Management of Transitions in Adult Care	5	7	29
33	Recruitment and Selection in Care Settings	4	6	54
34	Manage Quality in Care Settings	5	5	40
35	Develop Procedures and Practice to Respond to Concerns and Complaints in Adult Care	5	6	52
36	Facilitate Change in Care Settings	5	5	45
37	Facilitate Coaching and Mentoring of Practitioners in Care Settings	5	6	56
38	Develop, Implement and Evaluate Operational Plans in Own Area of Responsibility in Adult Care	5	4	23
39	Carry out a Research Project in a Care Setting	5	10	30

## 4 Assessment requirements

The table below gives a summary of the assessment methods used in the qualification.

Units	Assessment method
All units	Internal assessment (centre-devised assessments).

### Assessment strategy

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The assessment strategy for this qualification is included in *Annexe A*. It 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 UK Sector Skills Council (SSC) for the adult care sector.

### Language of assessment

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Learners must use English only during the assessment of this qualification.

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

Further information on the use of language in qualifications is available in our *Use of languages in qualifications policy*, available on our website, [qualifications.pearson.com](https://qualifications.pearson.com).

### Internal assessment

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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, learners 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.

Learners 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.

## Presenting evidence

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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)
- 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 *Unit assessment requirements* section of the unit.

## Assessment of knowledge and understanding

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Knowledge and understanding are key components of competent performance, but it is unlikely that performance evidence alone will provide sufficient evidence for knowledge-based learning outcomes and assessment criteria. Where the learners' knowledge and understanding is not apparent from performance evidence, it must be assessed through other valid methods and be supported by suitable evidence. The evidence provided to meet these learning outcomes and assessment criteria must be in line with the assessment strategy. Any specific assessment requirements are stated in the *Unit assessment requirements* section of each unit in *Section 9 Units*.

## Assessor requirements

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Centres must ensure:

- assessment is carried out by assessors with relevant expertise in both the occupational area and assessment. The requirements for assessor qualifications and experience are stated in the assessment strategy/plan in *Annexe A*.
- internal verification systems are in place to ensure the quality and authenticity of learners' work, as well as the accuracy and consistency of assessment. The requirements of internal verifiers (IVs) are stated in the assessment plan/strategy in *Annexe A*.

## 5 Centre recognition and approval

Centres must have approval prior to delivering or assessing any of the units in this qualification.

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

Existing centres will be given 'automatic approval' for a new qualification if they are already approved for a qualification that is being replaced by a new qualification and the conditions for automatic approval are met.

Guidance on seeking approval to deliver BTEC qualifications is given on our website.

### Approvals agreement

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All centres are required to enter into an approval agreement with Pearson, in which the head of centre or principal agrees to meet all the requirements of the qualification specification and to comply with the policies, procedures, codes of practice and regulations of Pearson and relevant regulatory bodies. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of centre or qualification approval.

### Centre resource requirements

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

- appropriate physical resources (for example IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification
- suitable staff for delivering and assessing the qualification (see *Section 4 Assessment requirements*)
- systems to ensure continuing professional development (CPD) for staff delivering and assessing the qualification
- health and safety policies that relate to the use of equipment by learners
- internal verification systems and procedures (see *Section 4 Assessment requirements*)
- any unit-specific resources stated in individual units.

## 6 Access to qualifications

### Access to qualifications for learners with disabilities or specific needs

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Equality and fairness are central to our work. Our *Equality, diversity and inclusion policy* requires all learners to have equal opportunity to access our qualifications and assessments, and the intention is 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 taking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from their 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.

Centres must deliver the qualification in accordance with current equality legislation. For full details of the Equality Act 2010, please visit [www.legislation.gov.uk](http://www.legislation.gov.uk).

### Reasonable adjustments and special consideration

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Centres are permitted to make adjustments to assessment to take account of the needs of individual learners. Any reasonable adjustment must reflect the normal learning or working practice of a learner in a centre or a learner working in the occupational area.

Centres cannot apply their own special consideration – applications for special consideration must be made to Pearson and can be made on a case-by-case basis only.

Centres must follow the guidance in the Pearson document *Supplementary guidance for reasonable adjustments and special consideration* in vocational internally assessed units.

## 7 Recognising prior learning and achievement

Recognition of Prior Learning (RPL) considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

Pearson encourages centres to recognise learners' previous achievements and experiences in and outside the workplace, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

RPL enables recognition of achievement from a range of activities using any valid assessment methodology. If the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be sufficient, reliable and valid.

Further guidance is available in our policy document *Recognition of prior learning policy and process*, available on our website.

## 8 Quality assurance of centres

For the qualification in this specification, the Pearson quality assurance model will consist of the following processes.

Centres 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/remote sampling will reflect the level of risk associated with a programme, taking account of the:

- number of assessment sites
- number and throughput of learners
- number and turnover of assessors
- number and turnover of internal verifiers
- amount of previous experience of delivery.

Following registration, centres will be given further quality assurance and sampling guidance.

For further details, please see the work-based learning quality assurance handbooks, available in the support section of our website:

- *Pearson centre guide to quality assurance – NVQs/SVQs and competence-based qualifications*
- *Pearson delivery guidance & quality assurance requirements – NVQs/SVQs; competence-based qualifications and BTEC Specialist qualifications.*

## 9 Units

This section of the specification contains the units that form the assessment for the qualification.

For explanation of the terms within the units, please refer to *Section 14 Glossary*.

It is compulsory for learners to meet the learning outcomes and the assessment criteria to achieve a Pass. Content is compulsory unless it is provided as an example and is therefore marked 'e.g.'. All compulsory content must be delivered, but assessments may not cover all content.

Where legislation is included in delivery and assessment, centres must ensure that it is current and up to date.

## Unit 1: Leadership and Management in Adult Care

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Level:	5
Unit type:	Mandatory
Credit value:	4
Guided learning hours:	30

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### Unit introduction

This unit is for learners who are working in a leadership role in an adult care organisation. It develops learners' understanding of key concepts, theories and models relating to leadership and management. Learners will then apply these in the context of their own complex leadership role to consider the impact and improve their practice.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand leadership and management theories and styles	1.1	Analyse the difference between leadership and management
		1.2	Analyse key theories of leadership and management
		1.3	Explain how theoretical models can be used in own leadership
		1.4	Analyse the range of different leadership styles
		1.5	Explain how coaching and mentoring can be used to complement leadership style

Learning outcomes	Assessment criteria
2 Understand leadership and management in adult care	2.1 Evaluate the impact of internal and external drivers on leadership and management in adult care services 2.2 Evaluate the role of leadership and management skills in adult care services 2.3 Explain how to adapt own leadership and management style for: <ul style="list-style-type: none"> <li>• different situations</li> <li>• different teams</li> </ul> 2.4 Describe the interaction between the values and culture of an adult social care organisation and own leadership behaviours

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand leadership and management theories and styles</b>
<b>Leadership and management</b> <ul style="list-style-type: none"><li>• Similarities and differences between leadership and management</li><li>• Concept of 'hard' management skills, e.g. systems, organising and coordinating, versus 'soft' leadership skills, e.g. motivating, inspiring others</li><li>• Interconnectedness of leadership and management.</li></ul>
<b>Leadership theories</b> <ul style="list-style-type: none"><li>• Theories of leadership characteristics and their advantages and disadvantages include:<ul style="list-style-type: none"><li>◦ transformational leadership (Burns)</li><li>◦ transactional leadership (Bennis, Bass)</li><li>◦ charismatic leadership (Webb, Conger and Kanungo)</li></ul></li><li>• Situational theories (Hersey and Blanchard, Vroom and Yetton)</li><li>• Emotional leadership (Goleman's six styles – visionary, coaching, affiliative, democratic, pacesetter, coercive).</li></ul>
<b>Leadership styles</b> <ul style="list-style-type: none"><li>• The characteristics and positive and negative impacts of different leadership styles (autocratic, paternalistic, democratic, laissez-faire, transformational)</li><li>• Factors affecting the leadership approach, e.g. organisational structure and culture, personality of manager, employee diversity, sociological factors such as the demographics of the organisation's clients and the characteristics of the market in which the organisation operates.</li></ul>
<b>Theories and models of management</b> <ul style="list-style-type: none"><li>• Theories, e.g. contingency theory, behavioural theory, management by objectives, chaos theory</li><li>• Management functions, e.g. planning, organising, controlling, monitoring</li><li>• Organisational structures, e.g. hierarchical, flat, web</li><li>• Laissez-faire (Delegative)</li><li>• Kouzes and Posner</li><li>• Lewin</li></ul>

## What needs to be learned

- Kübler-Ross.

### Coaching

- Coaching in an organisational context: when used as a training and development activity and motivational tool, including the use of a training-needs analysis and consideration of individual learning styles, e.g. Visual-Auditory-Kinaesthetic (VAK)
- Features of different coaching models and how they are used to structure coaching, e.g. directive, non-directive; ARROW, GROW, CLEAR and FUEL; the use of constructive feedback
- Benefits of using coaching to improve performance at work, e.g.:
  - enhancement of morale, motivation and productivity
  - development of specific skills, aptitudes and knowledge
  - reduction in staff turnover.

### Mentoring

- Mentoring as a training and development activity that develops skills and knowledge in a job role and increases overall performance
- Models of mentoring, e.g.:
  - Alred et al – three-stage model
  - Kram's four stages of the mentoring relationship
  - developmental versus sponsorship mentoring
  - work shadowing
  - job or work rotation
  - secondment
- Stages in mentoring, e.g. exploration, contracting, new understanding, action planning
- Factors affecting the choice of mentoring approach, e.g. personal need/purpose of the mentee, experience of those involved, the availability of resources, proximity, access to technology, information security and record keeping, ethical considerations
- Advantages and disadvantages of mentoring approaches used to improve performance in the workplace, e.g.:
  - benefits and costs
  - recognitions of strengths and weaknesses
  - establishing priorities

## What needs to be learned

- identification of developmental needs
- provision of information and advice
- sharing of experiences
- reaching common goals.

## Learning outcome 2: Understand leadership and management in adult care

**Internal and external:** drivers may include, but are not limited to, internal or external policy or strategy changes, changes to the market, organisational cultural changes or challenges.

### External influences

- Role of regulators, including Care Quality Commission (CQC), Health and Care Professional 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.

**Different situations:** may include the formality of situations, working under different pressures, own role within a particular situation.

**Different teams:** including, but not limited to, size of team, location of team, culture of team, experiences of teams and resources required to manage different teams.

### 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
- Team activities, e.g. planning, discussing, target-setting, implementing, coordinating, innovating, problem-solving
- Supporting teams: for meeting team objectives; whole team effectiveness, individual effectiveness

## What needs to be learned

- 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/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, distributions 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.

### Supporting teams

- Reducing the 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

## What needs to be learned

- 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.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 2: Governance and Regulatory Process in Adult Care

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Level:	5
Unit type:	Mandatory
Credit value:	4
Guided learning hours:	32

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### Unit introduction

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 explore own role in leading preparation for the inspection process.

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 organisation development in supporting current and innovative practices, with evidence-based approaches.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand legislation and statutory guidance that underpins adult care provision	1.1 Analyse current legislation and statutory guidance that applies to all aspects of service provision 1.2 Evaluate own role, accountability and responsibility in applying legislation and statutory guidance within service provision

Learning outcomes	Assessment criteria
	1.3 Explain the key roles, remits and responsibilities in registered services, including: <ul style="list-style-type: none"> <li>the registered manager</li> <li>the nominated individual</li> <li>the 'fit and proper person'</li> </ul>
2 Understand internal governance arrangements within own organisation	2.1 Explain internal governance procedures used within own organisation 2.2 Explain own role in applying, leading and evaluating own service's governance procedures and agreed ways of working
3 Understand systems and requirements for the regulation of adult care services	3.1 Analyse specific legislation and regulations underpinning the inspection system in England 3.2 Explain the range of legislation and statutory guidance that support and relate to the inspection process in England 3.3 Explain the types of service provision which are subject to registration and inspection
4 Understand the inspection process in adult social care	4.1 Explain how services are inspected and the role of the regulator 4.2 Explain the purpose of the inspection system 4.3 Evaluate the different types of inspection and key themes of the inspection process 4.4 Explain how the ratings system is used 4.5 Explain when and how enforcement action can be used 4.6 Describe the ways in which information is collected about the service and used to inform inspection activities
5 Understand the inspection process in own service	5.1 Explain how the requirements of the regulations are met within own service 5.2 Define who needs to be aware of, and involved in, the inspection process 5.3 Describe the range and types of evidence which can be used to demonstrate the service is meeting requirements

Learning outcomes	Assessment criteria
	<p>5.4 Analyse ways to address the outcome and impact of an inspection in own service</p> <p>5.5 Justify how outcomes of inspection can be used to drive service improvements</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand legislation and statutory guidance that underpins adult care provision</b>
<p><b>All aspects:</b> relating to all aspects of responsibilities held within own organisation. If the learner is not currently providing regulated activity, then they should explore the formal role of a registered manager.</p> <p><b>Legislation and statutory frameworks in adult care</b></p> <ul style="list-style-type: none"><li>• Care Standards Act 2000</li><li>• Human Rights Act 1998</li><li>• Equality Act 2010</li><li>• Health and Social Care Act 2008, including all amendments</li><li>• Care Act 2014</li><li>• Quality standards for health and social care</li><li>• Safeguarding Vulnerable Groups Act 2006</li><li>• Mental Capacity (Amendment) Act 2019</li><li>• Care Quality Commission.</li></ul> <p><b>Key roles, remits and responsibilities</b></p> <ul style="list-style-type: none"><li>• Registered manager: appointed by the provider to manage the regulated activity on their behalf</li><li>• 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 out of the regulated activity</li><li>• '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.</li></ul>
<b>Learning outcome 2: Understand internal governance arrangements within own organisation</b>
<p><b>Governance mechanisms</b></p> <ul style="list-style-type: none"><li>• Systems and processes</li><li>• Quality measures</li><li>• Feedback and review</li></ul>

## What needs to be learned

- 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.

## **Learning outcome 3: Understand systems and requirements for the regulation of adult care services**

### **Legislation and statutory frameworks in adult care**

- Care Standards Act 2000
- Human Rights Act 1998
- Equality Act 2010
- Health and Social Care Act 2008, including all amendments
- Care Act 2014
- Quality standards for health and social care
- Safeguarding Vulnerable Groups Act 2006
- Mental Capacity (Amendment) Act 2019
- Care Quality Commission.

## What needs to be learned

### 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.

## Learning outcome 4: Understand the inspection process in adult social care

### Regulation processes

- Audit processes

## What needs to be learned

- Review of policy
- Complaints audit
- Safeguarding reports
- Accident reports
- Staffing and training
- Inspection process
- Pre-inspection preparation.

**Types of inspection:** the different inspections carried out by the regulator within Adult Social Care Services.

- Data gathering
- Feedback to staff
- The statement of purpose
- Key areas of enquiry.

**Key themes:** the areas looked at during the inspection process.

### 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

### Learning outcome 5: Understand the inspection process in own service

#### 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 an 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 reports
- Meeting with other professionals
- Communication with governing boards and review of possible financial implications for organisation.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

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## Unit 3: Decision-making in Adult Care

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	24

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### Unit introduction

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 skills mix of an effective manager. Making decisions is a 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, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand effective decision-making	1.1	Compare the different types of decisions required in own role
		1.2	Evaluate the role of data, information and intelligence in making evidence-based decisions to improve quality
		1.3	Describe how own and others' values and priorities influence decision-making processes
		1.4	Explain how to enable others to contribute to the decision making
		1.5	Explain the importance of reviewing and evaluating decisions to improve quality

Learning outcomes	Assessment criteria
2 Be able to demonstrate effective decision-making	2.1 Identify when decisions need to be made 2.2 Gather data, information and intelligence to inform decision making 2.3 Identify a range of potential solutions 2.4 Evaluate potential solutions and draw conclusions 2.5 Involve individuals and others in the decision-making process and the implementation of the outcome 2.6 Evaluate the decision and the decision-making process used

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand effective decision-making</b>
<p><b>Types of decisions:</b> may include but are not limited to strategic, tactical, operational, short term and long term.</p> <p><b>Others:</b> in this context, others might include:</p> <ul style="list-style-type: none"><li>• carers, loved ones, family, friends of those accessing care and support services, colleagues and peers</li><li>• team members</li><li>• managers and supervisors</li><li>• professionals from other services, including delivery partners and senior leaders</li><li>• visitors to the work setting</li><li>• members of the community</li><li>• volunteers.</li></ul> <p><b>Range and purposes of decisions required</b></p> <ul style="list-style-type: none"><li>• Staffing and resources</li><li>• Clinical decisions</li><li>• Advance Care Planning</li><li>• Best interests</li><li>• Capacity and consent</li><li>• Person-centred focus</li><li>• Environmental factors</li><li>• Social factors</li><li>• Organisational changes.</li></ul> <p><b>Improving quality in service</b></p> <ul style="list-style-type: none"><li>• Critical thinking</li><li>• Pattern recognition</li><li>• Communication skills</li><li>• Research</li><li>• Review of data; links to health intelligence reports and information</li><li>• Use of audit trails</li></ul>

## What needs to be learned

- Teamwork
- Reflection
- Evaluation.

### Key stages in decision making

- Recognising a problem or seeking 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.

## Learning outcome 2: Be able to demonstrate effective decision-making

### 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.

## What needs to be learned

### 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.

**Individual:** a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.

### 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.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

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The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 4: Business and Resource Management

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<b>Level:</b>	4
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	4
<b>Guided learning hours:</b>	32

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### Unit introduction

In this unit, you will take responsibility for the accurate application of legislation, regulations, and codes of practice to ensure compliance with national and organisational requirements. 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. 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.

Recruitment and selection have a pivotal role in people management and staff retention. The implementation of safe recruitment measures is vital in any adult care organisation. The management of human resources is also a significant area of responsibility for the manager and there is a requirement to manage both physical and environmental resources in a way that best serves the users of services. Skills in organisation, planning and forecasting are required in order to ensure appropriate staff deployment, rota patterns and responses to emergency incidents.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand principles for effective resource management</p>	<p>1.1 Evaluate the impact of national and local strategies and priorities on resource planning and management in relation to:</p> <ul style="list-style-type: none"> <li>• financial resources</li> <li>• physical resources</li> <li>• human resources</li> </ul> <p>1.2 Explain the importance of accurate forecasting for resource requirements</p> <p>1.3 Analyse the value of using assets and resources outside traditional services and in the community</p> <p>1.4 Evaluate the place of technology as a resource in service delivery and service management</p> <p>1.5 Explain the meaning of sustainability in terms of resource management in adult care</p> <p>1.6 Analyse roles, responsibilities and accountabilities for resource management within the organisation</p> <p>1.7 Explain the importance of business continuity planning and the processes available</p>
<p>2 Understand principles of effective human resource management</p>	<p>2.1 Explain legislation, policy and practices underpinning safe and fair recruitment</p> <p>2.2 Evaluate approaches known to improve recruitment and retention of adult care staff</p> <p>2.3 Explain recruitment, selection and induction processes in the organisation and own role in them</p> <p>2.4 Explain the importance of ensuring employment practices are free from discrimination and harassment</p> <p>2.5 Explain how to identify the numbers and patterns of staffing required to provide a person-centred outcomes-based service</p> <p>2.6 Analyse factors that could influence staffing requirements and patterns</p> <p>2.7 Explain how to manage staffing patterns and adjust them to meet changing circumstances</p> <p>2.8 Analyse succession and contingency planning in relation to workforce</p>

Learning outcomes	Assessment criteria
	<p>2.9 Analyse the organisation's performance management procedures, and own role in these</p> <p>2.10 Analyse the organisation's conduct, discipline and grievance procedures and own role in these</p>
<p>3 Understand market provision in adult social care</p>	<p>3.1 Explain how services are commissioned, procured and funded</p> <p>3.2 Analyse current drivers shaping adult care, funding mechanisms and related services gaps in current market provision</p> <p>3.3 Explain how own service relates to the wider market and needs of the local population now and in the future</p> <p>3.4 Explain how own service will need to evolve to meet demand for social care services now and in the future</p>
<p>4 Understand integrated approaches in health and social care</p>	<p>4.1 Explain what is meant by an integrated health and social care system</p> <p>4.2 Explain the rationale and legislative context for integrated approaches to service provision</p> <p>4.3 Evaluate local and national initiatives to better integrate health and social care systems and services</p> <p>4.4 Analyse the impact of more integrated systems and processes on working practices and relationships</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand principles for effective resource management</b>
<b>National and local strategies and priorities on resource planning and management</b> <ul style="list-style-type: none"><li>• Care Act 2014</li><li>• Care Quality Commission</li><li>• Department of Health's <i>A Vision for Adult Social Care</i> (2010)</li><li>• Individualised care planning</li><li>• Personal budgets</li><li>• Integration and Better Care Fund.</li></ul> <b>Accurate forecasting</b> <ul style="list-style-type: none"><li>• Business planning</li><li>• Forecasts indicate increases in:<ul style="list-style-type: none"><li>◦ elderly population</li><li>◦ adults with complex learning and physical disabilities who require support</li><li>◦ adults unable to fund own care into old age.</li></ul></li></ul> <b>Assets and resources outside traditional services</b> <ul style="list-style-type: none"><li>• Voluntary sector</li><li>• Integrated approaches</li><li>• Community groups</li><li>• Local schools</li><li>• Private investment</li><li>• Grants and charity funding</li><li>• Local fundraising</li><li>• Charitable donation</li><li>• Personal funding.</li></ul> <b>Technology as a resource</b> <ul style="list-style-type: none"><li>• Telecare</li><li>• IT support</li></ul>

## What needs to be learned

- 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).

## Learning outcome 2: Understand principles of effective human resource management

**Legislation, regulations and guidance:** may include, but is not limited to:

- Equality Act 2010
- Working Time Regulations 1998
- CQC regulations
- Disclosure and Barring Service checks
- Confirming identity and seeking references.

### 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.

### Others

- Others could include:
  - human resource personnel
  - workers/practitioners
  - carers
  - significant others.

### Recruitment process

- Process can include consultation or practical involvement.

## What needs to be learned

### 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.

### Managing changing circumstances

- Understanding change
- Change management strategies
- Strategies for responding to emergencies.

## Learning outcome 3: Understand market provision in adult social care

**Approaches:** may include, but are not limited to:

- recruiting people with the right values and behaviours
- understanding the local area to inform business planning
- innovative strategies to attract candidates in the local community e.g. referral programmes
- offering a supportive induction, quality training, career progression routes, good working conditions, rewards, recognition, flexibility and competitive pay rates.

**Factors:** could include, but are not limited to:

- changing care and support needs of individuals
- increases/decreases in demand for support services
- holiday/festive periods
- sickness
- weather conditions.

**Performance management procedures:** the policies and procedures used within the service to plan, monitor, develop and improve employees' performance.

**Drivers:** may include but are not limited to national policy or local initiatives and which may impact planned and expected outcomes or activities.

## What needs to be learned

### Learning outcome 4: Understand integrated approaches in health and social care

**Integrated health and social care system:** better outcomes for people through a seamless experience. Systems work together in a coordinated way. Builds support around the individual.

**Rationale:** including:

- providing person-centred, compassionate care and support in a way that makes sense to the individual accessing services to reflect their life, needs and wishes
- the changing patterns of population needs, e.g. ageing population, complex care and health needs, financial pressures, widening health inequalities, stalling improvements in life expectancy
- prevention and early intervention
- move to more community-based practices that break down traditional barriers.

**Local and national initiatives:** may include, but are not limited to:

- integrated care systems
- sustainability and transformation partnerships
- primary care networks
- Enhanced Health in Care Homes Framework
- Ageing Well programme.

**Working practices and relationships:** may include, but are not limited to:

- discharge arrangements
- integrated assessment and care planning
- multidisciplinary working arrangements
- data governance.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

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## Unit 5: Team Leadership in Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

This unit will give you the knowledge, understanding and skills required to lead and manage a team in a health and social care setting. The Care Quality Commission assess a service in relation to being well led. 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.

In a leadership role in adult care, you will find yourself leading and managing teams who are at varying different stages in team development. You will explore theories and models of leadership and the management styles needed for effective teamwork. You will demonstrate how you work and manage the team and adapt your leadership style to reflect the team's abilities and skills. In care settings, it is expected that the team has a shared vision and that they can work well together to meet agreed objectives.

You will analyse team performance and review approaches to practice when supporting a shared purpose. You will further your understanding that team working means respecting and supporting the work of your colleagues and taking responsibility for your own work. You will explore the ways that you can support and motivate colleagues to work cohesively towards meeting objectives in your own organisations.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Be able to provide leadership for a team	1.1	Adapt leadership styles to reflect different stages and cycles in the team's development
		1.2	Establish trust and accountability within the team

Learning outcomes	Assessment criteria
	<p>1.3 Build and maintain the team's commitment to the service and its values</p> <p>1.4 Develop, implement and review strategies to support a positive values-based culture in the team</p> <p>1.5 Demonstrate values and behaviours which recognise and champion diversity, equality and inclusion within the team</p>
<p>2 Be able to manage teamwork</p>	<p>2.1 Facilitate the participation of team members in agreeing team objectives</p> <p>2.2 Encourage creativity and innovation in planning how to meet team objectives and agree a team plan</p> <p>2.3 Agree roles and responsibilities, taking account of the team's strengths and development needs</p> <p>2.4 Support the team to work towards team objectives</p> <p>2.5 Review team objectives and facilitate opportunity for the team to reflect on their progress</p> <p>2.6 Provide feedback and recognise progress on team performance</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Be able to provide leadership for a team</b>
<p><b>Stages and cycles:</b> the different stages of team development, for instance ‘forming, storming, norming and performing’. The different cycles teams encounter in their work in Adult Social Care e.g. new team members and changes to working practices.</p> <p><b>Appropriate leadership styles in different work situations</b></p> <ul style="list-style-type: none"><li>• Factors affecting the suitability and use of different leadership styles, including competence, proficiency and experience of the team or leader (multi-skills, new or untrained staff)</li><li>• Stage of team development – team dynamics</li><li>• Nature of the work</li><li>• Time and resource constraints</li><li>• Organisational culture</li><li>• Organisational environment/context, e.g. ongoing changes in structure, downsizing, large teams, corporate crisis or actual emergency etc.</li><li>• Main benefit of adapting leadership styles with reference to effective leadership and meeting the needs of individuals and the team</li><li>• Consequences of ineffective/poor leadership in terms of productivity and team performance, staff morale and turnover, staff development and organisational culture.</li></ul> <p><b>Values-based:</b> workplace values are the guiding principles that are most important in the service. They help to define the right and wrong ways of working and help to inform decisions and choices.</p>
<b>Learning outcome 2: Be able to manage teamwork</b>
<p><b>Aspects of team performance</b></p> <ul style="list-style-type: none"><li>• Collaboration</li><li>• Cohesive environment</li><li>• Working towards common goals</li><li>• Respect and dignity</li><li>• Understanding of roles and responsibilities</li><li>• Competence in carrying out performance</li><li>• Delegation and structure</li><li>• Motivation and inspirational leadership</li></ul>

## What needs to be learned

- Encouraging innovation and creativity
- Strong leadership
- Continuing professional development
- Meeting targets.

### Theories and models

- Syer and Connolly cycle of developing team working skills
- Tuckman's team dynamics
- Belbin's team roles
- GROW model.

### Skills and knowledge for team management

- Establishing specific skills and knowledge of individuals
- Using strengths in areas of task completion
- Methods of encouraging team members to engage in collaborative enterprise e.g., inclusive practice
- Giving responsibility
- Stimulating and motivating collaborative enterprise
- Celebrating success.

### Encouragement and support to team members

- Use of coaching and mentoring techniques
- Shadow, including observation of practice
- Model best practice
- Provide information e.g. training, research, media news.

### Continuous improvement within the team

- Set targets for developing necessary skills e.g. SMART
- Providing feedback to others on roles and responsibilities
- Monitor and review own and others' performance
- Working with others to set team goals and targets.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 6: Team Learning and Development

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

In this unit, you will review the principles of learning and professional development. You will also explore the principles of learning and professional development by evaluating the mechanisms and resources that promote a learning culture within your organisation.

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 reviews and planning their 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 and identifying opportunities to demonstrate your skills as a reflective and reflexive practitioner.

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.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand principles of learning and professional development in adult care	1.1	Analyse the range of required and recommended learning and development in adult care
		1.2	Compare the differences between learning requirements and continuous professional development

Learning outcomes	Assessment criteria
	<p>1.3 Evaluate the purpose and benefits of workforce planning and development</p> <p>1.4 Explain the importance of literacy, numeracy and digital skills in adult care and how to develop these skills of the workforce</p> <p>1.5 Outline the benefits of continually improving own and team's knowledge and practice and ways to achieve this</p> <p>1.6 Analyse the factors to consider when identifying, planning, selecting and commissioning activities for learning and professional development</p> <p>1.7 Explain the importance of reflective practice in improving own and team's performance and different models that support this</p>
<p>2 Be able to lead learning and professional development practices</p>	<p>2.1 Evaluate available mechanisms and resources that can support learning and professional development in adult care</p> <p>2.2 Promote a learning culture within own team</p> <p>2.3 Support team members to plan for, achieve and review their professional development goals</p> <p>2.4 Facilitate the development of others to enable effective delegation</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand principles of learning and professional development in adult care</b>
<p><b>Learning requirements:</b> may include but not limited to induction, statutory, mandatory and service-specific specialist learning.</p> <p><b>Workforce planning and development:</b> workforce planning is an essential part of ensuring that you have the right people with the right attitudes, skills, values and experience providing the care and support your business offers.</p> <p><b>Benefits of continuous professional development for service provision</b></p> <ul style="list-style-type: none"><li>• Improved quality of care</li><li>• Action research</li><li>• Increased responsiveness to change</li><li>• Improved staff morale</li><li>• Career development</li><li>• Entrepreneurial approaches</li><li>• Reflective and reflexive staff approaches</li><li>• Person-centred care</li><li>• Developing excellence in care</li><li>• Knowledgeable and skilled workforce.</li></ul> <p><b>Factors:</b> should include potential barriers and constraints.</p> <p><b>Reflective practice:</b> an activity that, as a responsible member of an adult social care team, you are expected to participate in on a regular basis. It's all about going back over the events of the day and examining how you did. You can think of it as a cycle: what happened? What did I do? What could I have done better? What will I do next time?</p>
<b>Learning outcome 2: Be able to lead learning and professional development practices</b>
<p><b>Available mechanisms and resources:</b> this will include traditional methods used for learning and development and should include advanced approaches with technology within learning and development, e.g. remote learning, platforms, e-learning, electronic portfolios.</p> <p><b>Mechanisms and resources to support learning</b></p> <ul style="list-style-type: none"><li>• Effective recruitment and selection</li><li>• Clear induction standards</li></ul>

## What needs to be learned

- Effective policy development
- Training and development policies
- Partnership working
- Structured career progression/opportunities
- Study support sessions
- In-house training
- Journal subscriptions
- Internet research.

**Learning culture:** leading practice which embraces, provides opportunity and recognises the benefits of learning and professional development.

### Ways to create a culture of learning

- Make learning a core organisational value: to successfully build a learning culture, your employees need to feel that leadership supports it
- Develop personalised learning plans: personalised learning plans make learning more relevant to your employees, and turns learning into a journey
- Give personalised career coaching: many learning motivations stem from career ambitions. When organisations offer one-on-one coaching, they can help individuals identify career opportunities and develop personalised learning plans
- Lead by example: organisational leaders at all levels are often in an influential position
- Provide the right rewards: when introduced right, rewards can go a long way in supporting building a learning culture
- Have the right learning environment: there are many options available for learning platforms. The learning environment your organisation uses should both facilitate and support learning
- Encourage knowledge sharing: knowledge sharing is a big part of creating a learning culture. Informal learning and social learning are a big part of learning
- Ingrain learning in your hiring process: one of the best ways to create a learning culture is through your hiring process
- Create a meaningful training programme: your employees need to feel like they are a part of something bigger than themselves.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 7: Supervising Others

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

In this unit, you will review the principles and purposes of professional supervision. Supervision is a legal and regulatory requirement in an adult care setting. You will explore the importance of ensuring the effective supervision supports the supervisee, looking at their wellbeing and professional development. You will look at how the professional supervision can be used alongside the appraisal and personal development plan.

In your role as a manager, it is important that all practitioners have opportunities for regular professional supervision and appraisals of their progress and development.

You will examine the role of legislation, codes of practice and agreed ways of working to ensure that professional supervisions are appropriate and supportive; and consider how external and internal factors influence practice. In your role, you will need to understand how you provide constructive feedback to the supervisee in planning and improving their performance where needed.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the purpose and practice of professional supervision in adult care settings	<p>1.1 Analyse how requirements of legislation, codes of practice and agreed ways of working influence and structure professional supervision requirements in adult care</p> <p>1.2 Evaluate the function of professional supervision in adult care</p>

Learning outcomes	Assessment criteria
	<p>1.3 Compare different supervision activities and processes which can be used in adult care</p> <p>1.4 Analyse how effective supervision should be used to support and protect:</p> <ul style="list-style-type: none"> <li>the supervisee</li> <li>individuals, carers and families</li> </ul> <p>1.5 Analyse how effective supervision can protect the supervisor and the organisation</p> <p>1.6 Explain why the wellbeing of the supervisee should be included within effective supervision and supportive practices, and ways to enable and promote this</p> <p>1.7 Describe how external and internal factors influence practice and can be used within professional supervision objectives</p> <p>1.8 Evaluate how supervision can be used alongside appraisal and professional development processes to enhance performance and aspirations of the supervisee</p> <p>1.9 Analyse factors which can result in a power imbalance in professional supervision and how to address them</p> <p>1.10 Evaluate ways to address challenges arising during professional supervision</p>
<p>2 Be able to provide regular professional supervision</p>	<p>2.1 Establish understanding and agreement with the supervisee on key areas such as:</p> <ul style="list-style-type: none"> <li>the purpose, frequency and location of supervision activities</li> <li>actions which can support preparation for supervision</li> <li>sources of data and evidence that can be used to inform supervision</li> <li>confidentiality, boundaries, roles and accountability</li> </ul> <p>2.2 Use information from a range of sources to build an understanding of the supervisee's performance</p> <p>2.3 Support the supervisee to review their own wellbeing and the range of strategies and support available to them</p>

Learning outcomes	Assessment criteria
	<p>2.4 Support the supervisee to reflect on and explore methods of addressing different situations in their work</p> <p>2.5 Provide constructive feedback to the supervisee that can be used to improve and develop performance</p> <p>2.6 Support the supervisee to identify, plan and achieve their own learning and professional development needs</p> <p>2.7 Agree, review and revise targets to meet objectives of the work setting and individual objectives of the supervisee</p> <p>2.8 Record and store outcomes of supervision activities in line with agreed ways of working</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand the purpose and practice of professional supervision in adult care settings</b>
<p><b>Legislation:</b> should include regulations where appropriate.</p> <ul style="list-style-type: none"><li>• Care Quality Commission – fundamental standards</li><li>• Care Act 2014</li><li>• Common core principles to support self-care – Skills for Care</li><li>• Supervision policy</li><li>• Safeguarding and risk management</li><li>• Equality Act 2010</li><li>• General Data Protection Regulations (GDPR).</li></ul> <p><b>Function:</b> should include the principles, scope and purpose of professional supervision.</p> <p><b>Professional supervision:</b> 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:</p> <ul style="list-style-type: none"><li>• accountability and workload management</li><li>• performance appraisal</li><li>• learning and development</li><li>• supporting development of critical thinking and analytical processes</li><li>• informal support, shadowing opportunities</li><li>• help with issues of vulnerability and isolation, especially for lone workers</li><li>• duty of care – focus on needs of service users.</li></ul> <p><b>Professional supervision as a part of the performance management process</b></p> <ul style="list-style-type: none"><li>• power imbalance – putting supervisee at ease; remaining informal and supportive</li><li>• conflict resolution – sensitive and constructive approaches</li><li>• conduct and performance – providing feedback and putting in place measurable targets</li><li>• grievance and discipline processes – addressing issues of poor performance in line with agreed policies.</li></ul>

## What needs to be learned

**Supervision activities and processes:** will include formal and informal ways that supervision can be planned and provided in the environment, e.g. group, individual, team, observations of competencies, validating knowledge, shadowing activities, induction and learning processes.

**Wellbeing:** wellbeing is a broad concept, referring to a person's quality of life, taking into account health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental wellbeing.

### External and internal factors

- External factors may include, but are not limited to:
  - updated national policy or local procedures
  - emerging best practice
  - societal movements and campaigns
- Internal factors may include, but are not limited to:
  - lessons learnt/learning reviews
  - concerns or complaints
  - skills development/training
  - emerging needs of individuals accessing services.

**Professional development processes:** may include personal development plans, learning logs, development requests.

### Identifying development needs

- Personal Development Plans
- SMART targets
- Agreeing schedules for completion
- Identifying training needs
- Reviewing own performance
- Career planning.

## Learning outcome 2: Be able to provide regular professional supervision

**Strategies:** strategies may include those which are personal to the worker. Strategies should include those that enable the worker to maintain their wellbeing as well as strategies to implement if indicators of deterioration are recognised.

## What needs to be learned

**Support offers:** the range should include offers available inside and outside the workplace. For example:

- internal: supervision, employee assistance scheme, mentor or buddying systems
- external: self-help tools, apps and websites, local groups and networks.

**Different situations:** may include challenges the supervisee or team face in their work.

**Objectives of the work setting:** should include the range of skills required to meet people's needs.

### **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.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 8: Safeguarding Practices, Policies and Procedures

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	5
<b>Guided learning hours:</b>	40

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### Unit introduction

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. You will explore the Mental Capacity (Amendment) Act 2019 to introduce the Deprivation of Liberty Safeguards (DoLS) and examine 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 understand the agreed protocols for working in partnership with other agencies and organisations in safeguarding and protecting vulnerable adults. You will also understand your role in this work, including how to support them in raising concerns during the safeguarding process.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand requirements for safeguarding in adult care	1.1	Analyse current legislative framework and national guidance that underpins the safeguarding of adults

Learning outcomes	Assessment criteria
	<p>1.2 Analyse local systems, procedures and agencies relating to adult safeguarding and own role within these</p> <p>1.3 Explain how national and local guidelines, policies and procedures for safeguarding affect:</p> <ul style="list-style-type: none"> <li>• day-to-day work with individuals</li> <li>• own responsibilities towards individuals, their families and carers, as well as team members</li> </ul> <p>1.4 Analyse how investigations into serious failures to uphold individuals' rights to live free from abuse and neglect have impacted on national policy</p> <p>1.5 Evaluate legal provisions in relation to whistleblowing and information sharing</p> <p>1.6 Evaluate own role in leading a response to suspected or disclosed abuse or neglect</p> <p>1.7 Explain how and when to engage others in relation to responding to safeguarding concerns</p> <p>1.8 Evaluate issues relating to consent to share information and own responsibilities to share information about suspicions or disclosures of abuse or neglect</p> <p>1.9 Describe local systems, procedures and agencies relating to children's safeguarding and own role within these</p>
<p>2 Be able to lead the implementation of practices, policies and procedures to support safeguarding in adult care</p>	<p>2.1 Ensure that all policies, procedures, systems and processes used in the work setting comply with legal requirements and local and national guidance</p> <p>2.2 Embed safeguarding principles throughout all practices, policies and procedures</p> <p>2.3 Support team members to develop the knowledge and skills they need to safeguard adults at risk</p> <p>2.4 Ensure team members understand their role in responding to concerns about the safeguarding of a child or young person</p>

Learning outcomes	Assessment criteria
	<p>2.5 Plan and implement the review and revision of person-centred practices, policies and procedures to ensure continuous improvement in safeguarding of adults at risk of abuse or neglect</p> <p>2.6 Embed practices that encourage and empower adults at risk, and those who are important to them, to share concerns</p> <p>2.7 Follow agreed protocols to participate in inter-agency, joint or integrated working in order to achieve the best outcomes for adults at risk</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand requirements for safeguarding in adult care</b>
<p><b>Leading a response:</b> this would include, but is not limited to:</p> <ul style="list-style-type: none"><li>• safety and wellbeing of the individual and others where applicable</li><li>• own actions</li><li>• own role in implementing, following, and engaging others in policies and procedures</li><li>• own role in ensuring the individual (and others where applicable) is kept informed and involved.</li></ul> <p><b>Others:</b> in this context, this refers to those people who may need to be involved in a response, for instance:</p> <ul style="list-style-type: none"><li>• individuals accessing care and support services</li><li>• carers, loved ones, family, friends of those accessing care and support services</li><li>• team members</li><li>• managers and supervisors</li><li>• professionals from other services.</li></ul> <p><b>Safeguarding legislation and guidance</b></p> <ul style="list-style-type: none"><li>• Human Rights Act 1998</li><li>• Care Standards Act 2000</li><li>• Mental Capacity (Amendment) Act 2019 and Deprivation of Liberty Safeguards 2019</li><li>• Care Act 2014</li><li>• Safeguarding Vulnerable Adults 2006</li><li>• 'No Secrets' Guidance 2011</li><li>• Deprivation of Liberty Safeguards 2019</li><li>• Health and Safety at Work Act 1974</li><li>• Data Protection legislation (GDPR 2018)</li><li>• Equality Act 2010</li><li>• The Protection of Freedoms Act 2013 (Disclosure and Barring Service)</li><li>• Serious Crime Act 2015 (Coercive and Controlling Behaviour)</li><li>• Clare's Law 2014</li></ul>

## What needs to be learned

### Regulatory framework

- Skills Councils guidance on restrictive practices
- Care Quality Commission Standards and Regulations 2010
- Local Government Ombudsman investigations into concerns in adult care.

### 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.

### 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.

### Steps to take in cases of suspected or alleged abuse

- Remaining calm
- Recording reported suspicions or allegation

## What needs to be learned

- 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.

### 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 2004
- Children and Families Act 2014
- 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.

## Learning outcome 2: Be able to lead the implementation of practices, policies and procedures to support safeguarding in adult care

**Review:** this might take into account:

- outcomes from safeguarding reviews and investigations
- current guidance arising from serious case reviews and its relevance to own organisation

And might include reviewing:

- person-centred practices, policies and procedures

## What needs to be learned

- when a response is required for external influences which impact internal practices, e.g. a pandemic or current reports published by CQC
- communication and support systems for staff and others within own organisation
- how own team/service liaises with others and/or external organisations.

### Support for team

- maintenance of confidentiality, including anonymity of whistleblower
- one-to-one support to discuss issues and concerns
- regular supervision sessions supported by records and action plans
- current and updated training.

### 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.

### Regulatory framework

- Skills Councils guidance on restrictive practices
- Care Quality Commission Standards and Regulations 2010
- Local Government Ombudsman investigations into concerns in adult care.

### Organisation 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.

## What needs to be learned

### **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; multi-agency approaches; partnerships; joint investigations
- Information sharing: confidentiality and 'need to know' basis
- Multi-agency approaches; case conferences
- Support to individuals, families and carers.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

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## Unit 9: Mental Capacity

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<b>Level:</b>	4
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	4
<b>Guided learning hours:</b>	30

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### Unit introduction

The unit focuses on the rights of individuals and the ways in which the Mental Health Act 2007 is used to support and promote their best interests. Familiarising yourself with this legislation and the associated Code of Practice 2015 will enable you to understand your role as a manager in adult care. You will develop your knowledge in relation to mental capacity and consent in applying and upholding the key principles of the Mental Capacity Act. You will explore the types of situations that require appropriate restraint and develop an understanding of when it is lawful for people to be deprived of their basic human right to liberty.

Restraint and deprivation of liberty are serious matters. It is essential that anyone involved in supporting vulnerable adults is aware of the Mental Capacity (Amendment) Act 2019, so that they work within the law that protects both the worker and those they support. The Mental Capacity (Amendment) Act 2019 is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over, so that anyone involved in supporting vulnerable adults works within the law (which protects both them and those whom they support). This unit will give you an understanding of the key elements of the Mental Capacity (Amendment) Act 2019 and Code of Practice.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand mental capacity and consent	1.1	Evaluate key provisions of legislation, codes of practice and policy regarding mental capacity and how these relate to the service

Learning outcomes	Assessment criteria
	<p>1.2 Analyse own role in applying and upholding key principles of mental capacity legislation and code of practice</p> <p>1.3 Evaluate the support available when mental capacity needs to be assessed, and how to access this support</p> <p>1.4 Analyse own role in the assessment of risk in situations where an individual's capacity is a concern</p> <p>1.5 Outline practices which support individuals' ability to provide valid consent</p> <p>1.6 Evaluate own and team members' development needs relating to mental capacity and their practice</p>
<p>2 Understand the use and impact of restrictive practices</p>	<p>2.1 Explain what is meant by 'restrictive practices,' 'restraint' and 'deprivation of liberty' and how they apply to practices within own work setting</p> <p>2.2 Analyse the legal and ethical considerations of restricting an individual's rights and freedoms</p> <p>2.3 Describe own responsibilities in relation to restrictive practices and deprivations of liberty</p> <p>2.4 Justify appropriate and proportionate responses to restrictions on an individual's rights and freedoms</p> <p>2.5 Evaluate the potential impacts of restrictive practices on individuals and others</p> <p>2.6 Explain how person-centred, outcomes-based practices can mitigate the use of restrictive practices</p> <p>2.7 Evaluate own and team members' development needs relating to the use of restrictive practices</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand mental capacity and consent</b>
<p><b>Legislation, codes of practice and policy:</b> including, but not limited to:</p> <ul style="list-style-type: none"><li>• Mental Capacity (Amendment) Act 2019</li><li>• Human Rights Act 1998</li><li>• Safeguarding Adults</li><li>• Dignity in Care</li><li>• Deprivation of Liberty Safeguards 2019</li><li>• Care Act 2014</li><li>• Making Safeguarding Personal.</li></ul> <p><b>Individual:</b> a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Five key principles of the Mental Capacity Act</b></p> <ul style="list-style-type: none"><li>• The presumption of capacity</li><li>• Individuals must be supported to make their own decisions</li><li>• Individuals must have freedom to make unwise decisions</li><li>• Acts and decisions must be in best interests of the individual</li><li>• Care and treatment should be delivered in ways which are least restrictive to the individual's rights and freedom of action.</li></ul> <p><b>Key factors of the Mental Capacity (Amendment) Act 2019 and Deprivation of Liberty Safeguards 2019</b></p> <ul style="list-style-type: none"><li>• Best interests of the user of services.</li><li>• Least restrictive intervention</li><li>• Balance of right to self-determination with the safety of the user of services</li><li>• Right to advocacy of the user of services</li><li>• Links between consent, risk management and safeguarding</li><li>• Capacity to give informed consent; ethical concerns; power of attorney; decision making and best interests.</li></ul> <p><b>Development needs:</b> including, but not limited to: best interest decisions, decision-maker responsibilities, maximising capacity and their role in assessment.</p>

## What needs to be learned

### Learning outcome 2: Understand the use and impact of restrictive practices

**Restrictive practices:** includes any practice or intervention that limits the rights or freedoms of an individual.

**Restraint:** including, but not limited to, covert medication (sometimes referred to as 'hidden restraint').

#### 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.

**Legal and ethical:** including but not limited to:

- statutory principles of the Mental Capacity (Amendment) Act 2019
- duty of care
- Deprivation of Liberty Safeguards
- individuals' wishes
- advanced decisions
- decision-making authorities, e.g. Lasting Power of Attorney, Court of Protection request
- best interest decisions.

**Own responsibilities:** to include how to apply for an authorisation.

## What needs to be learned

**Impacts:** may include, but not limited to, impacts on safety, dignity, relationships and wellbeing of individuals. Learners may also wish to consider the impact on team members responsible for implementing restrictions.

**Others:** in this context, others refer to adult care workers who are required to restrict an individual's rights or freedoms.

### Deprivation of liberty

- Amendments under the Mental Health Act 2007 Section 50
- Deprivation of Liberty Safeguards
- Difference between actions that restrict an individual's liberty and those that result in deprivation of liberty
- European Court of Human Rights (ECHR) decisions on degree of intensity, to include the type of care provided, duration, effects of use of restraint, reasons for need to implement restraint
- When responding to a relevant legal decision concerning personal welfare, to include provision of life-sustaining treatment, to carry out any vital act
- Best interests, including when making decisions or carrying out an action on behalf of an individual who is assessed as lacking capacity to make that decision.

### Reasons for concern about use of restraint

- Where it constitutes a breach of an individual's human rights
- European Court of Human Rights have made judgements on factors pertaining to deprivation of liberty, that include type of restraint, such as sedation, used on individuals who resist
- Professionals have complete and effective control over care and movement for a significant period
- Professionals exercise control over assessments, treatment, contacts and residence
- Individuals are prevented from resisting if they made a meaningful attempt to do so
- A request by carers for the individual to be discharged to their care is refused
- The individual is unable to maintain social contacts because of restrictions placed on access to other people
- The individual loses autonomy because they are under continuous supervision and control.

**Safeguards:** Relevant legislation, regulations and guidelines, including Mental Capacity (Amendment) Act 2019, Deprivation of Liberty Safeguards 2019, Health and Safety at Work etc. Act 1974, Skills Councils guidance on restrictive practices, Care Quality Commission Standards and Regulations 2018, Human Rights Act 1998.

## What needs to be learned

- Incorporation of legislation, regulations and guidelines into relevant policies and procedures:
  - all interventions must be lawful and in the individual's best interests, based on a risk assessment
  - restrictive interventions should be used as a last resort, when all other options have been explored and exhausted
  - 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 the 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
- Reflecting on impact on individual, in terms of their safety, dignity, relationships with others and wellbeing.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 10: Partnership Working in Adult Care

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	5
<b>Guided learning hours:</b>	40

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### Unit introduction

This unit will give you the knowledge, understanding and skills required to develop, implement and review procedures and practices to enable effective partnership working across all aspects of the leader in adult care worker role. The relevant regulatory requirements, codes of practice and guidance, and their impact on service provision are key to partnership working.

In the leadership role in adult care, you will need to work in partnership with users of services, carers and families, your colleagues and with other professionals and agencies. Being able to work with a wide range of people means that services can be offered more efficiently to the benefit of the users of services and ultimately the service. Partnership working is not always easy, and you will need to demonstrate your skills in negotiating challenges and developing agreed ways of working with the varied parties that you will engage with. A range of skills are required, and these will need to be reviewed to ensure effective practices are being used.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the context of relationships and partnership working	1.1	Analyse how legislation and regulation influence working relationships with others
		1.2	Explain how relationships with individuals and carers underpin person-centred practice and affect the achievement of positive outcomes for individuals and their families

Learning outcomes	Assessment criteria
	<p>1.3 Analyse how networking and working collaboratively with other agencies and community groups brings benefits both for those using the service and for the sustainability and reach of the organisation</p> <p>1.4 Analyse how integrated working with other agencies delivers better outcomes for individuals and the place of systems leadership in this</p> <p>1.5 Evaluate the methods, protocols and limitations of using different communication methods to forge relationships and partnerships with other professionals and agencies</p> <p>1.6 Explain the features of effective, collaborative partnership working across agencies and ways to overcome barriers</p> <p>1.7 Evaluate own role and responsibilities in establishing positive relationships within and beyond the organisation</p>
<p>2 Be able to lead effective relationships with individuals, carers and families</p>	<p>2.1 Model open, respectful and supportive relationships with individuals, carers and their families</p> <p>2.2 Embed co-production within day-to-day practices of teams</p>
<p>3 Be able to manage working relationships with colleagues in own setting to achieve positive outcomes for individuals</p>	<p>3.1 Develop systems and procedures to facilitate effective working relationships with colleagues in the organisation</p> <p>3.2 Develop and agree common objectives when working with colleagues</p> <p>3.3 Implement systems and practices that allow colleagues to make appropriate contributions using their specific expertise</p> <p>3.4 Deal constructively with conflicts or dilemmas that arise</p> <p>3.5 Evaluate own working relationships with colleagues</p>
<p>4 Be able to work in partnerships with professionals and other agencies</p>	<p>4.1 Negotiate with professionals in other agencies to agree objectives, roles and responsibilities, procedures and ways of working for a specific task or area of work</p>

Learning outcomes	Assessment criteria
	<p>4.2 Use agreed ways of working to carry out own role and support others to carry out their responsibilities</p> <p>4.3 Deal constructively with any challenges in ways that promote change, any poor practice or failure to work in agreed ways</p> <p>4.4 Implement and use communication and recording systems that comply with current legislation for information sharing between agencies</p> <p>4.5 Evaluate the effectiveness of partnership work and the processes that underpin it and seek agreement for improvements</p>

## Unit content

### What needs to be learned

#### Learning outcome 1: Understand the context of relationships and partnership working

**Legislation:** learners should consider how different legislation relates to and influences working with others. This may include but is not limited to:

- Care Act 2014
- Mental Capacity (Amendment) Act 2019
- Health and Social Care Act 2008, including all amendments
- General Data Protection Regulations (GDPR)
- data security and protection
- subject access requests
- data control
- sharing information
- safeguarding.

**Regulation:** regulations underpinning the adult social care inspection system in England.

**Features:** features should include, but are not limited to:

- building transparency and sharing information openly and honestly (in line with regulations)
- a diversity of skills and perspectives
- creating psychological safety within partnerships and teams which includes a willingness to cooperate and an ability to openly disagree
- an ability to understand and prioritise the needs of other partners, without compromising on your own desired outcomes.

#### Developing collaborative working relationships

- Strategies for developing positive relationships with colleagues:
  - establishing clear lines of communication
  - promoting a collaborative working environment
  - setting roles, boundaries and objectives
  - valuing and using individuals' skills and knowledge
  - encouraging training; developing potential; monitoring and feedback on individual performance

## What needs to be learned

- Professionals and outside agencies:
  - roles and responsibilities
  - types of relationships
  - respecting boundaries
  - expertise
  - types of information shared
  - modes of communication.

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

What needs to be learned
<p><b>Learning outcome 2: Be able to lead effective relationships with individuals, carers and families</b></p> <p><b>Others:</b> in this context, others may include agencies and other organisations.</p> <p><b>Individual:</b> a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Carers:</b> a person who provides unpaid support to a partner, family member, friend or neighbour who could not manage without this help. This is distinct from a care worker, who is paid to care for people.</p> <p><b>Co-production:</b> an equal relationship between individuals accessing a service and the people responsible for the service. They work together to decide the best way to design and deliver services and implement those decisions together. Co-production recognises that people who use social care services (and their families) have knowledge and experiences that can be used to help make services better, not only for themselves but for other people who access social care.</p> <p><b>Strategies for developing and supporting relationships with users of services, families and carers</b></p> <ul style="list-style-type: none"> <li>• Strategies for developing and supporting positive relationships with users of services, families and carers: <ul style="list-style-type: none"> <li>◦ gaining information about care needs from different sources, e.g. family/carers, professionals, observations</li> <li>◦ statutory rights, including boundaries and confidentiality</li> <li>◦ engendering positive bonds and collaborative working</li> <li>◦ systems that engage users of services, families, carers in day-to-day practice and decision making</li> </ul> </li> <li>• Strategies for promoting positive relationships in daily practice: <ul style="list-style-type: none"> <li>◦ applying a person-centred approach</li> <li>◦ shared understanding and involvement in support and care</li> <li>◦ ensuring quality, dignity and respect.</li> </ul> </li> </ul>
<p><b>Learning outcome 3: Be able to manage working relationships with colleagues in own setting to achieve positive outcomes for individuals</b></p> <p><b>Positive outcomes:</b> an 'outcome' refers to individuals' aims or objectives – the things individuals want to achieve or need to happen. For example, continuing to live at home or being able to go out and about.</p>

## What needs to be learned

**Relationship management:** create good working relationships by managing conflict, motivating team, increasing productivity, solving problems, identifying common ground, establishing trust.

### **Working relationships with colleagues**

- Own role and responsibilities in working with colleagues
- Development of an agreement of common objectives
- Professional approach, respect and trust
- Knowledge of role
- Agreed outcomes
- Person-centred goals
- Team working
- Promotion of equality
- Accepting different viewpoints
- Shared decision making
- Common objectives, e.g., planning, shared thinking, target setting, reviews
- Evaluation of own working relationship with colleagues.

### **Developing collaborative working relationships**

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

## What needs to be learned

### Own working relationships

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

### Conflict management

- Conflict management theories:
  - Thomas-Kilmann Conflict Mode Instrument (TKI)
  - Interest-based Relational (IBR) Approach.
- Strategies used to manage conflict:
  - choosing a style of conflict resolution appropriate to the situation
  - separating people from problems
  - listening actively and empathetically
  - establishing the facts of the case
  - exploring options for a solution
  - producing a resolution plan and gaining buy-in from all parties.

**Evaluate own working relationships:** asking for feedback from relevant colleagues; identifying strengths and weaknesses; practising regular self-reflection; being receptive to feedback; using feedback to inform personal development planning.

### Benefits of reflective practice

- meaning of reflective practice: learning from own experiences and actions in order to improve
- benefits: e.g. increased self-awareness, greater emotional intelligence, better understanding of others, more creative and innovative thinking, ability to identify areas of own behaviour that could be improved.

## Learning outcome 4: Be able to work in partnerships with professionals and other agencies

**Working collaboratively/collaborative:** working with other partners, understanding and prioritising their needs and establishing mutually beneficial and respectful relationships, while remaining focused on own desired outcomes, needs and agenda.

### Partnership working

- Plan and review

## What needs to be learned

- Demonstrate professionalism
- Work to common objectives within boundary of own role
- Meet needs
- Effective use of specialist knowledge and support
- Multi-agency working, including interdisciplinary partnership working
- Collaboration, e.g. cooperation, teamwork, joint education/practice.

**Systems leadership:** systems leadership seeks to effect change for good across interconnecting systems, e.g. health and social care, through leadership and collaboration that extends the usual limits of resources and responsibility.

**Different communication methods:** learners must consider a range of communication methods including digital communications.

### **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.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 11: Responding to Comments and Complaints in Adult Care

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Level:	5
Unit type:	Mandatory
Credit value:	3
Guided learning hours:	20

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### Unit introduction

This unit will give you the knowledge, understanding and skills required to develop, implement and review procedures and practices to address comments and complaints. It covers the relevant regulatory requirements, codes of practice and guidance, and their impact on service provision.

In a leadership role in adult care, you will find yourself responding to issues of complaints or comments in the setting. These complaints or comments 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 or comments 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. You will support your team in the importance of listening and how to respond to comments and complaints.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the management of comments and complaints	1.1	Analyse the relationship between the management of comments and complaints, risk management and safeguarding
		1.2	Review the regulatory requirements, codes of practice and guidance for managing comments and complaints

Learning outcomes	Assessment criteria
	<p>1.3 Evaluate why those using services and others may be reluctant to raise comments or make complaints</p> <p>1.4 Analyse attitudes and approaches that ensure comments and complaints can prompt continuous improvement of the service</p>
<p>2 Be able to lead practice in listening and responding to comments and complaints</p>	<p>2.1 Support team members to understand systems and procedures that ensure individuals' comments and complaints are listened and responded to</p> <p>2.2 Ensure accessible information and support is in place to enable, empower and encourage individuals and others to raise and follow-up on comments and complaints</p> <p>2.3 Implement open and transparent systems and procedures that compassionately address and respond to comments and complaints within agreed time frames</p> <p>2.4 Demonstrate how to learn from comments and complaints to drive improvements to the service</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand the management of comments and complaints</b>
<b>Legislative framework</b> <ul style="list-style-type: none"><li>• The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009</li><li>• Equality Act 2010</li><li>• Human Rights Act 1998</li><li>• General Data Protection Regulations (GDPR)</li><li>• Care Act 2014</li><li>• Public Interest Disclosure Act 1998.</li></ul>
<b>Regulatory guidance</b> <ul style="list-style-type: none"><li>• Care Quality Commission (CQC)</li><li>• The Parliamentary and Health Service Ombudsman</li><li>• Local Government Ombudsman</li><li>• Healthwatch England</li><li>• Professional regulators (e.g. General Medical Council, Nursing and Midwifery Council)</li><li>• NHS Complaints Advocacy</li><li>• Clinical Commissioning Group.</li></ul>
<b>Codes of practice</b> <ul style="list-style-type: none"><li>• Set out minimum standards</li><li>• Promote dignity and respect</li><li>• Safeguarding</li><li>• Duty of care</li><li>• Effective communication</li><li>• Record keeping.</li></ul>
<b>Policy development and service improvements</b> <ul style="list-style-type: none"><li>• Whistleblowing policy for staff</li><li>• Concerns, compliments and complaints policy</li></ul>

## What needs to be learned

- Equality and diversity
- Advocacy and support
- Risk management
- Safeguarding policy
- Developing transparency
- 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 in listening and responding to comments and complaints

### Procedures for reporting concerns and complaints

- Clear process
- Suitable timescales
- User of services involvement
- Independent reviewer
- Facilitation of supportive process
- Accessible.

### Staff training

- Whistleblowing 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

## What needs to be learned

- 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.

### 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.

### Audit processes

- Review themes and frequency

## What needs to be learned

- 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.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 12: Leading the Vision in Adult Care

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

In this unit, you are encouraged to examine your own role in developing a vision for the service and creating a plan to implement your vision. 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.

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 understanding how to develop a vision for the service and how to lead and implement the vision. They need to look at ways of challenging existing delivery of service, nurturing relationships with other agencies and private investors, and reconsidering the constraints of existing practice. Leaders in adult care need to be able to review and monitor stages of the implementation of the plan and be able to adapt their approach when needed.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand how to develop a vision for the service</p>	<p>1.1 Analyse own role in developing a vision for the service</p> <p>1.2 Evaluate how the vision, and future of the service, may be affected by a range of factors</p> <p>1.3 Analyse how to ensure the vision and future direction of the service remains compatible with internal aspirations of the service and the external adult care system</p>
<p>2 Be able to lead commitment and implementation of the vision and future direction of the service</p>	<p>2.1 Build support for the vision and future direction of the service and ensure it is shared and owned by those who will be implementing and communicating it</p> <p>2.2 Support stakeholders within and beyond the organisation to be aware of the vision and the impact it will have on them</p> <p>2.3 Create a plan to implement the vision and future direction of the service</p> <p>2.4 Review and monitor stages of the plan, adapting approaches where needed</p>

## Unit content

What needs to be learned
Learning outcome 1: Understand how to develop a vision for the service
<p><b>Vision</b></p> <ul style="list-style-type: none"><li>• Plans for the future: short term, long term</li><li>• Nature of vision; types; qualities, e.g. adventurous, broad, different, allowing for imagination and innovation</li><li>• Ideas; developing strategies</li><li>• Expressing the vision to others; developing statement of purpose</li><li>• Engaging others in the vision and developing clear values-based ideals.</li></ul> <p><b>Effect of own role</b></p> <ul style="list-style-type: none"><li>• Leadership style<ul style="list-style-type: none"><li>○ Democratic</li><li>○ Autocratic</li><li>○ Laissez-Faire</li><li>○ Strategic</li><li>○ Transformational</li><li>○ Transactional</li><li>○ Coach-Style</li><li>○ Bureaucratic</li></ul></li><li>• Organisational structure<ul style="list-style-type: none"><li>○ Divisional</li><li>○ Hierarchical</li><li>○ Line</li><li>○ Flat</li><li>○ Tall</li><li>○ Functional.</li></ul></li></ul> <p><b>Range of factors</b></p> <ul style="list-style-type: none"><li>• New funding streams</li><li>• Social enterprise activities</li><li>• Changes in staffing and patterns of service delivery</li><li>• Legislation and government policy</li></ul>

## What needs to be learned

- Industry requirements
- Organisational requirements
  - Board of directors
  - Shareholders
- External
  - Pandemic
  - Demand.

### Compatibility

- Partnership working
- Teamwork
- Communication skills
- Negotiation skills.

### 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.

### Key influencers

- Commissioners
- Managers
- Staff
- Users of services
- Funders/investors
- Community.

## What needs to be learned

### Learning outcome 2: Be able to lead commitment and implementation of the vision and future direction of the service

**Adult care system:** the local and national systems which support and also integrate the provision of adult social care.

#### Build support

- Communication methods
- Consultation processes.

#### Stakeholders

- User of services
- Staff
- Other professionals
- Management
- CQC inspectors.

#### Business planning model

- Plan – Do – Check – Act (Adjust).

#### Factors likely to impact on service provision and organisation

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

## What needs to be learned

### Monitoring developments

- Checking vision continues to meet needs
- Being prepared to change/start again
- Encouraging teams/organisations to take ownership and shape service delivery.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 13: Continuous Improvement in Adult Care

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	4
<b>Guided learning hours:</b>	24

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### Unit introduction

The purpose of this unit is to develop the learner's knowledge, understanding and skills to facilitate organisational change and improvements in adult care settings. As a manager, it is necessary that you understand the principles of change management and quality improvement 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 changes and improvements.

You will need to lead and create a culture that supports innovation and change to improve outcomes for the individuals who use the service. You will need to be able to implement effective changes 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, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand continuous quality improvement in adult social care	1.1	Explain how to use continuous quality improvement tools and techniques to meet regulatory and best practice guidance requirements
		1.2	Evaluate the potential signs or indicators of poor practices
		1.3	Describe how quality assurance practices inform quality improvement activities
		1.4	Explain how governance, audit processes and compliance activity can support person-centred, outcome-based practices

Learning outcomes	Assessment criteria
<p>2 Be able to lead continuous improvement in practice</p>	<p>2.1 Monitor and evaluate progress towards the achievement of positive outcomes and the implementation of person-centred practice</p> <p>2.2 Create opportunities for individuals and others to provide feedback on their experiences of the service</p> <p>2.3 Listen, respond to and use the views of individuals and others</p> <p>2.4 Use evidence-based research to identify best practice in outcomes-based and person-centred practice</p> <p>2.5 Identify areas where digital technology could improve or enhance outcomes-based person-centred practice</p> <p>2.6 Identify and act on lessons learned from incidents and events</p> <p>2.7 Review the extent to which systems, processes and practice facilitate positive outcomes for individuals</p> <p>2.8 Plan for and lead the implementation of improvements to systems, processes and practice</p>
<p>3 Be able to lead a culture that supports innovation and change to improve outcomes for individuals</p>	<p>3.1 Evaluate the achievement of person-centred outcomes to identify where improvements could be made</p> <p>3.2 Work with others to identify opportunities for service improvement through transformation and innovation</p> <p>3.3 Recognise and utilise the expertise of others when driving innovation, improvement and change</p>
<p>4 Understand how to implement effective change</p>	<p>4.1 Analyse the processes and models of best practice in 'change management'</p> <p>4.2 Evaluate the tools available and skills needed to inspire change, development and innovation across the service</p> <p>4.3 Evaluate the range of external drivers for change and how these impact on service</p> <p>4.4 Evaluate success factors and barriers to implementing effective change</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand continuous quality improvement in adult social care</b>
<p><b>Continuous quality improvement:</b> Continuous quality improvement (CQI) is a quality management philosophy that encourages all team members, including board members, volunteers and employees, to continuously ask what can be done better.</p> <p><b>How to improve your service</b></p> <ul style="list-style-type: none"><li>• Review where you are now and decide what you want to improve</li><li>• Plan and implement your improvement</li><li>• Monitor your performance and maintain quality.</li></ul>
<b>Learning outcome 2: Be able to lead continuous improvement in practice</b>
<p><b>Individual:</b> a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Others:</b> in this context, others might include:</p> <ul style="list-style-type: none"><li>• carers, loved ones, family, friends of those accessing care and support service</li><li>• colleagues and peers</li><li>• team members</li><li>• managers and supervisors</li><li>• professionals from other services</li><li>• visitors to the work setting</li><li>• members of the community</li><li>• volunteers.</li></ul> <p><b>Processes:</b> governance, audit processes and compliance activity.</p>
<b>Learning outcome 3: Be able to lead a culture that supports innovation and change to improve outcomes for individuals</b>
<p><b>Organisation review</b></p> <ul style="list-style-type: none"><li>• Identifying gaps in service</li><li>• Practices that could be streamlined</li><li>• Making ineffective service delivery redundant</li><li>• Reviewing staffing needs/patterns</li><li>• Reconsidering funding demands</li></ul>

## What needs to be learned

- 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.

## Learning outcome 4: Understand how to implement effective change

**Success factors:** how outcomes are measured as a result of change.

### Care Quality Commission will ask these five key questions:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well led?

### Factors that drive change

Factors may include:

- internal, e.g. changes in staff, resources, care plans
- 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

## What needs to be learned

- 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.

### **Systems to monitor the effectiveness of the change management plan**

- Change management plan could include:
  - a workforce development plan
  - a resource plan
  - a support plan for users of services and others affected by the change
  - a communication plan
  - a contingency plan for any unexpected or unplanned events during the period of change
  - regular review of the change process to monitor effects, both expected and unexpected
  - review meetings to share information gathered during the change process.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 14: Effective Communication in the Workplace

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<b>Level:</b>	4
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	4
<b>Guided learning hours:</b>	24

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### Unit introduction

This unit will give you the knowledge, understanding and skills required to develop, implement and review procedures and practices to enable effective partnership working across all aspects of the leader in adult care worker role. The relevant regulatory requirements, codes of practice and guidance, and their impact on service provision are key to partnership working.

In the leadership role in adult care, you will need to work in partnership with users of services, carers and families, your colleagues and with other professional agencies. Being able to work with a wide range of people means that services can be offered more efficiently to the benefit of the users of services and ultimately the service. Partnership working is not always easy, and you will need to demonstrate your skills in negotiating challenges and developing agreed ways of working with the varied parties that you will engage with. A range of skills are required, and these will need to be reviewed to ensure effective practices are being used.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Know how to use communication skills to achieve positive interactions	1.1	Evaluate different communication skills, methods and models, and the circumstances they may be most appropriately used in
		1.2	Describe how to achieve maximum impact by using a range of appropriate communication skills and methods

Learning outcomes	Assessment criteria
	<p>1.3 Analyse how communication skills underpin:</p> <ul style="list-style-type: none"> <li>• achievement of positive outcomes for individuals and others</li> <li>• the leadership and management of teams</li> <li>• sustainable relationships and partnerships</li> </ul>
<p>2 Know how to manage and resolve conflict</p>	<p>2.1 Compare the models of conflict management and conflict resolution</p> <p>2.2 Analyse factors that can cause friction and conflict within the workplace</p> <p>2.3 Evaluate skills that underpin conflict management and conflict resolution techniques</p>
<p>3 Be able to communicate effectively with others</p>	<p>3.1 Demonstrate a range of effective communication styles, methods and skills</p> <p>3.2 Apply communication skills appropriately in relation to message and audience for maximum impact</p> <p>3.3 Adapt communication style in response to the emotional context and communication style of others</p> <p>3.4 Identify and overcome barriers to communication with a range of people</p>
<p>4 Be able to develop communication practices that promote positive outcomes</p>	<p>4.1 Monitor and evaluate the effectiveness of the communication systems and practices used in the workplace</p> <p>4.2 Monitor and evaluate the effectiveness of the communication practices to support positive outcomes for individuals</p> <p>4.3 Propose improvements to communication systems and practices and lead their implementation</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Know how to use communication skills to achieve positive interactions</b>
<p><b>Individual:</b> a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Others:</b> in this context, others may include:</p> <ul style="list-style-type: none"><li>• individuals accessing care and support services</li><li>• carers, loved ones, family, friends of those accessing care and support services</li><li>• team members</li><li>• colleagues and peers</li><li>• managers and supervisors</li><li>• professionals from other services</li><li>• visitors to the work setting</li><li>• members of the community</li><li>• volunteers.</li></ul> <p><b>Theoretical models of communication</b></p> <ul style="list-style-type: none"><li>• Argyle's communication cycle</li><li>• Shannon and Weaver's model of communication</li><li>• Schramm's model of communication</li><li>• Walter Lippman's barriers to effective communication.</li><li>• Scudder's model:<ul style="list-style-type: none"><li>○ mechanistic</li><li>○ psychological</li><li>○ social constructionist</li><li>○ systemic</li><li>○ critical.</li></ul></li><li>• Berlo SMCR Model of Communication</li><li>• Barnlund Communication Model</li><li>• Albert Mehrabin.</li></ul>

What needs to be learned
<p><b>Relationships and partnerships:</b> may include those involved in care service provisions, e.g. networks, communities and other professionals and organisations.</p> <ul style="list-style-type: none"> <li>• Inspection agencies, i.e. Care Quality Commission (CQC).</li> </ul>
Learning outcome 2: Know how to manage and resolve conflict
<p><b>Dealing with conflicts</b></p> <ul style="list-style-type: none"> <li>• Early identification of potential areas of conflict</li> <li>• Non-judgemental approach</li> <li>• Establishment of common ground, formulation of points of agreement</li> <li>• Equalisation of power where appropriate</li> <li>• Use of negotiation and compromise</li> <li>• Use of third parties for arbitration</li> <li>• Barriers to conflict resolution: <ul style="list-style-type: none"> <li>◦ beliefs, behaviours, attitudes and assumptions</li> <li>◦ cultural differences</li> <li>◦ personalities</li> <li>◦ technical language/terminology</li> <li>◦ hidden agendas</li> <li>◦ unrealistic goals</li> <li>◦ lack of clear purpose and/or commitment</li> <li>◦ balance of power and control</li> <li>◦ misconceptions and misinterpretations.</li> </ul> </li> </ul> <p><b>Models and method of conflict management and resolution</b></p> <ul style="list-style-type: none"> <li>• Karl Marx</li> <li>• Talcott Parsons</li> <li>• The Thomas Kilmann Conflict Model: Accommodation, Compromise, Avoidance, Competition, Collaboration</li> <li>• Concept of win-win.</li> </ul>
Learning outcome 3: Be able to communicate effectively with others
<p><b>Communication styles, methods and skills:</b> learners should consider:</p> <ul style="list-style-type: none"> <li>• verbal: words, voice, tone, pitch, spoken and written</li> <li>• non-verbal: body language, proximity, eye contact, touch, gestures, behaviour</li> </ul>

## What needs to be learned

- additional methods to support communication: signs, symbols and pictures, objects of reference
- face-to-face communication (physically together or online), phone calls, email, letters, reports, text messages, the use of digital technology and technological aids, social networks, presentations
- active listening skills including paraphrasing, reflection, summarising, reframing, providing encouragement
- interpretation of non-verbal communication
- ability to use silence to provide space and support.

### **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

### Learning outcome 4: Be able to develop communication practices that promote positive outcomes

#### 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.

#### 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.

#### 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

### What needs to be learned

- Cohesive and collaborative family networks and communities
- Integrated work model
- Development of own communication and presentation style.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 15: Handling Information

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

This unit will give you the knowledge, understanding and skills required to implement and promote good practice in recording, sharing, storing and accessing information in care settings. It covers the key legislation and codes of practice that relate to handling information in care settings, and how they inform good practice.

You will understand the correct procedures for dealing with data and cyber security and their place in a modern care setting. You will explore what you consider to be a data breach and how to respond. You will be able to demonstrate how you provide support and guidance to all members of the team to ensure good practice with record keeping.

In order for services to function efficiently and effectively, handling information is an essential part of daily practice when working in care settings. It is important that any information, especially personal information, is accurately recorded, stored and shared according to the policies and procedures of the care setting. Everyone in an organisation has a responsibility to ensure that they follow these policies and procedures. However, some people have the additional responsibility of ensuring that good practice is supported and maintained.

You will understand the importance of implementing systems for effective information management and support others in managing and handling information, while promoting good practice. You will be able to review and update policies and procedures related to information and data information as required to ensure that all legal requirements are met and maintained.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand effective information management</p>	<p>1.1 Evaluate own role and responsibilities in effective information management, and in supporting others to effectively handle information</p> <p>1.2 Explain how to respond to a data breach, including reporting procedures</p> <p>1.3 Explain how to initiate service's business continuity plan and relevance to data and cyber security</p>
<p>2 Be able to implement systems for effective information management</p>	<p>2.1 Lead the implementation of policies and systems for effective information management to meet legal and ethical requirements</p> <p>2.2 Lead practice to address legal and/or ethical conflicts that arise between maintaining confidentiality and sharing information</p> <p>2.3 Identify team's training needs in relation to handling information and implement a plan to address these needs</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand effective information management</b>
<p><b>Effective information management:</b> knowledge and understanding of how to manage effective communication within sphere of responsibility as a manager/leader including data and cyber security and data breaches in relation to the following:</p> <ul style="list-style-type: none"><li>• privacy notices</li><li>• transparency information</li><li>• data and cyber security</li><li>• how devices are secured</li><li>• confidentiality, availability and integrity of records/information</li><li>• reducing the risk of data breaches.</li></ul> <p><b>Requirements for handling information</b></p> <p>Relevant legislation relating to the recording, storage and sharing of information in care settings, including:</p> <ul style="list-style-type: none"><li>• General Data Protection Regulation (GDPR)</li><li>• Freedom of Information Act 2000</li><li>• Other relevant legislation relating to the duty of confidentiality</li><li>• Human Rights Act 1998</li><li>• Safeguarding Vulnerable Groups Act 2006</li><li>• Equality Act 2010</li><li>• Health and Social Care Act 2008, including all amendments</li><li>• Care Act 2014</li><li>• Codes of practice, including Skills for Care Code of Practice for all care workers</li><li>• relevant local or internal codes of practice relating to the handling of information and the accuracy, retention, availability and disposal of information</li><li>• importance of having secure information systems, ensuring necessary safeguards and appropriate use of personal information</li><li>• workplace policies and agreed ways of working.</li></ul> <p><b>Data and cyber security:</b> learners should consider features that ensure the confidentiality, availability and integrity of information. This should include reducing data breaches, securing devices and safe use of email wherever relevant.</p> <p><b>Data breach:</b> this is the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal or secure data.</p>

## What needs to be learned

### Learning outcome 2: Be able to implement systems for effective information management

#### Legal and ethical

- General Data Protection Regulation (GDPR)
- Data security and protection
- Subject access requests
- CQC Regulations
- Data control
- Sharing information
- Safeguarding
- Freedom of Information Act 2000
- Mental Capacity (Amendment) Act 2019
- Human Rights Act 1998.

**Information management:** how to implement and update policies and procedures as required; plan, implement and review training requirements for members of the team to ensure good practice to support effective information management.

**Legal and ethical tensions:** manage, address, resolve and reflect on legal and ethical tensions:

- Policies and procedures
- Duty of care, protection from harm, e.g. whistleblowing, issues of mental capacity, safeguarding, disclosure.
- Issues relating to confidential information, e.g. knowing when information is confidential and who to share with, procedures for disclosure
- Report writing and record-keeping procedures
- Recording and reporting of accidents, incidents and emergencies
- Handling of sensitive information
- Role of individuals in reporting, recording, handling and sharing information, including where unconditional confidentiality cannot be maintained.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 16: Leading Person-centred Practice

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	5
<b>Guided learning hours:</b>	35

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### Unit introduction

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 working in partnership, collaboration and co-production and the integration of services that enables the individual to achieve their desired outcome.

This will include the monitoring of policies and procedures within the setting, revising and replacing as necessary, to ensure positive outcomes and safe practice. This unit will give you an understanding of this whole system approach, including how to work in partnership with an individual, involving others and the multidisciplinary team.

You will explore the different features, principles and drivers for strength-based approaches and outcomes-based practice, along with active participation. You will examine the difference between positive risk-taking and the impact of a risk-averse culture. You will lead a proactive culture that is open and transparent so that individuals can discuss sexuality, relationships and their needs in confidence.

## Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand person-centred, outcomes-based practice</p>	<p>1.1 Evaluate the features, principles, drivers and values of:</p> <ul style="list-style-type: none"> <li>• strength-based approaches</li> <li>• person-centred practice</li> <li>• active participation</li> <li>• outcomes-based practice</li> </ul> <p>1.2 Analyse the relationship between strength-based approaches and person-centred practice on outcomes-based practices, and the individuals' health and wellbeing, independence, choice and control</p>
<p>2 Understand the value of person-centred practice in partnership working to enable individuals to achieve their desired outcomes</p>	<p>2.1 Analyse the role of partnerships, collaboration and co-production with individuals and others in enabling individuals to achieve their desired outcomes</p> <p>2.2 Evaluate own service's role in enabling individuals to build and maintain relationships and connections to their community</p> <p>2.3 Explain how integrated service provision that crosses traditional boundaries achieves better outcomes for individuals</p>
<p>3 Be able to lead practice to facilitate positive outcomes for individuals through person-centred practice</p>	<p>3.1 Develop and implement a plan to ensure team members have the training and development they need to support individuals in person-centred ways to achieve individuals' desired outcomes</p> <p>3.2 Support and develop team members to work in partnership with individuals and others and to recognise and respond to individuals' changing strengths, needs and preferences</p> <p>3.3 Support and develop others to apply person-centred approaches in complex situations to ensure positive outcomes for individuals and those important to them</p>

Learning outcomes	Assessment criteria
	<p>3.4 Facilitate the development and review of individuals' care and support ensuring individuals and others are actively involved and that plans and activities reflect individuals' preferences, wishes, strengths and needs</p> <p>3.5 Manage resources in ways that:</p> <ul style="list-style-type: none"> <li>• support individuals to make choices about their health and wellbeing, and achieve positive outcomes</li> <li>• provide reasonable adjustments to enable individuals to access care and support</li> </ul> <p>3.6 Implement systems and processes for recording:</p> <ul style="list-style-type: none"> <li>• identification, progress towards and achievement of individuals' desired outcomes</li> <li>• the implementation of person-centred practice</li> </ul>
<p>4 Understand the role of relationships in promoting health and wellbeing</p>	<p>4.1 Evaluate the importance of proactive approaches in supporting individuals to build and maintain relationships</p> <p>4.2 Analyse how open, proactive cultures that support individuals' rights to have the relationships they choose can reduce or minimise risks</p> <p>4.3 Explain the range and types of support an individual may need to maintain and build relationships, and when external services may be required</p>
<p>5 Be able to lead practice in recognising individuals' relationships</p>	<p>5.1 Develop approaches which recognise individuals' sexuality and relationship needs</p> <p>5.2 Promote an open, proactive culture where individuals and others feel confident to discuss sexuality, relationships and protection</p> <p>5.3 Ensure individuals and others have access to support, information and advice about relationships and sexuality</p>
<p>6 Understand positive risk-taking in context of supporting individuals</p>	<p>6.1 Analyse how positive risk-taking can contribute to the achievement of positive outcomes for individuals</p> <p>6.2 Evaluate the impact of a risk-averse culture on person-centred practice and the wellbeing of individuals</p>

Learning outcomes	Assessment criteria
	<p>6.3 Evaluate the considerations which need to be applied in the management of positive risk-taking</p> <p>6.4 Analyse how supporting others to balance risks and rights promotes person-centred practices</p>
<p>7 Be able to lead the implementation of practices, policies and procedures to manage risk and positive risk-taking</p>	<p>7.1 Lead a culture which recognises the benefits of positive risk-taking in person-centred practice and the wellbeing of individuals</p> <p>7.2 Facilitate a person-centred approach in the management of risks</p> <p>7.3 Evaluate own and others practice in leading a balanced approach to risk-taking</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand person-centred, outcomes-based practice</b>
<p><b>Strength-based approaches:</b> also referred to as 'asset-based' approaches. This approach focuses on individuals' strengths, resources and what they are able to do themselves to keep well and maintain independence.</p> <p><b>Person-centred practice:</b> an approach that sees the individual accessing social care services as an equal partner in their care and support, who is at the centre of all decisions relevant to them.</p> <p><b>Active participation:</b> a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.</p> <p><b>Outcome-based practice:</b> an 'outcome' refers to individuals' aims or objectives – the things individuals want to achieve or need to happen. Outcomes-based practice focuses on supporting individuals to achieve the outcomes most important to them and offers innovative approaches to enable this.</p> <p><b>Inclusive approaches in outcomes-based practice</b></p> <ul style="list-style-type: none"><li>• Policies and training; evaluation and review of policies</li><li>• Role modelling</li><li>• Effective feedback</li><li>• Complaints procedure</li><li>• Accessible processes</li><li>• Service user feedback.</li></ul>
<b>Learning outcome 2: Understand the value of person-centred practice in partnership working to enable individuals to achieve their desired outcomes</b>
<p><b>Partnerships:</b> working with the individual, networks, communities and other professionals and organisations.</p> <p><b>Collaboration:</b> working with other partners, understanding and prioritising their needs and establishing mutually beneficial and respectful relationships, while remaining focused on own desired outcomes, needs and agenda.</p> <p><b>Co-production:</b> an equal relationship between individuals accessing a service and the people responsible for the service. They work together to decide the best way to design and deliver services and implement those decisions together. Co-production recognises that people who use social care services (and their families) have knowledge and experiences that can be used to help make services better, not only for themselves but for other people who access social care.</p>

## What needs to be learned

**Individual:** the person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.

**Others:** in this context, this refers to everyone a worker is likely to come into contact with, including:

- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers
- team members
- managers and supervisors
- professionals from other services
- visitors to the work setting
- members of the community
- volunteers.

**Relationships:** learners should consider the range of relationships important to individuals they are supporting. Consideration should go beyond immediate family and next of kin, and may include partners/spouses, extended family, friends, pets, neighbours, people in the community and other professionals. Learners should consider intimacy, sexuality and sexual relationships.

**Community:** may include but is not limited to how the individual is supported to engage with and access their local community, i.e., social and recreational activities, transport, leisure services, spiritual and cultural services and support, hobbies, education, housing provision and voluntary activities. For some individuals, their community will be very close to home, for others it will be much wider.

**Integrated service provision:** joined up, coordinated care and support that is planned and organised around the desires, needs and preferences of the individual. It may involve health, social care, housing, education and other services.

### Learning outcome 3: Be able to lead practice to facilitate positive outcomes for individuals through person-centred practice

#### Importance and application of person-centred practice in care settings

- Appreciate importance of person-centred values for all aspects of health and social care work
- Awareness of individual vulnerability, e.g. illness, disability, diminished capability
- Person-centred planning (PCP) and reviews, particularly with vulnerable individuals
- Empowering individuals to maintain independence and dignity

## What needs to be learned

- Enabling individuals to make informed decisions and choices
- Person-centred relationships, e.g. Carl Rogers' person-centred counselling core conditions
- Total Communication using preferred communication methods
- Principles of rights, independence, choice and inclusion
- Build individual capacity by developing knowledge, skills and confidence
- Respecting individuals' diversity, culture and values
- Providing a better experience of care
- Meeting assessed needs by improving outcomes, e.g. individual, clinical outcomes.

### Complex or sensitive situations

- Situations, e.g. distressing or traumatic, threatening or frightening, likely to have serious implications or consequences, of a personal nature, involving complex communication or cognitive needs.

### Adapting actions and approaches

- Know limitations and when to seek advice or assistance from a more experienced person, e.g. manager, counsellor, other professional
- Emphasis on implementing person-centred practices, e.g. being responsive to needs, providing meaningful care to the individual.

## Learning outcome 4: Understand the role of relationships in promoting health and wellbeing

### Promoting wellbeing

- Consider how factors may interrelate to support individual wellbeing, e.g. principles of health, wellbeing and independence
- Facilitate personalisation to promote dignity and respect
- Implement specific approaches or models to meet individual needs:
  - cognitive behavioural
  - task-centred
  - crisis intervention.

### The Care Act 2014 concept of wellbeing is a comprehensive one and relates to the following areas in particular:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing

What needs to be learned
<ul style="list-style-type: none"> <li>• protection from abuse and neglect</li> <li>• control by the individual over day-to-day life (including over care and support provided and the way it is provided)</li> <li>• participation in work, education, training or recreation</li> <li>• social and economic wellbeing</li> <li>• domestic, family and personal</li> <li>• suitability of living accommodation</li> <li>• the individual's contribution to society.</li> </ul>
Learning outcome 5: Be able to lead practice in recognising individuals' relationships
<p><b>Relationships:</b> learners should consider the range of relationships important to individuals they are supporting. Consideration should go beyond immediate family and next of kin, and may include partners/spouses, extended family, friends, pets, neighbours, people in the community and other professionals. Learners should consider intimacy, sexuality and sexual relationships.</p> <p><b>A positive workplace culture</b> that's fair, inclusive and transparent:</p> <ul style="list-style-type: none"> <li>• puts people who need care and support at the heart of the service</li> <li>• ensures managers and leaders are dedicated to delivering high quality care and support, and act upon feedback</li> <li>• ensures managers and leaders are open, visible, approachable and empower others to embed a person-centred culture of fairness, support and transparency</li> <li>• ensures managers and leaders encourage and support a strong focus on inclusion, equality, diversity and human rights</li> <li>• ensures the workplace culture meets the needs of people who need care and support, staff and other stakeholders</li> <li>• ensures problems and concerns are always a priority and managers/leaders are committed to resolving them.</li> </ul>
Learning outcome 6: Understand positive risk-taking in context of supporting individuals
<p><b>Key aims of positive risk-taking</b></p> <ul style="list-style-type: none"> <li>• Empowering people</li> <li>• Working in partnership with adults and/or carers</li> <li>• Developing trusting working relationships</li> </ul>

## What needs to be learned

- Supporting people to access opportunities and take worthwhile chances
- Learning from experiences
- Understanding consequences of different choices/actions
- Sometimes tolerating short-term risk for long-term gain.

### 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.

**Considerations:** including, but not limited to mental capacity, safeguarding, individuals' rights, duty of care.

## Learning outcome 7: Be able to lead the implementation of practices, policies and procedures to manage risk and positive risk-taking

### Values and standards

- Dignity
- Respect
- Recognition of personhood of the user of services
- Incorporation of the six 'Cs 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

## What needs to be learned

- 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 five 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
- Regular mandatory training programme.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 17: Health and Wellbeing in Adult Care

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

This unit will give you an understanding of the whole system approach, including how to work in partnership with an individual, involving others and the multidisciplinary team to ensure the health and wellbeing of the individuals in your care. You will explore how to lead a team and facilitate a culture that promotes individuals' wellbeing to better meet the needs of, and improve outcomes for, the individual.

You will support colleagues to understand the importance of promoting the individual's wellbeing and identify the factors that may influence the individual. You will reflect on the wellbeing principle and its relevance when working with individuals, carers and families to meet the individual's needs.

As a manager, it is necessary that you understand the principles of change and how to implement protocols to ensure the involvement of others and how they respond to change. 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.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Be able to lead a culture that promotes individuals' wellbeing and independence in all aspects of day-to-day practice</p>	<p>1.1 Facilitate a culture:</p> <ul style="list-style-type: none"> <li>• where individuals' histories, preferences, wishes, needs and strengths are prioritised, recognised, respected and responded to</li> <li>• which enables individuals to lead full and meaningful lives connected to those important to them and to their communities</li> <li>• which enables individuals and those important to them to influence and co-design how care and support services are provided</li> </ul>
<p>2 Understand the importance of promoting individuals' health and wellbeing</p>	<p>2.1 Evaluate the range of factors that may influence an individual's health and wellbeing</p> <p>2.2 Analyse own role, and role of others, in monitoring, assessing and promoting individuals' wellbeing</p> <p>2.3 Describe own role in providing sufficient training, support and supervision to enable others to monitor the individual's health and wellbeing</p> <p>2.4 Analyse how to ensure lines of accountability and responsibility are understood for delegated healthcare tasks</p>
<p>3 Be able to lead practice in promoting individuals' health and wellbeing</p>	<p>3.1 Support others to:</p> <ul style="list-style-type: none"> <li>• meet identified health and wellbeing needs</li> <li>• monitor, and assess changes to, individuals' health and wellbeing using appropriate tools</li> <li>• understand the importance of early identification of deterioration in individuals' health and wellbeing</li> <li>• record and respond to assessments and observations of individuals' health and wellbeing</li> </ul> <p>3.2 Implement protocols for involving others in response to changes in individuals' health and wellbeing</p> <p>3.3 Work in partnership with individuals, healthcare professionals and others to agree roles and responsibilities in achieving individuals' healthcare and wellbeing outcomes</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Be able to lead a culture that promotes individuals' wellbeing and independence in all aspects of day-to-day practice</b>
<p><b>Individual:</b> the person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Those important to them:</b> may include but not limited to those the individual chooses to be involved in their life, e.g. families, carers and advocates.</p> <p><b>Communities:</b> may include but not limited to how the individual is supported to engage with and access their local community, i.e., social and recreational activities, transport, leisure services, spiritual and cultural services and support, hobbies, education, housing provision and voluntary activities. For some individuals, their community will be very close to home for others it will be much wider.</p> <p><b>Culture:</b> may include but not limited to, involving an individual in identifying their medical/social history, preferences, wishes, social, religious, spiritual needs to support and enhance their level of independence. This will include them in the design of their care requirements, meeting individual needs.</p> <p><b>Promote a culture of wellbeing:</b> support individuals in different aspects of life, e.g., social relationships, beliefs, sexuality, physical and mental health; ensure own attitudes and behaviours are positive and supportive, e.g., listening and understanding, being aware of individuals' needs for privacy and dignity, not imposing own views on individuals, being compassionate; setting a good example to those in your team through good practice in own day-to-day practice; promote and lead on agreed ways of working and in duty of care.</p> <p><b>Promote a culture of independence:</b> support individual's sense of identity, self-worth and self-confidence; promote person-centred values; encourage individuals to be independent within their ability; lead on building respect and trust with individuals; ensuring individuals feel valued.</p>
<b>Learning outcome 2: Understand the importance of promoting individuals' health and wellbeing</b>
<p><b>Others:</b> in this context, others could refer to:</p> <ul style="list-style-type: none"><li>• individuals accessing care and support services</li><li>• carers, loved ones, family, friends of those accessing care and support services</li><li>• team members</li><li>• colleagues and peers</li><li>• advocates</li></ul>

## What needs to be learned

- managers and supervisors
- professionals from other services
- visitors to the work setting
- members of the community
- volunteers.

**Factors:** factors affecting health and wellbeing will be different for different people. Learners should show consideration for environmental, physical, social and psychological factors.

### Promoting wellbeing

- Consider how factors may interrelate to support individual wellbeing, e.g. principles of health, wellbeing and independence
- Facilitate personalisation to promote dignity and respect
- Implement specific approaches or models to meet individual needs:
  - cognitive behavioural
  - task-centred
  - crisis intervention.

**Training:** the importance of training to support the development of the team, enabling them to monitor the individual's health and wellbeing from induction, through mentoring, supervision, appraisals and talent management.

**Accountability:** line of accountability and responsibility for delegated healthcare tasks in relation to own role as a manager and other roles within the team:

- job descriptions
- person specification
- contracts of employment.

**Care Act 2014 concept of wellbeing is a comprehensive one and relates to the following areas in particular:**

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation

## What needs to be learned

- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society.

## Learning outcome 3: Be able to lead practice in promoting individuals' health and wellbeing

### Healthcare outcomes

- Support 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 health 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

## What needs to be learned

- 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 among multi agencies; commissioning and procurement of services.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 18: Equality, Diversity, Inclusion and Human Rights

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	4
<b>Guided learning hours:</b>	30

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### Unit introduction

In this unit, you will learn what is meant by 'equality', 'diversity', 'inclusion' and human rights, and how as a manager you will ensure that equality, diversity, inclusion and human rights are embedded in the provision of care. You will examine ways to ensure that you lead a culture that promotes, values and celebrates equality, diversity, inclusion and human rights. By treating people equally and appreciating their individual differences it means that society is open for all.

As a manager or leader in adult care, you need to have an in-depth understanding of the legislation that governs how we treat others and about the guidelines and codes that govern our work when caring for others. As a manager or leader you must be able to support your team in understanding these requirements and how they are implemented to ensure safe and good practice in the provision of care.

You will explore how inequality affects individuals and why some people are intolerant of others. You will learn what is meant by 'inclusive practice' and how such practice can ensure that people are treated equally and with respect for their individuality. You will learn how to challenge discrimination, harassment and exclusion in ways that achieve a positive outcome and support others to do so, and how to assess the effectiveness of systems that are intended to promote equality and diversity. You will ensure that the use of person-centred approaches by you and by others can support equality, inclusion and diversity, using resources and sharing information to challenge discrimination, in order to implement changes to practices, policy or procedures that improve the service.

As a manager or leader, you will implement any changes in legislation and support your team in ensuring equality, diversity, inclusion and human rights are embedded into the recruitment of staff and in the delivery of care.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand equality, diversity, inclusion and human rights</p>	<p>1.1 Summarise the legislation underpinning equality, diversity, inclusion and human rights</p> <p>1.2 Analyse the societal and historical influences underpinning equality, diversity, inclusion and human rights</p> <p>1.3 Analyse the impact of legal, societal and historical influencers on own role in promoting a culture that values equality, diversity, inclusion and human rights</p> <p>1.4 Evaluate the impact of discriminatory or closed cultures on individuals and others</p> <p>1.5 Analyse how own and others' values, beliefs and experience can impact practices and behaviours relating to equality, diversity, inclusion, and human rights</p>
<p>2 Be able to lead a culture that promotes, values and celebrates equality, diversity, inclusion and human rights</p>	<p>2.1 Evaluate own and others' ability to positively respond to people's differences to achieve better outcomes</p> <p>2.2 Evaluate how the service promotes, values and celebrates equality, diversity, inclusion, and human rights</p> <p>2.3 Implement changes to practices, policy or procedures to improve how the service promotes values, and celebrates equality, diversity, inclusion and human rights</p> <p>2.4 Monitor and review changes and improvements being made to lead to better outcomes for individuals and others</p> <p>2.5 Challenge, and support others to challenge, discrimination, harassment and exclusion in ways that are likely to achieve change and promote positive outcomes</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand equality, diversity, inclusion and human rights</b>
<b>Legislation and codes of practice</b> <ul style="list-style-type: none"><li>• Codes of practice of sector</li><li>• Policies of workplace setting</li><li>• Human Rights Act 1998</li><li>• European Convention on Human Rights</li><li>• Race Relations (Amendments) Act 2000</li><li>• Equality Act 2010</li><li>• Care Act 2014</li><li>• Discrimination Act 2018.</li></ul> <p><b>Closed cultures:</b> a closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way it can cause unacceptable harm to a person and their loved ones.</p> <p><b>Individual:</b> a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Others:</b> in this context, others may include:</p> <ul style="list-style-type: none"><li>• individuals accessing care and support services</li><li>• carers, loved ones, family, friends of those accessing care and support services</li><li>• team members</li><li>• colleagues and peers</li><li>• managers and supervisors</li><li>• professionals from other services</li><li>• visitors to the work setting</li><li>• members of the community</li><li>• volunteers.</li></ul> <p><b>Culture:</b> when considering the culture, learners should consider how they lead on this for individuals accessing services and for the workforce.</p>

## What needs to be learned

### Learning outcome 2: Be able to lead a culture that promotes, values and celebrates equality, diversity, inclusion and human rights

#### Diversity

- Differences between individuals and groups:
  - culture
  - nationality
  - ability
  - ethnic origin
  - gender and gender reassignment
  - age
  - religion
  - beliefs
  - sexual orientation
  - social class
  - dress.

#### Equality

- Protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation)
- Promotion of individual rights
- Giving choice and opportunity
- Respect and fairness
- Services in response to individual need.

#### Inclusion

- Placing individuals at the centre of planning and support
- Valuing diversity.

#### Discrimination

- The prejudicial treatment of different categories of people:
  - individuals being treated less favourably than others
  - lack of opportunity
  - prejudice and injustice

## What needs to be learned

- harassment
- stereotyping
- labelling
- delay in development
- loss of self-esteem
- treating a person unfairly because of who they are
- Types of discrimination:
  - direct discrimination
  - indirect discrimination
  - institutional discrimination.

### Effects of discrimination

- Discrimination may affect:
  - the individual
  - families or friends of the individual
  - those who inflict discrimination
  - wider society
- The individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.

### Inclusive practice

- Being responsive to the needs of all users
- Diversity is acknowledged and respected.

### European Convention on Human Rights and the Human Right Act 1998, in particular:

- Article 2; right to life
- Article 3; prohibition of torture, inhuman or degrading treatment
- Article 5; right to liberty and security of person
- Article 8; right to respect for private and family life
- Article 10; freedom of expression
- Article 14; prohibition of discrimination.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 19: Health and Safety in Adult Care

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<b>Level:</b>	5
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	4
<b>Guided learning hours:</b>	32

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### Unit introduction

Everyone is responsible for health and safety, but managers and care workers must be clear about their own responsibilities if they are to maintain a safe working environment for themselves and others. In this unit, you will learn about health and safety legislation and how it is put into practice through policies and procedures. You will learn about your own and others' health and safety responsibilities and show you can lead and implement effective risk management to work safely.

You will explore a range of mechanisms and tools that are available to support you in carrying out risk management activities. You will also develop the knowledge and skills needed to manage and assess risk and to support others to work safely. This will include developing policies, procedures and practices, implementing measures to reduce risks, and evaluating your own practice. You will learn about your responsibility for implementing policies, procedures and practices to effectively manage risk.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand health and safety requirements in adult social care	1.1	Summarise the legislative framework for health and safety in adult care settings
		1.2	Analyse key sources of information and guidance for health and safety in the workplace

Learning outcomes	Assessment criteria
<p>2 Be able to lead the implementation of health and safety requirements in adult social care</p>	<p>2.1 Interpret legislation and guidance and apply to organisational health and safety policies and working practices</p> <p>2.2 Support others to comply with relevant organisational health and safety practices, policies, procedures to help keep them safe</p> <p>2.3 Monitor compliance with safe working practices and provide appropriate intervention where procedures are not adhered to</p> <p>2.4 Evaluate working practices and make improvements to health and safety practices, policies and procedures</p> <p>2.5 Complete records and reports on health and safety and issues according to legislative and organisational requirements</p>
<p>3 Understand effective risk management</p>	<p>3.1 Analyse the range of risk management requirements in adult care</p> <p>3.2 Evaluate own responsibilities to identify, assess and manage risk</p> <p>3.3 Assess a range of mechanisms and tools available to inform and carry out risk management activities</p>
<p>4 Be able to lead the implementation of policies, procedures and practices to effectively manage risk</p>	<p>4.1 Contribute to the development of policies, procedures and practices to identify, assess and manage risk</p> <p>4.2 Work with others to identify, assess and manage risks and issues</p> <p>4.3 Support team members to understand risk management and adhere to guidance which promotes safe practices</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand health and safety requirements in adult social care</b>
<p><b>Legislative framework:</b> this should include the range of health and safety legislation and specific regulations applicable to the environment and care service being provided.</p> <p><b>Key sources of information and guidance:</b> should include the role of government agencies and advisory bodies, e.g. Health and Safety Executive, Public Health England; may also include other internal and external support mechanisms.</p> <p><b>Health and safety legislation</b></p> <ul style="list-style-type: none"><li>• Relevant, up-to-date health and safety legislation related to own work setting, including:<ul style="list-style-type: none"><li>○ Health and Safety at Work etc. Act 1974</li><li>○ Manual Handling Operations Regulations 1992 amended 2002</li><li>○ The Regulatory Reform (Fire Safety) Order 2005</li><li>○ Management of Health and Safety at Work Regulations 1999</li><li>○ Health and Safety (First Aid) Regulations 2020</li><li>○ Provision and Use of Work Equipment Regulations 1998</li><li>○ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013</li><li>○ Control of Substances Hazardous to Health (COSHH) Regulations 2002</li><li>○ Personal Protective Equipment at Work Regulations 2022, amended 1992 regulations</li><li>○ The Health and Safety (Display Screen Equipment) Regulations 1992</li><li>○ Food Safety Act 1990</li></ul></li></ul> <p><b>Policies and procedures for own role</b></p> <ul style="list-style-type: none"><li>• Policies, e.g. health and safety policy, risk assessment policy, lone working policy</li><li>• Impact of policies and procedures of workplace on own role</li><li>• Responsibility to take care of own health and safety</li><li>• Own responsibility in health and safety issues</li><li>• Relevant legislation and agreed ways of working</li><li>• Responsibility to undertake relevant training and updating as required</li><li>• Importance of co-operating with others on health and safety</li></ul>

## What needs to be learned

- Importance of correct use of equipment provided for individual health, safety or welfare, e.g. protective clothing, specialised equipment.

### Responsibilities of people in the work setting

Responsibility of employers to provide information, e.g. display health and safety legislation poster, Employers' Liability Compulsory Insurance Certificate, fire procedure and fire exit signs; provision of first-aid box and appointed first aider.

### Learning outcome 2: Be able to lead the implementation of health and safety requirements in adult social care

Legislation and guidance: this may include local guidance, changing and updated guidance and specific information available to support legislation and regulations e.g. the Code of Practice on the prevention and control of infections and related guidance.

**Others:** in this context, others might include, but is not limited to:

- carers, loved ones, family, friends of those accessing care and support services
- team members
- professionals from other services
- visitors to the work setting
- volunteers.

### General health and safety legislation

- Relevant and up-to-date legislation, including local and national requirements for health and safety in care work settings, e.g. Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999, Manual Handling Operations Regulations 1992, Health and Safety (First-Aid) Regulations 1981, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, Control of Substances Hazardous to Health (COSHH) Regulations 2002, including subsequent amendments.

### Health and safety policies and procedures

- Details of agreed ways of working and codes of practice
- Dealing with accidents, injuries and emergency situations
- Dealing with first-aid situations
- Policies relating to:
  - specific working condition and the working environment
  - use of equipment
  - food handling and preparation
  - infection control and dealing with hazardous substances

## What needs to be learned

- manual handling
- security and personal safety
- Policies may include other agreed ways of working as well as formal policies and procedures.

### Own responsibilities for health and safety

- Responsibility to take care of own health and safety
- Applying relevant legislation and agreed ways of working
- Responsibility for undertaking relevant training and updating as required
- Importance of co-operating with others on health and safety
- Others may include team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates
- Importance of the correct use of anything provided for individual health, safety or welfare
- Advantages and disadvantages of undertaking own responsibility in health and safety issues.

### Monitor and report potential health and safety risks

Importance of:

- continuous assessment of risks and regular checking
- regular review and updating
- reporting any changes
- written records being clear and accurate, detailing dates, times, simple description of risks identified, and action taken
- electronic reporting systems
- reporting identified risks immediately.

### Risk assessment

- Health and safety risk assessment for the work environment or particular activities
- Importance of risk assessment for protecting self and individuals from danger or harm. Need to comply with the law
- Identifying what could cause harm
- Taking precautions to prevent harm
- Importance of minimising accidents, injuries and ill health
- Reducing the risk of individuals being injured at work.

## What needs to be learned

### Health and Safety Executive five-step recommendations for risk assessment

- Identifying the hazards and differentiating between hazard and risk
- Deciding who might be harmed and how
- Evaluating the risks and deciding on precautions
- Recording findings and implementing them
- Reviewing assessment and updating, if necessary, on a regular basis.

### Additional support or information

- Accessing information from organisations such as the Health and Safety Executive.

## Learning outcome 3: Understand effective risk management

### Policies, procedures and practices that identify, assess and manage risk

- Risk assessment policy
- Risk assessment procedure
- Emergency procedures and practices, e.g. fire evacuation, fire marshals, regular fire drills, first aid
- Reporting procedures, e.g. accident book/forms
- Staff training and updating
- Monitoring health and safety policies, practices and procedures.

### Potential risks

- Risks, e.g., maladministration of medication, abuse, poor infection control, slips and trips, falls, challenging behaviour.

### Impact of risk-taking

- On the individual
- On the organisation.

### Working with others to manage risks

- Identifying hazards and potential risks
- Assessing risks
- Implementing measures to reduce risk.

## What needs to be learned

### Learning outcome 4: Be able to lead the implementation of policies, procedures and practices to effectively manage risk

#### Supporting colleagues to understand moving and positioning policy

- The need to risk assess the situation in terms of risk to self and others and report any concerns immediately
- Follow appropriate systems, e.g., recognising when the task requires more people or specialist equipment and requesting it
- Checking equipment
- Labelling faulty equipment and reporting it
- Own responsibility for identifying insufficient training to perform certain tasks.

#### Responsibilities regarding legislation and policy

- Own responsibility in understanding legislation and applying policies and procedures such as emergency first aid:
  - how to call first-aider
  - knowing where first-aid box is kept
- Food safety policy and procedures, e.g. hand washing, safe storage of food
- What to do in the event of a fire and own responsibility to ensure clear fire exits
- Responsibility to assess risk to own safety and that of others, e.g. procedure for lone working, identifying potential abuse
- Responsibility for prompting of administration of medication
- Responsibility for infection prevention and control, e.g. notification of diarrhoea and vomiting
- Responsibility for control of hazardous substances, e.g. responsible for storage of hazardous substances in a locked cupboard
- Own responsibility for security, e.g. following procedure for identifying visitors to workplace using signing-in and signing-out book, ensuring doors are closed and locked.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 20: Continuous Professional Development in Adult Care

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Level:	4
Unit type:	Mandatory
Credit value:	2
Guided learning hours:	15

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### Unit introduction

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 you in recognising the importance of continuous development to develop your own practice using a range of methods. Using a professional development plan to record, review and evaluate your development opportunities will support you. Further opportunities for development can be utilised such as communication and feedback from others, including Care Quality Commission inspectors, professionals, consultants, and colleagues. You will need to be aware of how your beliefs, actions and behaviours affect yourself and others.

As a leader in adult care others will look to you for guidance and support, but you also need to be aware of your own health and wellbeing. Managing your own workload is a skill and there are activities that can assist with developing these practices. The recent developments of digital technology in the social care sector is one of these and can be used very effectively for recording activities carried out in the workplace.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Be able to demonstrate commitment to own development	1.1	Evaluate own knowledge and performance using standards and benchmarks
		1.2	Identify and prioritise own professional development needs and aspirations and implement plans to meet these

Learning outcomes	Assessment criteria
	<p>1.3 Create and engage with opportunities for others to provide feedback on own performance across all aspects of role</p> <p>1.4 Identify a range of opportunities to support own professional development that reflect own learning style and needs</p> <p>1.5 Evaluate how own practice has been improved through:</p> <ul style="list-style-type: none"> <li>the implementation of the professional development plan</li> <li>reflection on feedback from others</li> <li>learning from achievements and adverse events</li> </ul>
<p>2 Be able to demonstrate commitment to self-awareness</p>	<p>2.1 Use feedback and reflective practice to increase own self-awareness</p> <p>2.3 Analyse how own values, belief systems and experiences impact own practices</p> <p>2.3 Analyse how own emotions affect behaviour and the impact this has on others</p>
<p>3 Be able to manage own workload effectively</p>	<p>3.1 Use strategies and tools to plan and identify priorities for work and revise plans when priorities change</p> <p>3.2 Use digital technology to enhance own and others' efficiency</p> <p>3.3 Facilitate the development of others to enable effective delegation</p> <p>3.4 Consider impact on own wellbeing when planning and responding to organisation priorities</p> <p>3.5 Plan strategies and support mechanisms to access when workload is difficult to manage</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Be able to demonstrate commitment to own development</b>
<p><b>Standards:</b> may include codes of practice, regulations, minimum standards, national occupational standards. Fundamental standards and legislation.</p> <p><b>Others:</b> in this context, others might include:</p> <ul style="list-style-type: none"><li>• carers, loved ones, family, friends of those accessing care and support services</li><li>• colleagues and peers</li><li>• team members</li><li>• managers and supervisors</li><li>• professionals from other services</li><li>• volunteers</li><li>• users of services</li><li>• CQC inspectors.</li></ul> <p><b>Range of opportunities:</b> may include:</p> <ul style="list-style-type: none"><li>• formal or informal support</li><li>• supervision, appraisal, mentoring, peer support</li><li>• opportunities within and outside the organisation</li><li>• different types of learning and ways to achieve</li><li>• self-led and directed learning opportunities.</li></ul> <p><b>Adverse event:</b> an incident or disruption with associated risks which could lead to unexpected, unintended and preventable harm to others; Safeguarding Adult Reviews; Court cases.</p> <p><b>Evaluating own performance using feedback</b></p> <ul style="list-style-type: none"><li>• Sources of feedback, e.g. line manager, supervisor, mentor, colleagues, individuals supported</li><li>• Identifying areas for improvement</li><li>• Awareness of strengths and weaknesses</li><li>• Improvement of strengths</li><li>• Addressing weaknesses.</li></ul>

## What needs to be learned

### Learning outcome 2: Be able to demonstrate commitment to self-awareness

#### 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).

#### Self-assessment of personal development

- Use of self-assessment inventories (online and centre-devised):
  - awareness of preferred learning style
  - personal development plans
  - SMART targets
- Feedback from peers/users of services
- Reflective diaries and journals
- Personal SWOT analysis.

#### Process of reflection

- Use of cyclical and continuous models, e.g. Kolb (1984), Gibbs (1988), Morrison (2005), Bogg and Challis (2013) reflective cycles
- Reflective cycles, e.g. what happened, feelings experienced, evaluate what was good and what was bad, what did it mean, what could you have done differently, plan what to do if it happened again
- Reflection in action while giving support, reflection on action after the event
- Frequent reflection
- Recording reflection, e.g. reflective diary
- Reflecting on day-to-day events.

#### Importance of reflective practice

- Benefits to individuals: appropriate identification of needs and appropriate care
- Benefits to worker, e.g. improved practice, develop new skills and gain new knowledge, improved employability, prevention of burnout, identification of learning needs.

## What needs to be learned

### Learning outcome 3: Be able to manage own workload effectively

#### 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
- Time management theories.

**Use of digital technology to improve efficiency,** including storage of information, use of emails, digital conferencing, video conferencing specialist software; availability of digital technology, types and functions.

#### 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.

#### Development of others

- Performance theories and models.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 21: Personal Wellbeing

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

In this unit you will explore your own wellbeing, self-care and resilience and what this means to you and your team and how these impact on your role and behaviour. You will explore the indicators of your own wellbeing and wellbeing deterioration and the impact it has on your role as a manager or leader in adult care. You will identify strategies to maintain and improve your own wellbeing and the support available.

Care workplaces can also be stressful places to work, so understanding the common signs and triggers of stress and anxiety, different ways of coping with stress and anxiety, and where to go for support is important for managers in the care sector to enable them to maintain their own wellbeing.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria
1	Understand own wellbeing	<p>1.1 Explain what is meant by 'personal wellbeing', 'self-care' and 'resilience'</p> <p>1.2 Describe factors that positively and negatively influence own wellbeing</p> <p>1.3 Explain indicators of own wellbeing and wellbeing deterioration</p>

Learning outcomes		Assessment criteria
2	Understand the importance of maintaining and improving own wellbeing	<p>2.1 Explain how own wellbeing impacts role and behaviour</p> <p>2.2 Explain how own wellbeing impacts others</p>
3	Know how to maintain and improve own wellbeing	<p>3.1 Describe strategies to maintain and improve own wellbeing</p> <p>3.2 Analyse a range of wellbeing support offers available and how to access them</p> <p>3.3 Explain how to access professional help if needed</p>
4	Know how to manage own stress and anxiety	<p>4.1 Explain what is meant by 'stress' and 'anxiety'</p> <p>4.2 Describe indicators of stress and anxiety in oneself</p> <p>4.3 Analyse factors that can trigger stress and anxiety in oneself</p> <p>4.4 Evaluate how stress and anxiety may affect own reactions and behaviours towards others</p> <p>4.5 Compare strategies for managing own stress and anxiety</p> <p>4.6 Explain how to access a range of support offers</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand own wellbeing</b>
<p><b>Own wellbeing:</b> in this context, wellbeing refers to that of the learner. Wellbeing is a broad concept referring to a person's quality of life, taking into account health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental wellbeing.</p> <p><b>Factors:</b> these should be specific to the learner. The learner should show consideration of environmental, physical, social and psychological factors inside and outside the workplace. Positive and negative factors which can affect wellbeing.</p> <p><b>Indicators:</b> these should be specific to the learner. The learner should show consideration of physical, emotional and psychological indicators.</p> <p><b>Resilience is the ability to cope under pressure and recover from difficulties:</b> being resilient will help staff to manage stressful situations, protect them from mental ill-health and improve their wellbeing. At work, this ensures that they continue to do their job well and deliver high-quality care and support.</p>
<b>Learning outcome 2: Understand the importance of maintaining and improving own wellbeing</b>
<p><b>Others:</b> may include team members, other colleagues, individuals accessing care and support services, families, carers and other professionals. Learners may also wish to consider their personal relationships.</p> <p><b>Possible impact on own wellbeing:</b> on role/responsibilities, increased emotion, trauma, headaches, stress/anxiety, own distress, raised blood pressure, breathing difficulties, chest pain, irritability, tiredness at work, impact on relationships, lowering of self-esteem.</p> <p><b>Building resilience to promote own wellbeing</b></p> <ul style="list-style-type: none"><li>• Building a community of support</li><li>• Effective time management</li><li>• Developing achievable goals and taking actions to achieve them</li><li>• Developing awareness of own emotional reactions to situations and individuals</li><li>• Maintaining work-life balance boundaries</li><li>• Building in time to relax</li><li>• Keeping self-criticism in perspective.</li></ul>

What needs to be learned
<p><b>Learning outcome 3: Know how to maintain and improve own wellbeing</b></p> <p><b>Strategies:</b> learner strategies should be personal to them. Strategies should include those that enable the learner to maintain their wellbeing as well as strategies to implement if indicators of deterioration are recognised.</p> <p><b>Support offers:</b> the range should include offers of support available inside and outside the learners' workplace. Learners should consider offers they use as well as those they currently choose not to. For example:</p> <ul style="list-style-type: none"> <li>• internal: supervision, employee assistance scheme, mentor or buddying systems</li> <li>• external: self-help tools, apps and websites, local groups and networks; referral to professional support e.g., Occupational Health, wellbeing advisors.</li> </ul>
<p><b>Learning outcome 4: Know how to manage own stress and anxiety</b></p> <p><b>Stress and anxiety:</b> can have positive, as well as negative, effects on a person. In this context, we refer to the negative impacts of stress.</p> <p><b>Common signs and symptoms of stress and anxiety</b></p> <ul style="list-style-type: none"> <li>• signs and symptoms, e.g. physical signs and symptoms, emotional signs and symptoms, cognitive signs and symptoms, behavioural signs and symptoms.</li> </ul> <p><b>Strategies for managing stress and anxiety</b></p> <ul style="list-style-type: none"> <li>• Strategies, e.g. theories on coping strategies, relaxation techniques, physical activity and exercise, social strategies, logical strategies, creative strategies, faith strategies</li> <li>• Importance of emotional wellbeing and resilience</li> <li>• Individual stressors and taking time out</li> <li>• Comparing and contrasting different strategies and their effectiveness.</li> </ul> <p><b>Sources of support</b></p> <ul style="list-style-type: none"> <li>• e.g. formal support, informal support, supervision, appraisal, within the organisation, beyond the organisation</li> </ul> <p><b>What is the difference between stress and anxiety?</b></p> <ul style="list-style-type: none"> <li>• Anxiety: a feeling of doom, unease, or apprehensiveness when no danger is imminently present</li> <li>• Stress: the body's response to danger (or stress-provoking events) and the associated symptoms. Anxiety, therefore, is the same feeling as fear, but there is no danger to react to. With no specific threat, the anxiety is a free-floating, vague feeling.</li> </ul>

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

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## 10 Suggested teaching resources

This section lists resource materials that can be used to support the delivery of the qualification.

### Textbooks

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

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

Calpin P, Langridge E, Morgan B 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

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

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

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

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

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

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

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

Mandelstam M – *Safeguarding Adults and the Law* 3<sup>rd</sup> edition (Jessica Kingsley Publishers, 2008) ISBN 9781785922251

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

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

Northouse P G – *Leadership: Theory and Practice* 8<sup>th</sup> edition (Sage Publications Inc, 2018) ISBN 9781544331942

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

Richards R, Mughal A – *Working with the Mental Capacity Act 2005*, 3rd edition  
(Matrix Training Associates, 2018) ISBN 9780955234958

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

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

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

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

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](http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4081593)

### **Other**

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

*Community Care* ([www.communitycare.co.uk](http://www.communitycare.co.uk))

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](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/system-leadership-october-2014.pdf)

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](http://adcs.org.uk/assets/documentation/National_Skills_Academy_Leadership_Qualities_Framework_Adult_social_care.pdf)

*Nursing Times* ([www.nursingtimes.net](http://www.nursingtimes.net))

[www.smf.co.uk/search/The+Case+for+Extending+Self-direction+into+the+NHS](http://www.smf.co.uk/search/The+Case+for+Extending+Self-direction+into+the+NHS)

## 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](http://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](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213222/final-report1.pdf)

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](http://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](http://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](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.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](http://www.fastuk.org/fastdocuments/AT_workforce_June2007_v2.pdf)

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

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

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

## Websites

<a href="http://www.acas.org.uk">www.acas.org.uk</a>	Advisory, Conciliation and Arbitration Service (ACAS)
<a href="http://www.adass.org.uk">www.adass.org.uk</a>	Association of Directors of Adult Social Services
<a href="http://www.communitycare.co.uk/2012/07/26/how-social-care-staff-can-improve-their-communication/">www.communitycare.co.uk/2012/07/26/how-social-care-staff-can-improve-their-communication/</a>	Community Care website, article on improving communication within care
<a href="http://www.communitycare.co.uk/emotional-resilience-expert-guide">www.communitycare.co.uk/emotional-resilience-expert-guide</a>	Guide to building emotional resilience
<a href="http://www.communitycare.co.uk/2009/11/12/quality-in-practice-how-to-support-and-motivate-teams/">www.communitycare.co.uk/2009/11/12/quality-in-practice-how-to-support-and-motivate-teams/</a>	Motivating care teams
<a href="http://www.compassionfatigue.org/pages/healthprogress.pdf">www.compassionfatigue.org/pages/healthprogress.pdf</a>	Article on burnout in care managers
<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>	Care Quality Commission – the independent regulator of health and social care in England
<a href="http://www.hcpc-uk.org">www.hcpc-uk.org</a>	Health and Care Professions Council (HCPC)
<a href="http://www.hse.gov.uk">www.hse.gov.uk</a>	Health and Safety Executive
<a href="http://www.legislation.gov.uk">www.legislation.gov.uk</a>	Website for current government legislation
<a href="http://www.mentalhealth.org.uk/a-to-z/w/work-life-balance">www.mentalhealth.org.uk/a-to-z/w/work-life-balance</a>	Work-life balance
<a href="http://www.mulho.com/store/products/product/person-centred-care-training">www.mulho.com/store/products/product/person-centred-care-training</a>	Training packages for implementing person-centred care
<a href="http://www.nice.org.uk">www.nice.org.uk</a>	National Institute for Health and Care Excellence
<a href="http://www.pavpub.com/person-centred-active-support-training-pack">www.pavpub.com/person-centred-active-support-training-pack</a>	Training pack for managers
<a href="http://www.scie.org.uk">www.scie.org.uk</a>	Social Care Institute of Excellence
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Skills for Care
<a href="http://www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-6.pdf">www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-6.pdf</a>	Standard 6 of the Care Certificate
<a href="http://www.well-online.co.uk/sites/default/files/helpsheets/cic_stress-management-for%20managers_sep11.pdf">www.well-online.co.uk/sites/default/files/helpsheets/cic_stress-management-for%20managers_sep11.pdf</a>	Stress management

## 11 Appeals

Centres must have a policy for dealing with appeals from learners. Appeals may relate to assessment decisions being incorrect or assessment not being conducted fairly. 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 the document *Internal assessment in vocational qualifications: Reviews and appeals policy*, available on our website.

# 12 Malpractice

## Dealing with malpractice in assessment

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Malpractice refers to 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 actual 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 malpractice or attempted malpractice has been proven.

Malpractice may occur or be suspected in relation to any unit or type of assessment within a 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.

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 Malpractice* document gives full information on the actions we expect you to take.

Pearson may conduct investigations if we believe a centre is failing to conduct internal assessment according to our policies. The above document gives further information and examples. It 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 qualifications. We ask centres to complete *JCQ Form M1* ([www.jcq.org.uk/malpractice](http://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 Processing team at [candidatemalpractice@pearson.com](mailto:candidatemalpractice@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.

Failure to report malpractice constitutes staff or centre malpractice.

## Teacher/centre malpractice

The head of centre is required to inform Pearson's Investigations team of any incident of suspected malpractice (which includes maladministration) by centre staff before any investigation is undertaken. The head of centre is requested to inform the Investigations team by submitting a *JCQ M2 Form* (downloadable from [www.jcq.org.uk/malpractice](http://www.jcq.org.uk/malpractice)) with supporting documentation to [pqsmalpractice@pearson.com](mailto: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.

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.

You should be aware that Pearson may need to suspend 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, 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 centres to create an improvement action plan
- requiring staff members to receive further training
- placing temporary suspensions on certification of learners
- placing temporary suspensions 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 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 centre (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 the *JCQ Appeals booklet* ([www.jcq.org.uk/exams-office/appeals](http://www.jcq.org.uk/exams-office/appeals)).

## 13 Further information and publications

- Edexcel, BTEC and Pearson Work Based Learning contact details: [qualifications.pearson.com/en/contact-us.html](https://qualifications.pearson.com/en/contact-us.html).
- Books, software and online resources for UK schools and colleges: [www.pearsonschoolsandcolleges.co.uk](http://www.pearsonschoolsandcolleges.co.uk).
- Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please visit our website.

All centres offering external assessments must comply with the Joint Council for Qualifications (JCQ) document *Instructions for conducting examinations*.

Further documents that support the information in this specification:

- *Access arrangements and reasonable adjustments* (JCQ)
- *A guide to the special consideration process* (JCQ)
- *Collaborative and consortium arrangements for the delivery of vocational qualifications policy* (Pearson)
- *UK information manual* (updated annually and available in hard copy) **or** *Entries and information manual* (available online) (Pearson).
- *Distance learning and assessment policy* (Pearson)

### Publisher information

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Any publisher can seek endorsement for their resources and, if they are successful, we will list their BTEC resources on our website.

# 14 Glossary

## Part A – General terminology used in specification

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Term	Description
Level	Units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.
Credit value	All unit(s) in this qualification have a credit value/The unit in this qualification has a credit value. The minimum credit value is 1 and credits can be awarded in whole numbers only.
Guided learning hours (GLH)	This indicates the number of hours of activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study. Units may vary in size.
Total qualification time (TQT)	This indicates the total number of hours that a typical learner will take to complete the qualification. This is in terms of both guided learning hours but also unguided learning, for example private study, time spent in the workplace to master skills.
Learning outcomes	The learning outcomes of a unit set out what a learner knows, understands or is 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, skills and understanding 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.
Summative assessment	Assessment that takes place after the programme of learning has taken place.
Valid assessment	The assessment assesses the skills or knowledge/understanding in the most sensible, direct way to measure what it is intended to measure.

Term	Description
Reliable assessment	The assessment is consistent and the agreed approach delivers the correct results on different days for the same learners and different cohorts of learners.

## Part B – Terms used in knowledge and understanding criteria

Term	Description
Analyse	Examine methodically and in detail, typically in order to interpret.
Assess	Consideration of all factors or events that apply, to identify those which are the most important or relevant and make a judgement.
Compare	Identify the main factors relating to two or more items/situations, explaining the similarities and differences or advantages and disadvantages, and in some cases say which is best and why.
Describe	Give a clear account in their own words, including all the relevant information (e.g. qualities, characteristics or events, etc.). Description shows recall and in some cases application.
Detailed	Having additional facts or information beyond a simple response.
Evaluate	Bring together all information and review it to form a supported conclusion, drawing on evidence, including strengths, weaknesses, alternative actions, relevant data or information.
Explain	<p>Provide details and give reasons and/or evidence to support an opinion, view or argument.</p> <p><b>OR</b></p> <p>Provide details and give relevant examples to clarify and extend a point. This would usually be in the context of learners showing their understanding of a technical concept or principle.</p>
Identify	Shows the main features or purpose of something. Can recognise it and/or name characteristics or facts that relate to it.
Outline	Provide a summary or overview or brief description.
State	Express information in clear and precise terms.

# Annexe A

## Skills for Care & Development Assessment Principles

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### 1. Introduction

- 1.1. Skills for Care and Development (SfCD) 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 SfCD partner organisations at links below in appendix 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.
- 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 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.
- 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<sup>1</sup>, 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.

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<sup>1</sup> See Appendix B for links to guidance on qualifications for occupational competence in UK nation

- 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.
- 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 C.
- 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

- Social Care Wales
- Northern Ireland Social Care Council
- Scottish Social Services Council
- Skills for Care
- Skills for Care & Development

# Appendix B: Joint awarding body quality group – recognised 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 (CTLTS)

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 Educations and Training

Level 3 Certificates in Assessing Vocational Achievement (RQF)

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