Qualifi Level 3 Diploma in Adult Care

Specification (For Centres)

March 2026

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About QUALIFI

QUALIFI is recognised and regulated by Ofqual (Office of Qualifications and Examinations Regulator). Our Ofqual reference number is RN5160. Ofqual regulates qualifications, examinations, and assessments in England.

As an Ofqual recognised Awarding Organisation, QUALIFI is required to carry out external quality assurance to ensure that centres approved for the delivery and assessment of QUALIFI's qualifications meet the required standards. This comprises centre approval, qualification approval and ongoing monitoring through our External Quality Assurance and annual centre monitoring processes.

Why Choose QUALIFI Qualifications?

QUALIFI qualifications aim to support learners to develop the necessary knowledge, skills and understanding to support their professional development within their chosen career and/or to provide opportunities for progression to further study.

Our qualifications provide opportunities for learners to:

- apply analytical and evaluative thinking skills
- develop problem-solving and creativity to tackle problems and challenges
- exercise judgement and take responsibility for their decisions and actions
- develop the ability to recognise and reflect on personal learning and improve their personal, social, and other transferable skills.

Employer Support for the Qualification Development

During the development of this qualification QUALIFI consulted with a range of employers, providers and existing centres (where applicable) to ensure rigour, validity and demand for the qualification and to ensure that the development considers the potential learner audience for the qualification and assessment methods.

Equality, Diversity and Inclusion (EDI)

QUALIFI qualifications are developed to be accessible to all learners who are capable of attaining the required standard. QUALIFI promotes equality, diversity and inclusion across all aspects of the qualification process. Centres are required to implement the same standards of EDI and ensure teaching and learning are free from any barriers that may restrict access and progression. For further details please refer to QUALIFI's *Equality, Diversity and Inclusion Policy*.

Learners with any specific learning needs should discuss this in the first instance with their approved centre who will refer to QUALIFI's *Reasonable Adjustment and Special Consideration Policy*.

Qualification Title and Accreditation Number

This qualification has been accredited to the Regulated Qualification Framework (RQF) and has its own unique Qualification Accreditation Number (QAN). This number will appear on the learner's final certification document. Each unit within the qualification has its own RQF code. The QAN for this qualification is as follows:

Qualifi Level 3 Diploma in Adult Care 610/7300/3

Qualification Aims and Learning Outcomes

Aims of the QUALIFI Level 3 Diploma in Adult Care

The QUALIFI Level 3 Diploma in Adult Care occupational qualification for learners who work in Adult Care Settings. Learners will work in adult social care and have responsibility for providing person-centred, values-driven care and support for those accessing the service. They will work under the direction of their manager or supervisor but will have a degree of autonomy. Learners would be expected to have completed employer specific induction and mandatory training. As well as demonstrating best practice, they will be working towards promoting and modelling it.

Learners may or may not have supervisory responsibility for others.

The aim of the qualification is to enable learners to learn, develop and demonstrate the skills and knowledge required for employment and/or career progression in Adult Care. This would be to roles that have some autonomy and delegated responsibility or might involve supervising others.

Learning Outcomes of the QUALIFI Level 3 Diploma in Adult Care

Learners will need to demonstrate understanding and effective practice in the following areas as set out by Skills for Care:

- Responsibilities DAC3A
- Communication DAC3B
- Values and behaviours DAC3C
- Health and safety DAC3D
- Personal development DAC3E.

The learning outcomes and assessment criteria for each unit are outlined in the unit specifications.

Delivering the Qualification

All centres are required to complete an approval process to be recognised as an approved centre. Centres must have the ability to support learners and:

- have in place qualified and experienced assessors. All assessors are required to undertake regular continued professional development (CPD)
- access to the physical resources needed to support the delivery of the qualification and learner achievement.

Centres must commit to working with QUALIFI and its team of External Quality Assurers (EQAs). Approved centres will be monitored by QUALIFI EQAs to ensure compliance with QUALIFI requirements and to ensure that learners are provided with appropriate learning opportunities, guidance, and formative assessment.

QUALIFI, unless otherwise agreed:

- sets all assessments;
- quality assures assessments prior to certification;
- provides the criteria to award the final mark and issues certificates.

Centre staffing

Staff delivering this qualification should:

- be occupationally competent and/or technically knowledgeable in the area[s] they are assessing,
- have recent relevant experience in the specific area they will be assessing and quality assuring.
- hold, or be working towards, the relevant Assessor/ Internal Quality Assurers (IQAs) qualification (s).

Assessors are assessing learner performance in a range of tasks to ensure the evidence they produce meets the requirements of the unit assessment criteria. To do this effectively assessors need a thorough understanding of assessment and quality assurance practices, as well as in-depth technical understanding related to the qualifications they are assessing.

To support assessors and the centre's internal quality systems, IQAs must have appropriate teaching and vocational skills, knowledge and expertise and be familiar with the occupation and technical content covered within the qualification.

Centres should refer Skills for Care and Development Assessment Principles November 2025, V1.1 Appendix B: Recognised assessor and internal quality assurance qualifications.

Continuing professional development (CPD)

Centres are expected to support the CPD of their staff to maintain current and up-to-date knowledge of the occupational area and ensure best practice in delivery, mentoring, training, assessment and quality assurance.

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Quality assurance

Approved Centres must have effective quality assurance systems in place to ensure robust qualification delivery and assessment, which includes internal monitoring and review procedures.

Qualifi will appoint approved External Quality Assurers (EQAs) to monitor the assessment and internal quality assurance carried out by centres and ensure that assessment is valid and reliable. Please see QUALIFI's *External Quality Assurance Policy.*

Learner Recruitment, Induction and Registration

Recruitment

Approved Centres are responsible for reviewing and making decisions as to the applicant's ability to complete the learning programme successfully and meet the demands of the qualification. The initial assessment by the centre will need to consider the support that is readily available or can be made available to meet individual learner needs as appropriate.

During recruitment, approved centres need to provide learners with accurate information on the title and focus of the qualification for which they are studying.

The qualification has been designed to be accessible without artificial barriers that restrict access. For this qualification, applicants must be aged 16 +.

In the case of applicants whose first language is not English, centres may assess their level of language at the time of entry.

Entry Criteria

The qualification has been designed to be accessible without artificial barriers that restrict access and progression. Entry to the qualification at the discretion of the centre, in accordance with the Equality Act 2010.

There are typically no formal entry requirements, but learners should be employed in an adult care setting and have the opportunity to demonstrate competence in the workplace.

This diploma ensures that adult care workers acquire the practical skills, professional knowledge, and values needed to deliver high-quality, person-centred support and make a positive difference in people's lives.

Learner induction

Approved Centres should ensure all learners receive a full induction to their study programme and the requirements of the qualification and its assessment.

All learners should expect to be issued with the course handbook and a timetable and meet with their personal tutor and fellow learners. Centres should assess learners carefully to

ensure that they are able to meet the requirements of the qualification and that, if applicable, appropriate pathways or optional units are selected to meet the learner's progression requirements.

Centres should check the qualification structures and unit combinations carefully when advising learners. Centres will need to ensure that learners have access to a full range of information, advice and guidance to support them in making the necessary qualification and unit choices.

All learners must be registered with QUALIFI within the deadlines outlined in the QUALIFI *Registration, Results and Certification Policy and Procedure*.

Recognition of Prior Learning

Qualifi recognises and accepts credit (s) from regulated awarding organisations and/or universities that are at the same level, or higher, and which can be mapped to the units in our qualifications. For our theory-based qualifications we will only accept a maximum of 70% of prior/existing credits and reserve the right to not accept any credit dependent on where it was earned. All claims for RPL must be supported by a certificate or transcript of achievement issued by the awarding organisation or university. No credit will be given without a certificate or transcript from a regulated awarding organisation or university.

There must be a minimum 70% overlap between units or learning outcomes for Qualifi to consider approving the request for exemption.

A maximum of 70% of units in a qualification can be submitted for exemption using this method. The remaining 30% (or more) need to be units completed in full and learning outcomes demonstrated using Qualifi's assessments.

Evidence of learning must be valid and reliable. For full guidance on RPL please refer to QUALIFI's *Recognition of Prior Learning Policy*.

Data Protection

All personal information obtained from learners and other sources in connection with studies will be held securely and will be used during the course and after they leave the course for a variety of purposes and may be made available to our regulators. These should be all explained during the enrolment process at the commencement of learner studies. If learners or centres would like a more detailed explanation of the partner and QUALIFI policies on the use and disclosure of personal information, please contact QUALIFI via email support@QUALIFI-international.com

Learner Voice

Learners can play an important part in improving the quality through the feedback they give. In addition to the ongoing discussion with the course team throughout the year, centres will have a range of mechanisms for learners to feed back about their experience of teaching and learning.

Professional Development and Training for Centres

QUALIFI supports its approved centres with training related to our qualifications. This support is available through a choice of training options offered through publications or through customised training at your centre.

The support we offer focuses on a range of issues including:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building in effective and efficient quality assurance systems.

Please contact us for further information.

Progression and Links to other QUALIFI Programmes

Completing the **QUALIFI Level 3 Diploma in Adult Care** will enable learners to progress to:

- Level 4 Certificate in Adult Care
- Level 5 Diploma in Leadership and Management in Adult Care
- Associated apprenticeships
- Employment in an associated profession or progression into more senior roles within adult care settings.

Qualification Structure and Requirements

Credits and Total Qualification Time (TQT)

The QUALIFI Level 3 Diploma in Adult Care is made up of 58 credits which equates to 580 hours of TQT.

This **must** consist of:

- Minimum total credit: 58
- Mandatory Group Credit: 39
- A minimum of 19 credits from Optional Group

Total Qualification Time (TQT): is an estimate of the total amount of time that could reasonably be expected to be required for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Examples of activities that can contribute to Total Qualification Time include: guided learning, independent and unsupervised research/learning, unsupervised compilation of a portfolio of work experience, unsupervised e-learning, unsupervised e-assessment,

unsupervised coursework, watching a prerecorded podcast or webinar, unsupervised work-based learning.

Guided Learning Hours (GLH): are defined as the time when a tutor is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and learning workshops, live webinars, telephone tutorials or other forms of e-learning supervised by a tutor in real time. Guided learning includes any supervised assessment activity; this includes invigilated examination and observed assessment and observed work-based practice.

Rules of Combination for QUALIFI Level 3 Diploma in Adult Care

There are no fixed rules of combination for optional units. Centres must ensure learners achieve the required credit value, including all mandatory units and the minimum credit from the optional group.

Mandatory Units

Learners must achieve the 15 mandatory units from this group to a TQT of 390.

Unit number	Mandatory units	Level	Credit	TQT	GLH
H/652/0728	Ways of Working in Adult Care	3	2	20	18
J/652/0729	Safeguarding in Adult Care	3	3	30	24
M/652/0730	Mental Capacity and Restrictive Practice	3	2	20	18
R/652/0731	Duty of Care in Adult Care	3	2	20	18
T/652/0732	Effective Communication in Adult Care	3	3	30	24
Y/652/0733	Handling Information	3	2	20	18
A/652/0734	Person-centred practice in Adult Care	3	3	20	24
D/652/0735	Choice and independence in Adult Care	3	3	30	18
F/652/0736	Health and wellbeing in	3	3	30	24

Unit number	Mandatory units	Level	Credit	TQT	GLH
	Adult Care				
H/652/0737	Equality, diversity, inclusion and human rights in Adult Care	3	2	20	18
J/652/0738	Health and Safety (General) in Adult Care	3	3	30	24
K/652/0739	Infection Prevention and Control in Adult Care	3	2	20	18
R/652/0740	Health and Safety (topics) in Adult Care	3	3	30	24
T/652/0741	Continuous Development in Adult Care	3	3	30	18
Y/652/0742	Personal Wellbeing in Adult Care	3	3	30	18

Optional Units

Optional unit credit values and GLH have been benchmarked against sector practices to provide an appropriate balance of depth, demand and flexibility. Where unit sizes remain consistent, this reflects alignment in guided learning requirements, occupational relevance and assessment demand.

Optional units build on the foundations established within the mandatory units and extend practice by requiring greater application, analysis, decision-making and adaptation in complex or changing situations. Where thematic links exist, this reflects progression in practice rather than duplication of content.

Learners must achieve units in this group to a total of TQT of 190.

Unit number	Optional units	Level	Credit	TQT	GLH
A/652/0743	Digital Social Care Records (DSCR) in Practice	3	3	30	12
D/652/0744	Assistive and Smart	3	3	30	12

Unit number	Optional units	Level	Credit	TQT	GLH
	Technologies for Independence				
F/652/0745	Supervision Skills for Senior Care Workers	3	3	30	12
H/652/0746	Quality Assurance and Continuous Improvement	3	3	30	12
J/652/0747	Positive Behaviour Support (PBS)	3	3	30	12
K/652/0748	Dementia Awareness and Support	3	3	30	12
L/652/0749	Autism: Strengths-based Support	3	3	30	12
T/652/0750	End of Life Care (including Bereavement)	3	4	40	16
Y/652/0751	Care Planning and Outcomes-based Assessment	3	3	30	12
A/652/0752	Nutrition, Hydration and Dysphagia Awareness	3	3	30	12
D/652/0753	Safeguarding in a Digital World	3	3	30	12
F/652/0754	Reablement and Rehabilitation	3	3	30	12
H/652/0755	Mental Health Awareness and Support	3	3	30	12
J/652/0756	Acquired Brain Injury (ABI) —Awareness & Support	3	3	30	12
K/652/0757	Learning Disability — Strengths-based Support	3	3	30	12
L/652/0758	Trauma Informed Practice	3	3	30	12

Unit number	Optional units	Level	Credit	TQT	GLH
M/652/0759	Advanced Dementia Practice	3	3	30	12

Achievement Requirements

Learners must demonstrate they have met all learning outcomes and assessment criteria for all the required units to achieve this qualification. QUALIFI will issue e-certificates directly to all successful learners registered with an approved QUALIFI centre.

Awarding Classification/Grading

This qualification grading is **Pass/Fail]**.

All units will be internally assessed through a combination of methods appropriate to the requirements of the units and assessment criteria , for example written assignment and practical observations and are al subject to external quality assurance by QUALIFI.

Assessment Strategy and Methods

Strengthening Learning Outcomes and Assessment Criteria

Learning outcomes and assessment criteria are structured to reflect Level 3 practice, ensuring appropriate depth, complexity and clear expectations for learner performance, including person-centred approaches, co-production and outcomes-focused practice.

The QUALIFI Level 3 Diploma in Adult Care Service must be assessed in accordance with Skills for Care and Development Assessment Principles. These can be found at Skills for Care and Development Assessment Principles.

QUALIFI provides a user-friendly e-portfolio system for candidates to upload their assessment evidence and assignments for Assessors to mark and IQAs to quality assure. Approved centres should undertake the QUALIFI centre development courses to understand how to use the e-portfolio and the benefits to learners and the centre.

Learner assessments will be internally marked by the approved centre and will be subject to external quality assurance by QUALIFI prior to certification.

All learning outcomes and related assessment criteria must be demonstrated/passed in order to achieve the qualification. To achieve a 'pass' for each of the units, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standardsspecified by all assessment criteria.

Assessment decisions must be based on evidence that demonstrates consistent, competent performance in the workplace or, where this is not possible, in a realistic work environment, in line with Skills for Care and Development assessment principles.

Simulation should only be used where permitted by the Skills for Care and Development Assessment Principles.

1: Formative Assessment

Formative assessment is an integral part of the assessment process, involving both the Tutor/Assessor and the learner about their progress during the course of study. Formative assessment takes place prior to summative assessment and focuses on helping the learner to reflect on their learning and improve their performance and does not confirm achievement of grades/pass-mark, at this stage.

The main function of formative assessment is to provide feedback to enable the learner to make improvements to their work. This feedback should be prompt, so it has meaning and context for the learner and time must be given following the feedback for actions to be complete. Feedback on formative assessment must be constructive and provide clear guidance and actions for improvement. All records should be available for auditing purposes, as QUALIFI may choose to check records of formative assessment as part of our ongoing quality assurance. Formative assessments will not contribute to the overall mark/achievement of the units.

2: Summative Assessment

Summative assessment is used to evaluate learner competence and progression at the end of a unit or component. Summative assessment should take place when the assessor deems that the learner is at a stage where competence can be demonstrated.

Learners should be made aware that summative assessment outcomes are subject to confirmation by the Internal Quality Assurer (IQA) and External Quality Assurer (EQA) and thus is provisional and can be overridden. Assessors should annotate on the learner work where the evidence supports their decisions against the assessment criteria. Learners will need to be familiar with the assessment and grading/marking criteria so that they can understand the quality of what is required.

Formative Assessment	**Summative Assessment**
used during the learning process	used at the end of the learning process
provides feedback on learning-in-process	evaluates achievement against learning outcomes and assessment criteria
dialogue-based, ungraded	graded Pass / Refer

Evidence of both formative and summative assessment MUST be made available at the time of external quality assurance – EQA.

Unit Specifications

Mandatory Units

Unit 1: Ways of Working in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to understand and apply professional responsibilities in adult care settings, including agreed ways of working in order to promote safe and person-centred practice.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1.	Understand agreed ways of working	1.1	Explain why it is important to work within the scope of own role, responsibility, and training
		1.2	Outline what is meant by the term 'delegated healthcare activity' who might delegate a healthcare task, and why?
		1.3	Describe own role in quality assurance processes and promoting positive experiences for individuals accessing care
2.	Work in ways that are agreed with the employer	2.1	Access full and up-to-date details of agreed ways of working
		2.2	Implement agreed ways of working
3.	Understand working relationships in care settings	3.1	Explain how a working relationship is different from a personal relationship
		3.2	Describe different working relationships in care settings
		3.3	Explain why it is important to work in partnership with others
		3.4	Describe different skills and approaches used when working in partnership with others
		3.5	Identify how and when to access support and advice about: • partnership working • resolving conflicts in relationships and partnerships
4.	Work in partnership with others	4.1	Demonstrate ways of working that can help improve partnership working

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles. This is a knowledge-based and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 2 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit and scenarios where this evidence is likely to be gained e.g. in direct and holistic practices in the working environment, this observation should be in actual person and not carried out remotely.

Guidance notes

Learning outcomes 1 -4

- **Delegated healthcare activities** - A delegated healthcare activity is a health intervention or activity, usually of a clinical nature, that a registered healthcare professional delegates to a paid care worker. It is recognised that not all care and support workers will have healthcare tasks delegated to them. However, it is important learners develop an understanding of what these are and the requirements around them. This is to help prepare learners for potential delegated responsibility in the future. There is no defined list of a delegated healthcare activities, but may include / are not limited to:
  - administering medication via non-oral routes: eye drops, insulin injections or applying topical creams
  - wound care / skin integrity: carrying out a basic wound dressing or changing a wound dressing
  - supporting a person's nutrition using a PEG (percutaneous endoscopic gastrostomy)
  - blood glucose monitoring: Using a glucometer to monitor blood sugar levels.
- **Quality assurance processes** - This will include own role and understanding of accountability with internal governance and processes used such as assurance and auditing procedures. Learners should be encouraged to relate how practice supports these processes in the workplace.
- **Agreed ways of working** - These will include formal policies and procedures and job descriptions. And may also involve fewer formal agreements and shared understanding within teams, including expectations around behaviours, communication and teamwork.
- **Working relationships** - Learners must consider the following groups of people they have working relationships with, (unless their role means they do not have a relationship with a particular group of people):
  - individuals accessing care and support services
  - the friends, family, loved ones and unpaid workers of those accessing care and support services
  - peers and team members
  - regulated professionals/practice supervisors/assessors supervising the delegated activities

- other colleagues, (paid and volunteers), within the organisation
- managers and senior management
- paid workers and volunteers from other organisations and teams.

- **Others** - In this context, others may include:
  - individuals accessing care and support services
  - The friends, family, loved ones and unpaid workers of those accessing care and support services
  - peers and team members
  - manager and senior management
  - paid workers and volunteers from other organisations and teams.

Unit 2: Safeguarding in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to understand and apply professional responsibilities in adult care settings, including safeguarding in order to promote safe and person-centred practice.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1.	Understand the national and local context of safeguarding and protection from abuse and neglect	1.1	Summarise relevant legislation, principles, national policies and frameworks, and local systems that relate to safeguarding and protection from abuse and neglect
		1.2	Describe the roles of different agencies in safeguarding and protecting individuals' right to live in safety and be free from abuse and neglect
		1.3	Explain reports into serious failures in upholding individuals' rights to live free from abuse and neglect and how they influence current practice
		1.4	Identify sources of information and advice about own role in safeguarding, including whistle blowing and accountability for decision making and information sharing
2.	Know how to recognise signs of abuse and neglect	2.1	Outline what is meant by the terms: • Safeguarding • Abuse • harm
		2.2	Explain the factors that contribute to an individual being more at risk of abuse or neglect
		2.3	Describe what is meant by abuse and neglect, including: • physical abuse • domestic abuse • sexual abuse • psychological abuse • financial/material abuse • modern slavery • discriminatory abuse • organisational abuse • neglect/acts of omission • self-neglect
		2.4	Identify indicators that an individual may be being abused
		2.5	Identify indicators of perpetrator behaviour

3.	Understand ways to reduce the likelihood of abuse or neglect occurring	3.1	Explain how the likelihood of abuse may be reduced by: • working with the person, using person-centred values • enabling active participation • promoting choice and rights • working in partnership with others
		3.2	Describe the relationship between the person's wellbeing and positive risk taking
		3.3	Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse
4.	Know how to respond to suspected or disclosed abuse and neglect	4.1	Describe the actions to take if there are suspicions an individual is being abused or neglected
		4.2	Explain how to respond if an individual discloses that they are being abused
		4.3	Describe issues relating to consent to share information and how to share information about suspicions or disclosures of abuse or neglect
		4.4	Explain how to keep the individual and others appropriately informed and involved about their safeguarding concern in line with policies and procedures
		4.5	Outline ways to ensure evidence is preserved
		4.6	Explain how and when to seek support in relation to responding to safeguarding concerns
		4.7	Describe how to respond to suspicion or disclosure that a child or young person is being abused or neglected
5	Know how to recognise and report unsafe practices	5.1	Identify unsafe practices that may affect individuals' wellbeing
		5.2	Describe the actions to take if unsafe practices have been identified
		5.3	Describe the action to take if suspected abuse or unsafe practices have been reported but no action taken in response
6	Understand the principles of online safety	6.1	Explain the importance of balancing online safety measures with the benefits individuals can gain from accessing online systems and the individual's right to make informed decisions
		6.2	Describe the potential risks to individuals presented by: • use of electronic communication device • use of the internet • use of social networking sites • carrying out financial transactions online
		6.3	Describe ways of working inclusively with individuals to reduce the risks presented by each of these types of activities

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Guidance notes

Learning outcomes 1 -6

- **Relevant legislation** - Learners should consider how different legislation relates to and influences safeguarding practices. This may include, but is not limited to:
  - Mental Capacity Act 2005 (including Deprivation of Liberty safeguards 2009)
  - Human Rights Act 1998
  - Equality Act 2010
  - Mental Health Act 1983
  - Health and Social Care Act 2012
  - Care Act 2014.
- **Principles** - Including, but not limited to, the six principles of safeguarding embedded within the Care Act 2014: Empowerment, Prevention, Proportionality, Protection, Partnership, Accountability.
- **National policies and frameworks** - this includes but is not limited to: Making Safeguarding Personal.
- **Local systems** - This may include:
  - employer/organisational policies and procedures
  - multi-agency adult protection arrangements for a locality.
- **Whistle blowing** - Where a person (the whistle blower) exposes any kind of information or activity that is deemed illegal, unethical, or incorrect.
- **Factors** – This may include:
  - a setting or situation
  - the individual and their care and support needs.
- **Domestic abuse** - Learners should consider acts of control and coercion.
- **Indicators** - Learners should consider various kinds of abuse/neglect and the physical, emotional, behavioural, and social indicators that suggest they may be occurring or have occurred.
- **Individual/s** - In this context, 'individual' will usually mean the person supported by the learner, but it may include those for whom there is no formal duty of care.
- **Person centred values** - Values include individuality, rights, choice, privacy, independence, dignity, respect, care, compassion, courage, communication, competence, partnership.
- **Active participation** - An approach that empowers individuals to take the lead in their own care and support, recognising their right to be fully involved in the decisions, activities and relationships that shape their daily lives, rather than being passive recipients.

- **Actions** These actions constitute the learner's responsibilities in responding to disclosures or suspicions of abuse in line with internal policies and procedures. They include actions to take if the disclosure or suspicion implicates:
  - a colleague
  - someone in the individual's personal network
  - the learner
  - the learner's line manager
  - others.
- **Unsafe practices** – This may include:
  - poor working practices
  - resource difficulties
  - operational difficulties.
- **Wellbeing** - Wellbeing is a broad concept referring to a person's quality of life considering health, happiness, and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical, and mental wellbeing.

Unit 3: Mental capacity and restrictive practice in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to understand and apply professional responsibilities in adult care settings, including mental capacity and restrictive practice in order to promote safe and person-centred practice.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1.	Understand the principles of mental capacity	1.1	Summarise the main purpose and principles of relevant legislation and codes of practice relating to mental capacity and how these principles interact
		1.2	Describe factors that influence an individual's mental capacity and ability to express consent
		1.3	Explain the relationship between an individual's mental capacity, consent, choice, and safety
		1.4	Explain what is meant by 'valid consent'
2.	Understand the application of the principles of mental capacity and consent	2.1	Describe own role and responsibilities in relation to relevant principles, legislation, and codes of practice and upholding individuals' rights
		2.2	Explain why it is important to establish an individual's consent when providing care and support
		2.3	Explain how personal values and attitudes can influence perceptions of situations and of individuals' capacity
		2.4	Describe strategies and skills that could be used to maximise individuals' capacity to make their own decisions
		2.5	Outline own role in identifying when an assessment of capacity may be required
		2.6	Describe the steps to take if consent cannot be readily established and own role in this.
3.	Understand restrictive practices	3.1	Explain what is meant by 'restrictive practice'
		3.2	Explain the importance and impact of seeking the least restrictive option for individuals
		3.3	Explain how to raise concerns when restrictions appear out of proportion with evident risk
		3.4	Summarise organisational policies and procedures in relation to restrictive practices and own role in implementing these

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Guidance notes

Learning outcomes 1 -3

- **Principles** - This must include the best interests principle.
- **Legislation and codes of practice** – These include, but are not limited to:
  - Mental Capacity Act 2005
  - Human Rights Act 1998
  - Equality Act 2010
  - Mental Health Act 1983
  - Health and Social Care Act 2012
  - Care Act 2014
  - Data Protection Act 2018
- **Factors** - These may include, but not limited to - fluctuating capacity, decisions and time specificity, environmental influence, influences of others and early indicators of change.
- **Strategies and skills** - These will include effective communication and engagement skills to provide practical support. These may include, providing information in a range of accessible formats to support understanding, using appropriate communication aids, adapting the environment to reduce distractions or barriers, active listening, awareness of signs of coercion or control from others and responding appropriately to protect the individuals' rights.
- **Steps to take** - These will include adhering to the principles of the Mental Capacity Act, as well as adhering to organisations' policies and procedures and include best interest decisions.
- **Restrictive practice** - Learners should consider restrictions and restraint. They should consider practices intended to restrict and restrain individuals as well as practices that do so inadvertently. Learners should demonstrate awareness of physical, mechanical, chemical, seclusion, segregation, psychological restraint, and the threat of restraint.

Supporting resources for centres and learners - Restraint Reduction Network (RRN) training standards.

Unit 4: Duty of Care in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to understand and apply professional responsibilities in adult care settings, including duty of care in order to promote safe and person-centred practice.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1.	Understand how duty of care contributes to safe practice	1.1	Describe what it means to have a duty of care in own work role
		1.2	Explain how duty of care relates to duty of candour
		1.3	Explain how duty of care contributes to the safeguarding and protecting of individuals' right to live in safety and be free from abuse and neglect
2.	Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care	2.1	Identify potential conflicts or dilemmas that may arise between the duty of care and an individual's rights
		2.2	Explain how to work effectively with individuals and others to manage conflicts and dilemmas related to duty of care to achieve positive outcomes for individuals
		2.3	Identify where to get additional support and advice about conflicts and dilemmas
3.	Know how to respond to concerns and complaints	3.1	Describe own role in listening and responding to comments and complaints
		3.2	Describe the main points of agreed procedures for handling comments and complaints
		3.3	Explain the importance of empowering individuals and others to express their comments and complaints
4	Know how to recognise and respond to adverse events, incidents, errors and near misses	4.1	Summarise what is considered to be an adverse event, incident, error, and near miss
		4.2	Explain how to recognise, report, and respond to adverse events, incidents, errors, and near misses
		4.3	Explain how own role in recognising and responding to adverse events, incidents, errors, and near misses can prevent further occurrences and improve quality of care

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Guidance notes

Learning outcomes 1 -4

- **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.
- **Others** - In this context, this refers to everyone a worker is likely to come in to contact with, including:
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting
  - members of the community
  - volunteers

Unit 5: Effective Communication in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to develop effective communication skills in adult care settings. Learners will understand diverse communication needs and preferences, use appropriate methods and technologies, maintain confidentiality, and work with advocacy services to support individuals' rights, wellbeing, and participation.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand why effective communication is important in the work setting	1.1	Outline the different reasons people communicate
		1.2	Describe how communication affects relationships in the work setting
		1.3	Explain how communication skills can be used to manage complex, sensitive, abusive, and difficult situations
		1.4	Explain the importance of maintaining open and honest communication
2	Understand the variety in peoples' communication needs and preferences	2.1	Identify the range of communication styles, methods, and skills available
		2.2	Explain how people may use and/or interpret communication methods and styles in different ways
		2.3	Outline the factors to consider when promoting effective communication
		2.4	Explain how digital tools and other technologies are used to promote and enhance communication between self and others
		2.5	Identify the barriers that may be present when communicating with others
		2.6	Explain how to access extra support or services to enable effective communication with and between individuals
		2.7	Describe the impact of poor or inappropriate communication practices
3	Be able to communicate effectively with others	3.1	Demonstrate a range of effective communication methods and skills
		3.2	Apply and use communication skills appropriately in relation to message and audience for maximum impact
		3.3	Use communication skills to build relationships

		3.4	Identify and overcome barriers to communication and using technology with others
4	Meet the communication and language needs, wishes, and preferences of individuals	4.1	Establish the communication and language needs, wishes, and preferences of individuals to maximise the quality of interactions
		4.2	Demonstrate a range of communication styles, methods, and skills to meet individuals' needs
		4.3	Respond to an individual's reactions when communicating
		4.4	Demonstrate professionalism when using a variety of communication methods
5	Understand the role of independent advocacy services in supporting individuals to communicate their wishes, needs, and preferences	5.1	Outline the purpose and principles of independent advocacy
		5.2	Explain when to offer support to individuals to access an advocate
		5.3	Explain how to support individuals to access advocacy services
6	Understand confidentiality in care settings	6.1	Outline the meaning of the term 'confidentiality'
		6.2	Explain the importance of maintaining confidentiality when communicating with others
		6.3	Explain when and why confidentiality may need to be breached
		6.4	Explain the potential tension between maintaining an individual's confidentiality and disclosing concerns
		6.5	Summarise how own duty of care contributes to safe practice with communication, confidentiality, and inclusion of digital recording and systems in the workplace

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 3 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g. direct practice in providing care and support to individuals, this observation should be in actual person and not carried out remotely.

Guidance notes

Learning outcomes 1-6

- **Work setting** - This must include own work setting and a range of locations in the context of the learner's role.
- **Communication styles, methods, and skills** - Learners must also include the use of digital technology within their own setting and other settings in the context of the learner's role and should consider additional communication styles, methods, and skills:
  - digital technology: e.g. digital social care records (DSCRs) integrated care systems (ICSs) and shared records, artificial intelligence (AI) and smart technologies, AI-Assisted Administrative Support (Magic Note)
  - verbal: words, voice, tone, pitch, spoken and written
  - non-verbal: body language, proximity, eye contact, touch, gestures, behaviour
  - additional methods to support communication: signs, symbols and pictures, objects of reference
  - face to face communication (physically together or online)
  - active listening skills including paraphrasing, reflection, summarising, reframing, providing encouragement
  - interpretation of non-verbal communication
  - ability to use silence to provide space and support.
- **Skills** - Learners should consider digital skills e-learning, digital skills communities of practice, learning through digital change programmes.
- **Digital and other technologies** - Learners should consider:
  - video calling platforms – Zoom, Microsoft Teams, WhatsApp video
  - electronic Care planning Systems
  - mobile phones and tablets
  - speech-to-text or text-to-speech apps
  - Augmentative and alternative communication Tools (AAC)
  - NHS-mail and care-specific messaging platforms
  - Other (non-digital) technologies.
- **Barriers** – These may include, but are not limited to:
  - environment
  - time
  - own physical, emotional or psychological state
  - physical, emotional or psychological state of others
  - own skills, abilities or confidence
  - own or others' prejudices
  - conflict
  - access to technology
  - device charging and operation.
  - wi-fi access
- **Others**: in this context, this refers to everyone a worker is likely to come into contact with, including:
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting

- members of the community
- volunteers.

- **Services** – These may include:
  - translation services
  - interpretation services
  - speech and language services
  - advocacy services.
  - communication and support teams
  - occupational therapy (OT)
  - assistive technology services
  - specialist teams which support individuals.
- **Poor or inappropriate**: this may include, but is not limited to:
  - patronising individuals
  - not listening to individuals
  - not being available to communicate effectively
  - not respecting individuals' communication preferences, needs or strengths
  - using communication skills to control or take ownership of an interaction.
  - interrupting or talking over someone
  - offering inappropriate or unsolicited advice
  - placating an individual.
- **Needs, wishes and preferences** - These may be based on experiences, desires, values, beliefs or culture and may change over time.
- **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.
- **Digital recording and Digital systems** - In this context, learners must show understanding of how digital systems and digital technologies are used to support safe practices – this may include but is not limited to - electronic care plans, incident logs, audit trails and safeguarding alerts.

Unit 6: Data Handling

Unit code:

RQF Level: 3

Unit Aim

To enable learners to follow good practice when handling information in adult care settings.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand requirements for handling information in care settings	1.1	Summarise the main points of legal requirements, policies, and codes of practice for handling information in care settings
		1.2	Describe features of manual and electronic information storage systems that help ensure data and cyber security
		1.3	Explain how to support others to keep information secure
		1.4	Outline what would be considered a 'data breach' in the handling of information and how to respond
2	Implement good practice in handling information	2.1	Ensure data security when sharing, storing, and accessing manual and electronic information
		2.2	Maintain and promote confidentiality in day-to-day communication
		2.3	Maintain manual and electronic records that are up to date, complete, accurate, and legible
		2.4	Support audit processes in line with own role and responsibilities

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcome 2 is skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g. dealing with confidential information in support of individuals, this observation should be in actual person and not carried out remotely..

Guidance notes

Learning outcomes 1 and 2

- **Manual** - This refers to use of paper e.g. written records.
- **Electronic** - This refers to use of digital tools, technology, and devices.
- **Digital systems in practice** - Learners should consider how systems such as Digital Social Care Records (DSCR) are used to support secure, accurate and timely recording and information sharing in adult care.
- **Policies and codes of practice** - Learners must refer to their own work setting's policies and codes of practices and should consider:
  - Confidentiality
  - General Data Protection Regulation (GDPR)
  - Data Protection Act 2018
  - Freedom of Information Act 2000
  - Data (Use and Access) Act 2025
  - individuals' rights
  - workplace use of AI policy
  - workplace digital and use of technology policy.
- **Data and cyber security** - 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.
- **Others** - In this context, this refers to everyone a worker is likely to come in to contact with, including:
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting
  - members of the community
  - volunteers.
- **Data breach** - This is the accidental or unlawful destruction, loss, alteration unauthorised disclosure of, or access to, personal or secure data.
- **Sharing, storing and accessing** - Assessment must include both manual (paper-based) and electronic (digital) records. Learners must consider in their practice their own workplace procedures and arrangements for, storing, accessing, and sharing information across both formats. Learners should also consider how information is securely transferred or shared between digital systems and paper records online within data protection and confidentiality requirements.
- **Records** - Where learners are required to use both manual and electronic recording systems, assessment must include both ways of record keeping.
- **Audit** - In this context, learners must refer to own responsibilities, within their own workplace

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Unit 7: Person-centred Practice in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to apply person-centred and strengths-based approaches in adult care settings.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand the application of person-centred practices in care settings	1.1	Describe how person-centred values can be applied in a range of situations
		1.2	Explain how to effectively build relationships with individuals
		1.3	Explain how and why person-centred values and strength-based approaches must influence all aspects of care work
		1.4	Outline how to use a range of care plans, relevant digital social care records (DSCRs), and other resources to apply person-centred values and strength-based approaches
		1.5	Explain how the active participation of individuals and others in care planning promotes person-centred values and strength-based approaches to meet the holistic needs of an individual, now and in planning for their futures
		1.6	Describe how to seek feedback to support the delivery of person-centred care in line with roles and responsibilities
		1.7	Explain how to support an individual to question or challenge decisions concerning them that are made by others
2	Understand the importance of individuals' relationships	2.1	Describe the different people and relationships that may be important to individuals, including intimate or sexual relationships
		2.2	Explain the impact maintaining and building relationships can have for individuals
		2.3	Describe own role in supporting individuals to maintain and build relationships
3	Work in a person-centred way	3.1	Work with an individual and others to establish and understand the individual's history, preferences, wishes, strengths, and needs
		3.2	Work with individuals to identify how they want to actively participate in their care and support, considering their history, preferences, wishes, strengths, and needs
		3.3	Be responsive to individuals' changing needs or preferences and adapt actions and approaches accordingly

		3.4	Demonstrate respect for individuals' lifestyle, choices, and relationships
		3.5	Promote understanding and application of active participation amongst others

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcome 3 is skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g. direct practice in providing care and support to individuals, this observation should be in actual person and not carried out remotely.

Guidance notes

Learning outcomes 1-3

- **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.
- **Others** - Others may include team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates.
- **History, preferences, wishes, strengths, and needs** - These may be based on experiences, desires, values, beliefs, or culture and may change over time.
- **Active participation** - 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.
- **Person centred values** – these include individuality, rights, choice, privacy, independence, dignity, respect, partnership.
- **Strengths-based approaches** - 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.
- **Care plans, digital social care records (DSCRs) and other resources** - A care plan may be known by other names such as a support plan or individual plan and are central to providing person-centred care. Digital care plans are used in place of, or alongside paper-based records. These are often part of the Digital Social Care Record (DSCR) which help ensure that information is up-to-date, securely stored and easily accessible to the appropriate persons.

In addition to care plans and digital care plans, other resources that support person-centred care may include:

- one-page profiles
- advanced care plans
- assessments from other organisations
- information from family, carers and others

These resources, paper based and/or digital contribute to a full picture of the individual's needs and support safe, coordinated and high-quality care.

- **Planning for their futures** - This might include, but is not limited to:
  - living arrangements
  - health and wellbeing
  - relationships
  - education or employment
  - end of life care
- **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.

Unit 8: Choice and Independence in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable to develop the knowledge and skills to build positive relationships, support active participation, respect individuals' choices and preferences, and promote holistic, inclusive, and empowering care.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Promote individuals' rights to make choices	1.1	Support individuals to make informed choices and decisions
		1.2	Establish informed consent when providing care and support
		1.3	Use support mechanisms and guidance to support the individual's right to make choices
		1.4	Work with individuals to manage risk in a way that maintains and promotes the individual's right to make choices
2	Promote individuals' independence	2.1	Involve individuals in their care and support
		2.2	Support individuals to recognise their strengths and their abilities to gain confidence to self-care
		2.3	Identify a range of technologies that support or maintain individuals' independence
3	Understand the role of risk assessments in promoting person-centred approaches, choice, and independence	3.1	Explain how risk assessments can be used to promote and enable individuals' choice, independence, and right to take risks
		3.2	Describe the different risk assessment methods that can be used in different situations and own role within these
		3.3	Explain risk assessment reviews, including: • why it is important to review and update individuals' risk assessments • when individuals' risk assessments should be reviewed and updated • who should be involved in the review and update of individuals' risk assessments

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 1 and 2 are skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g. direct practice in providing care and support to individuals, this observation should be in actual person and not carried out remotely.

Guidance notes

Learning outcomes 1-3

- **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.
- **Informed consent** - Where an individual, with capacity to consent, voluntarily agrees to an action or decision based on awareness and understanding of risks, benefits, and alternatives.
- **Technologies** - Learners should consider smart home and assistive technologies, robotics and AI integration, digital tools and applications, remote health monitoring and cognitive support technologies
- **Risk assessment methods** - These should be in line with organisational policies, procedures, and practices.

Unit 9: Health and Wellbeing in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable to develop the knowledge and skills to promote and support individuals' wellbeing ion adult care settings.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand the importance of individuals' wellbeing	1.1	Explain the relationship between identity, self-image, and self-esteem and the impact this can have on an individual's wellbeing
		1.2	Identify factors that positively and negatively influence an individual's wellbeing
		1.3	Describe the range of services and resources available to support individuals' wellbeing and how to access these
		1.4	Explain how an individual's wellbeing may affect their behaviours and relationships
2	Know how to monitor individuals' health and wellbeing	2.1	Outline the role of prevention in supporting individuals to stay healthy, happy, and independent for as long as possible
		2.2	Explain how to engage, support, and involve individuals in monitoring their own health and wellbeing
		2.3	Identify the early indicators of physical and mental health deterioration
		2.4	Explain how to escalate concerns about an individual's health deterioration and to whom
3	Be able to assess and respond to changes in an individual's health and wellbeing	3.1	Engage and involve individuals in understanding and monitoring their health and wellbeing
		3.2	Use appropriate tools to monitor and report changes in health and wellbeing
		3.3	Record observations of health and wellbeing and take appropriate action
4	Promote individuals' health and wellbeing	4.1	Support an individual in a way that promotes their sense of identity, self-image, and self-esteem
		4.2	Demonstrate ways to contribute to an environment that promotes wellbeing
		4.3	Demonstrate a person-centred approach to working with individuals and others to improve individuals' health and wellbeing

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 3 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g. direct practice in providing care and support to individuals, this observation should be in actual person and not carried out remotely.

Guidance notes

Learning outcomes 1 -4

- **Individuals' wellbeing** - In this context, wellbeing refers to the overall quality of life of people receiving care and support. It includes health, happiness, and comfort. Learners must include aspects of social, emotional, cultural, spiritual, intellectual, physical, mental wellbeing, economic and personal identity.
- **Factors** - Factors affecting wellbeing will be different for different people. Learners must show consideration for environmental, physical, social (loneliness and social isolation for example), psychological factors, technological, economic, cultural and societal factors.
- **Prevention** - Prevention involves recognising and responding to individuals' needs as early as possible with the aim of reducing risk of health and wellbeing deterioration.

  Learners must show consideration for: Early intervention, community engagement, environmental adaptations, technology integration, cultural competence, mental health support and economic assistance.
- **Range of services and resources** - Learners should consider a range of services and resources available within their organisation and external to their organisation that could support individuals' different wellbeing strengths and needs. May include clinical and non-clinical approaches.
- **Early indicators** - These may also be referred to as 'soft signs' of deterioration and include: restlessness, confusion, temperature changes, changes in mobility, pain, discoloured skin, changes in appetite, breathing difficulties, changes to urine or bowel habits, sickness, changes in mood or temperament.
- **Monitoring** - Monitoring helps to put in place early support to protect an individual's wellbeing and should look at a whole individual's physical, emotional, and social wellbeing. Ways to monitor wellbeing my include but are not limited to monitoring plans, self-monitoring, technologies, emotional support, social networks, access to healthcare and screening. May include clinical and non-clinical approaches.
- **Appropriate tools** - Tools will vary depending on a learner's role and organisational practices. They may include but are not limited to: AI-driven monitoring systems, lifestyle

monitoring technologies, Digital Social Care Records (DSCRs), 'Stop and Watch', RESTORE2, SBARD (Situation, Background, Assessment, Recommendation, Decision), UCLA (loneliness and social isolation scale)
Appropriate action - Actions will vary depending on learners' role and organisational practices, as well as the specific change in an individual's wellbeing. Action may include referring to a colleague or another organisation

Unit 10: Equality, Diversity, Inclusion, and Human Rights in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable to develop the knowledge and skills to promote and support equality, diversity, inclusion, and human rights in adult care settings.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand influencers on working practices to promote equality, diversity, inclusion, and human rights	1.1	Summarise how legislation, policies, and codes of practice apply to and influence own work role
		1.2	Explain how external factors influence own work role
2	Understand the importance of equality, diversity, inclusion, and human rights within the work setting	2.1	Outline the definition and relevance to own practice of: • diversity • equality • inclusion • discrimination • unconscious bias • protected characteristics • neurodiversity human rights
		2.2	Explain how equity and inclusive practice and cultures can support and promote equality, diversity, inclusion, and human rights
		2.3	Explain how the promotion of equality, diversity, inclusion, and human rights can lead to improved outcomes for individuals
		2.4	Summarise how own organisation promotes equality, diversity, inclusion, and human rights
		2.5	Describe own role in promoting equality, diversity, inclusion, and human rights
3	Know how to promote equality, diversity, inclusion, and human rights	3.1	Describe the potential effects of discrimination
		3.2	Explain how unconscious biases may affect own and others' behaviours
		3.3	Explain how to respond to and challenge discrimination in a way that promotes positive change
		3.4	Describe how to report any discriminatory or exclusive behaviours, and to whom
4	Work in an inclusive way	4.1	Interact with individuals and others in a way that respects their lifestyle, beliefs, culture, values, preferences, and

			communication, processing, or sensory needs (including those associated with neurodiversity)
		4.2	Promote a culture that supports inclusive practices
		4.3	Reflect on and make improvements to own practice in promoting equality, diversity, inclusion, and human rights

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcome 4 is skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g. direct practice in providing care and support to individuals, this observation should be in actual person and not carried out remotely.

Guidance notes

Learning outcomes 1 -4

- **Legislation** - These must relate to equality, diversity, inclusion, discrimination and human rights and might include Equality Act 2010, Human Rights Act 1998, Health and Social Care Act 2012.
- **External factors** - These may include, but are not limited to, societal movements and campaigns or periods in modern history.
- **Equity** - Equity is recognising that individuals have different needs by providing the right support to achieve fair outcomes for the individuals. Learners must show how to recognise when an individual may be treated unfairly due to factors such as disability, culture, language or socio-economic background and show how to value each individual to ensure equal access to care or opportunities. This may include:
  - reasonable adjustments to care and support
  - communication methods that meet language or sensory needs
  - celebrating diverse cultures or religions
  - challenging discrimination or unfair treatment in the workplace.
- **Individuals** - 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.
- **Own role in promoting** - This may include the learner's role:
  - within their team, workplace or organisation
  - within networks of practice
  - within the community

- supporting or advising other professionals with regards to reasonable adjustments for individuals.

- **Effects** - These may include effects on the individual, their loved ones, those who inflict discrimination and the wider community and society.
- **Others** - In this context, this refers to everyone a worker is likely to come in to contact with, including:
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting
  - members of the community
  - volunteers.

Unit 11 Health and Safety (General) in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to understand and apply health and safety responsibilities in adult care settings. Learners will develop the knowledge and skills to follow legislation, policies, and procedures, respond appropriately to accidents and sudden illness, and manage risks to promote safe working practices.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand own responsibilities, and the responsibilities of others, relating to health and safety	1.1	Summarise legislation relating to health and safety in a care work setting
		1.2	Describe the main points of health and safety policies and procedures agreed with the employer
		1.3	Describe the main health and safety responsibilities of: • self • the employer or manager • others in the work setting
		1.4	Identify specific tasks in the work setting that should not be carried out without special training
2	Understand procedures for responding to accidents and sudden illness	2.1	Identify different types of accidents and sudden illness that may occur in own work setting
		2.2	Describe procedures to be followed if an accident or sudden illness should occur
3	Carry out own responsibilities for health and safety	3.1	Use policies and procedures or other agreed ways of working that relate to health and safety
		3.2	Support others' understanding and following of safe practices
		3.3	Monitor potential health and safety risks
		3.4	Use risk assessment in relation to health and safety
		3.5	Minimise and manage potential risks and hazards
		3.6	Access additional support or information relating to health and safety

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcome 3 is skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit and scenarios where this evidence is likely to be gained e.g. in direct practice whilst providing care and support to individuals, this observation should be in actual person and not carried out remotely.

Guidance notes

Learning outcomes 1-3

- **Others** - this may include:
  - team members
  - other colleagues
  - those who use or commission their own health or social care services.
  - families, carers and advocates.
- **Work setting** - This may include one specific location or a range of locations, depending on the context of a particular work role.
- **Policies and procedures** – This may include other agreed ways of working as well as formal policies and procedures.
- **Tasks** - This may include:
  - use of equipment
  - first aid
  - medication
  - health care procedures
  - food handling and preparation.

Unit 12 Infection Control and Prevention in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to understand and follow good practice to prevent and control the spread of infection.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand how to prevent and control the spread of infection	1.1	Describe different types of infection and how they are spread (chain of infection)
		1.2	Explain how to identify individuals who have, or are at risk of developing, an infection, and the actions to take to reduce the risks to them and others
		1.3	Explain own role and responsibilities in identifying, or acting upon the identification, of an outbreak or spread of infection
		1.4	Outline own role in supporting others to follow practices that reduce the spread of infection
		1.5	Describe own responsibilities for ensuring the appropriate cleaning and decontamination of environments and equipment
2	Prevent and control the spread of infection	2.1	Risk assess a range of situations and select and use appropriate Personal Protective Equipment (PPE) correctly
		2.2	Identify when it is necessary to perform hand hygiene
		2.3	Select appropriate products and perform hand hygiene using recommended techniques
		2.4	Ensure that own health and hygiene does not pose a risk to individuals and others

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcome 2 is skill based, and primary evidence should include observation of direct practice in the workplace.

Guidance notes

Learning outcomes 1 and 2

- **Individuals** - 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.
- **Others** - In this context, this refers to everyone a worker is likely to come in to contact with, including:
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting
  - members of the community
  - volunteers.
- **Decontamination** - After cleaning, environments and equipment may require disinfection and sterilisation. Learners must refer to own workplace and agreed policies and procedures.
- **Appropriate use of Personal Protective Equipment (PPE)** - This should include learners workplace policies and current guidelines on the proper use of PPE and different equipment available. This includes but is not limited to, gloves, masks face shields, aprons and gowns. And donning (putting on), doffing (removal) and disposal.
- **Hand hygiene** - This refers to following recommended hand-washing techniques and the use of appropriate sanitizer. Learners should refer to own company policies and procedures including following recommend hand washing techniques using soap and water as well as appropriate use of hand sanitizers appropriate to the situation.
  - .

Unit 13 Health and Safety (Topics) in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to understand and apply health and safety responsibilities in adult care settings. Learners will develop the knowledge and skills to follow legislation, policies, and procedures, and manage risks to promote safe working practices.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Move and handle equipment and other objects safely	1.1	Summarise the main points of legislation that relate to moving and handling
		1.2	Explain principles for safe moving and handling
		1.3	Move and handle equipment and other objects safely
2	Handle hazardous substances and materials	2.1	Identify types of hazardous substances that may be found in the work setting
		2.2	Demonstrate safe practices for: • storing hazardous substances • using hazardous substances • disposing of hazardous substances and materials
3	Promote fire safety in the work setting	3.1	Outline practices that prevent fires from: • Starting • spreading
		3.2	Describe emergency procedures to be followed in the event of a fire in the work setting
		3.3	Demonstrate measures that prevent fires from starting
		3.4	Ensure clear evacuation routes are maintained at all times
4	Implement security measures in the work setting	4.1	Explain the importance of ensuring that others are aware of own whereabouts
		4.2	Use agreed procedures for checking the identity of anyone requesting access to: • Premises • information
		4.3	Use measures to protect own security and the security of others in the work setting

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a primarily skill-based unit.

Learning Outcomes 1, 2, 3 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit and scenarios where this evidence is likely to be gained e.g. in direct and holistic practices in the working environment, this observation should be in actual person and not carried out remotely.

Guidance notes

Learning outcomes 1 -4

- **Objects** - This relates to those in the learner's working environment and does not mean individuals.
- **Hazardous substances** - These are materials that could pose a risk to health if not handled correctly. These may include but are not limited to: cleaning agents, clinical waste, bodily fluids, and medications.
- **Security measures in the work setting** - Maintaining a safe and secure environment is essential for protecting individuals', staff and sensitive information.

  Security measures may include but are not limited to:
  - controlled access to buildings
  - visitor signing in procedures.
  - alarm systems
  - safe storage of records and medications.

  if lone working additional measures must be followed to reduce risks these may include but not limited to:
  - carrying a mobile phone
  - logging in house calls
  - checking in with supervisors or managers
  - following lone working policies and procedures and risk assessments.
- **Premises** - referring to care home, individuals' own home and other care services

Unit 14 Continuous Development in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to develop and maintain professional competence in adult care settings. Learners will understand role expectations, engage in continuing professional development, use reflective practice to improve performance, and develop leadership behaviours to enhance the quality of care and support.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Know what is required to be competent in own role	1.1	Describe the duties and responsibilities of own work role
		1.2	Explain expectations of own work role as expressed in relevant standards
		1.3	Explain the relationship between continuing professional development and the provision of quality care
		1.4	Identify sources of support and guidance for planning and reviewing own development
2	Demonstrate commitment to own development	2.1	Assess own knowledge, performance, and understanding against relevant standards
		2.2	Work with others to identify and prioritise own learning needs, professional interests, and development aspirations
		2.3	Work with others to agree own personal and professional development plan
		2.4	Work with others to achieve and review own personal and professional development plan
		2.5	Record progress in relation to personal and professional development
3	Understand the value of reflective practice	3.1	Outline the benefits and scope of reflective practice
		3.2	Explain the importance of reflective practice in supporting continuous improvements to own practice and provision of quality care
4	Use reflective practice to improve ways of working	4.1	Reflect on how learning activities have affected practice
		4.2	Reflect on how own values, beliefs, and experiences may affect working practices

		4.3	Reflect on own ability to use initiative, make decisions, and take responsibility for own actions
		4.4	Use reflections and feedback from others to evaluate own performance and inform development
5	Develop leadership behaviours	5.1	Model high standards of practice to encourage others to make a positive difference
		5.2	Share ideas to improve services with others
		5.3	Promote partnership approaches to supporting individuals

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 2, 4 and 5 are skill based, and primary evidence should include observation of direct practice in the workplace. For Learning Outcomes 2 and 4, it is acknowledged observation could be carried out remotely e.g. a learner discussing their development and reflecting on practices with a line manager.

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording and storage protocols. For Learning Outcome 5 and likely holistic scenarios where this evidence is likely to be gained e.g. in direct and holistic practices in the working environment, this observation should be in actual person and not carried out remotely.

Guidance notes

Learning outcomes 1-5

- **Duties and responsibilities** - Learners should discuss their duties and responsibilities in the context of providing person-centred care and support.
- **Standards** - This may include Codes of Practice, regulations, minimum standards, national occupational standards.
- **Continuing professional development** - This refers to the ongoing process of learning, monitoring, recording and reflecting on the skills, knowledge, and experience throughout a care worker's career – both formally and informally. As part of continuing professional development (CPD) the Care Workforce Pathway can support the learner to progress, reflect on up-to-date practices and can support the learner to develop.
- **Sources of support and guidance** - This may include:

- formal and informal support
- supervision and appraisal
- mentoring and peer support.
- within and outside the organisation
- the Care Workforce Pathway.

- **Others** - In this context, this will refer to line-manager, assessor, and/or supervisor. It could also include:
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - professionals from other services.
- **Personal and professional development plan** – These may be known by different names but will record information such as agreed objectives for personal and professional development, proposed activities to meet objectives, timescales for review.
- **Scope** - Learners should recognise that it is also important to reflect on the practice or behaviours of others as well as reflecting on events, activities, and situations to gain insight and understanding.
- **Reflective practice** - This supports continuous improvement in own skills and contributes to better outcomes for the individuals that are being supported. It is also an essential part of the Care Workforce Pathway, which encourages ongoing learning and development to help progress in own role and maintaining professional standards.
- **Learning activities** - Evaluation must cover a range of learning activities and must include reference to online learning e.g. e-learning, virtual classrooms, online tutorials, webinars, internet research as well as face to face methods (where learner has access).

Unit 15 Personal Wellbeing in Adult Care

Unit code:

RQF Level: 3

Unit Aim

To enable learners to develop and maintain personal wellbeing in adult care settings.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand own wellbeing	1.1	Outline what is meant by 'personal wellbeing', 'self-care', and 'resilience'
		1.2	Describe factors that positively and negatively influence own wellbeing
		1.3	Identify indicators of own wellbeing and wellbeing deterioration
2	Understand the importance of maintaining and improving own wellbeing	2.1	Explain how own wellbeing impacts role and behaviour
		2.2	Explain how own wellbeing impacts others
3	Know how to maintain and improve own wellbeing	3.1	Describe strategies to maintain and improve own wellbeing
		3.2	Describe a range of wellbeing support offers available and how to access them
		3.3	Explain how to access professional help if needed
4	Know how to manage own stress and anxiety	4.1	Identify indicators of stress and anxiety in oneself
		4.2	Describe factors that can trigger stress and anxiety in oneself
		4.3	Explain how stress and anxiety may affect own reactions and behaviours towards others
		4.4	Describe strategies for managing own stress and anxiety
		4.5	Explain how to access a range of support offers

Assessment Requirement

This unit must be assessed in accordance with Skills for Care and Development assessment principles.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Guidance notes

Learning outcomes 1-4

- **Own wellbeing** - In this context, wellbeing refers to that of the learner. Wellbeing is a broad concept referring to a person's quality of life considering health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.
- **Personal wellbeing** -This refers to overall physical, mental, emotional and social health and covers area such as:
  - physical health (rest, nutrition, exercise, diet)
  - mental health (managing anxiety and coping with demands)
  - social connections (relationships, support networks)
  - work life balance and job satisfaction.
- **Self-care** - This means taking active steps to prevent, protect and improve one's own wellbeing to ensure focus needed to deliver quality care: this could include setting health boundaries at work and in own personal life
  - getting enough sleep and eating a balanced diet
  - asking for help when needed
  - taking regular breaks and utilising annual leave
  - reflecting on own emotional needs.
- **Resilience** - This is the ability to cope with pressure, recover from setbacks and adapt to change and covers area such as:
  - positive thinking and self-reflection
  - using support networks
  - taking part in training and personal development
  - practicing self-care routinely.
- **Factors** - These should be specific to the learner. The learner should show consideration of environmental, physical, social and psychological factors inside and outside the workplace.
- **Others** - This 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.
- **Strategies** - These should be specific to the learner. Strategies should include those that enable the learner to maintain their wellbeing as well as strategies to implement if indicators of deterioration are recognised.
- **Support offers** - accessing support offers reduces stress, prevents burnout and maintains a healthy work life balance. It also supports a learner's personal and professional

development – one of the key goals within the Care Workforce Pathway. Learners should consider offers they use as well as those they currently choose not to:

- workplace support: supervision and appraisal, employer assistance programmes (EAPs), occupational health services
- professional support: unions and professional bodies
- external wellbeing services
- peer support and networks: team meetings, buddy systems, reflective practice groups.

- **Stress** - This is a natural response to pressure or challenging situations and can have positive as well as negative effects on a person. In this context we refer to the negative impacts of stress. Examples of impact could include:
  - physical impact: headaches, fatigue, sleep problems weakened immune system.
  - emotional and mental health impact: anxiety, low mood, feeling overwhelmed, loss of motivation.
  - behavioural impact: withdrawing from others and work situations, poor time management and risk of full burnout.
  - impact on work performance: poor communications, making mistakes and missing key details.
  - impact on professional standards: increased risk of breaching policies and procedures.
- **Anxiety** - This is a feeling of worry or fear that can become overwhelming and can affect your thoughts, emotions and ability to focus. In this context, we refer to the negative impacts.

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Optional Units

Unit 16: Digital Social Care Records (DSCR) in Practice

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to use Digital Social Care Records (DSCR) safely, effectively and in a person-centred way, supporting high-quality care, informed decision-making and continuity of care.

This unit focuses on the application of DSCR in practice, including maintaining accurate and contemporaneous records, supporting appropriate information sharing, and using recorded information to inform care and respond to changing needs.

Learning Outcomes and Assessment Criteria

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand the principles and use of Digital Social Care Records (DSCR)	1.1	Explain the purpose and benefits of DSCR in adult care
		1.2	Explain how DSCR supports person-centred practice and continuity of care
		1.3	Explain requirements for data security, confidentiality and appropriate access to records when using DSCR
		1.4	Explain the importance of accurate, clear and contemporaneous recording
2	Use DSCR to record and share information in practice	2.1	Record accurate, clear and timely information in DSCR
		2.2	Record information that reflects the individual's preferences, needs, strengths and outcomes
		2.3	Share information appropriately in line with agreed ways of working
		2.4	Support others to use DSCR safely and effectively
3	Use information from DSCR to support care and decision-making	3.1	Use information from DSCR to support day-to-day care delivery
		3.2	Use recorded information to identify changes in an individual's needs or risks
		3.3	Contribute to the review of care based on recorded information and, where appropriate, feedback from the individual and others

		3.4	Reflect on own use of information from DSCR to improve care delivery and decision-making

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcomes 2 and 3 are skill-based and must be evidenced through observation of practice in the use of Digital Social Care Records (DSCR) systems.

Due to the nature of this unit, evidence of practice should reflect real-time recording, information sharing and use of digital systems to support care and decision-making.

Primary evidence should include:
- observation of practice using DSCR systems
- records completed by the learner
- reflective accounts demonstrating the use of information to support care and decision-making.

Guidance notes

Learning outcomes 1-3

- **Digital Social Care Records (DSCR) -** Secure digital systems used to create, store and share care information in real time, supporting safe, coordinated and person-centred care.
- **Contemporaneous recording -** Recording information as close to the time of an event as possible to ensure accuracy, reliability and accountability.
- **Data protection and confidentiality -** Includes compliance with relevant legislation e.g. UK GDPR, ensuring personal data is handled lawfully, securely and only shared where appropriate.
- **Access controls and permissions -** Systems restrict access based on role, ensuring individuals only access information necessary for their responsibilities.
- **Audit trails -** Digital records automatically log access, changes and updates, supporting transparency, accountability and safeguarding.
- **Data quality -** Information must be accurate, complete, relevant and up to date to support safe and effective care decisions.

- **Information sharing -** The appropriate and lawful sharing of information with others to support care, balancing confidentiality with the need to share information appropriately to support care.
- **Active participation -** A way of working that recognises individuals as active partners in their care, supporting involvement in recording, reviewing and decision-making.

Unit 17 Assistive and Smart Technologies for Independence

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to use assistive and smart technologies to support independence, safety and wellbeing, ensuring solutions are person-centred, ethical and responsive to individual needs and outcomes.

This unit focuses on the application of assistive technologies in practice, including selecting appropriate solutions, supporting use, and reviewing their impact on outcomes.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand assistive and smart technologies and their impact on individuals	1.1	Describe a range of assistive and smart technologies used to support independence
		1.2	Analyse how assistive technologies can improve safety, independence and quality of life
		1.3	Explain ethical considerations when using assistive and smart technologies, including consent, privacy, autonomy and digital inclusion
		1.4	Explain potential risks and limitations associated with the use of assistive and smart technologies in supporting individuals
2	Apply assistive and smart technologies to support individual needs	2.1	Identify appropriate assistive technology solutions based on assessed needs, preferences and outcomes
		2.2	Carry out or contribute to risk assessment in relation to the use of assistive and smart technologies
		2.3	Support individuals to access appropriate assistive technologies and services
		2.4	Support individuals to set up and use assistive technologies in line with their preferences, accessibility needs and desired outcomes
3	Gather and use feedback from individuals and others to inform the review of assistive and smart technologies	3.1	Monitor and review the effectiveness of assistive and smart technologies in meeting agreed outcomes
		3.2	Monitor and review the effectiveness of assistive and smart technologies in meeting agreed outcomes
		3.3	Identify when adjustments or alternative assistive and smart technology solutions are required
		3.4	Gather and use feedback from individuals and others to inform the review of assistive and smart technologies

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcomes 2 and 3 are skill-based and must be evidenced through observation of practice in supporting the use of assistive and smart technologies.

Evidence should reflect the selection, use and review of assistive technologies to support individual needs, preferences and outcomes.

Primary evidence should include:
- observation of supporting individuals to use assistive and smart technologies
- care planning and review documentation
- reflective accounts demonstrating decision-making and evaluation of the use of assistive technologies.

Guidance Notes

Learning outcomes 1-3

- **Assistive technology -** Devices or systems used to support individuals to maintain independence, safety and quality of life e.g. telecare, sensors, mobility aids, communication devices.
- **Smart technology -** Connected or automated systems e.g. smart home devices, remote monitoring tools, that support care, safety and independence.
- **Digital inclusion -** Ensuring individuals have access to technology, skills and support needed to benefit from digital services.
- **Accessibility -** Designing or adapting technology so it can be used by individuals with different needs e.g. visual, cognitive or physical impairments.
- **Risk assessment (technology) -** Evaluating potential risks associated with technology use, including misuse, failure, privacy concerns and over-reliance.
- **Ethical considerations -** Balancing safety, privacy, autonomy and consent when using monitoring or assistive technologies.
- **Interoperability -** The ability of different technologies and systems to work together and share information.
- **Person-led outcomes -** Goals identified by the individual, which technology should support and enable

Unit 18 Supervision Skills for Senior Care Workers

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to carry out effective supervision in adult care settings, supporting staff development, improving practice and ensuring safe, person-centred care.

This unit focuses on the application of supervision in practice, including preparing for and delivering supervision, supporting reflection and development, and reviewing its effectiveness in improving outcomes.

Learning Outcomes, and Assessment Criteria

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand the principles and purpose of supervision in adult care	1.1	Explain the principles, purpose and models of supervision in adult care
		1.2	Analyse the role of supervision in supporting safe practice, quality of care and staff development
		1.3	Explain legal, organisational and professional requirements relating to supervision practice in adult care
		1.4	Explain how to balance support, accountability and performance when carrying out supervision in adult care
2	Prepare for and carry out effective supervision	2.1	Prepare for supervision, including gathering relevant information and identifying key areas for discussion
		2.2	Agree roles, responsibilities, confidentiality and expectations with the supervisee
		2.3	Conduct supervision in a supportive, structured and reflective manner
		2.4	Provide constructive feedback that recognises good practice and addresses performance or development needs
		2.5	Agree clear actions, development goals and timescales with the supervisee, including responsibilities for follow-up
		2.6	Record supervision discussions accurately in line with organisational requirements
3	Review and improve supervision practice	3.1	Evaluate the effectiveness of supervision in supporting supervisee practice and improving outcomes
		3.2	Use feedback from supervisees and others to inform improvements in supervision practice
		3.3	Identify when additional support, training or escalation is required for supervisees

		3.4	Reflect on own supervision practice to identify strengths and areas for development

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcomes 2 and 3 are skill-based and must be evidenced through observation of carrying out supervision in practice.

Due to the nature of this unit, observation should reflect real supervision practice with staff and should not be carried out solely through simulation unless workplace evidence is not available.

Primary evidence should include:
- observation of carrying out supervision
- supervision records completed by the learner
- reflective accounts demonstrating decision-making and evaluation of supervision practice

Guidance Notes

Learning Outcomes 1-3

- **Supervision -** A structured process that supports staff to reflect on practice, improve performance and ensure safe, effective and person-centred care.
- **Models of supervision -** Different approaches to supervision, such as one-to-one, group, reflective supervision and peer support.
- **Accountability -** Responsibility for actions and decisions, including ensuring safe practice and addressing concerns.
- **Reflective practice -** A process of thinking about and analysing experiences to improve future practice.
- **Constructive feedback -** Feedback that is clear, balanced and focused on supporting improvement and development.
- **Performance management -** Processes used to monitor, support and improve staff performance.
- **Escalation -** Raising concerns or issues through appropriate channels when they cannot be resolved at the current level.

- **Confidentiality in supervision -** Maintaining privacy while recognising limits where safeguarding or performance concerns require information sharing.

Unit 19 Quality Assurance and Continuous Improvement

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to contribute to quality assurance and continuous improvement in adult care settings, supporting safe, effective and person-centred service delivery.

This unit focuses on the application of quality systems in practice, including monitoring standards, identifying improvements, and contributing to changes that improve outcomes.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand quality assurance systems and standards in adult care	1.1	Explain regulation, inspection processes and their role in maintaining quality in adult care services
		1.2	Analyse the impact of quality standards on service delivery and outcomes
		1.3	Explain the purpose of continuous improvement in maintaining and developing care quality
		1.4	Explain internal and external monitoring processes used in adult care services, including audit, inspection and review
		1.5	Explain the role of benchmarking and audit in improving service quality
2	Understand factors that influence the quality of service delivery	2.1	Analyse factors that impact the quality of care, including staffing, resources, training and environment
		2.2	Explain how feedback from individuals, families, staff and others is used to improve service delivery
		2.3	Explain how data and evidence are used to monitor and improve the quality of care and service delivery
3	Contribute to quality assurance and continuous improvement in practice	3.1	Apply own role and responsibilities in supporting compliance with quality standards and regulation
		3.2	Work with others to identify and propose improvements to service delivery based on evidence from practice and feedback
		3.3	Record and report concerns that may affect the quality or safety of care and support
		3.4	Contribute to implementing improvements to enhance the quality of service delivery and outcomes
		3.5	Reflect on own contribution to quality improvement in practice and identify areas for development

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcome 3 is skill-based and must be evidenced through observation of contributing to quality assurance and continuous improvement processes in practice.

Evidence should reflect the use of feedback, data and observations to support improvements to care and service delivery.

Primary evidence should include:
- observation of the learner contributing to quality assurance and improvement processes
- records and reports produced by the learner
- reflective accounts demonstrating analysis of practice and contribution to improvement

Guidance Notes

Learning Outcomes 1-3

- **Quality assurance (QA) -** Processes used to monitor, review and improve the quality of care and support.
- **Continuous improvement -** An ongoing process of identifying, implementing and reviewing changes to improve outcomes and service delivery.
- **Regulation and inspection -** External processes e.g. by regulatory bodies, that assess whether services meet required standards.
- **Audit -** A systematic review of processes, records or practice to ensure standards are met and identify improvements.
- **Benchmarking -** Comparing performance against standards or other services to identify areas for improvement.
- **Compliance -** Adhering to legal, regulatory and organisational standards and requirements.
- **Feedback -** Information gathered from individuals, families, staff and others about the quality of care and services.
- **Evidence-based practice -** Using data, feedback and observations to inform decisions and improvements.

Unit 20 Positive Behaviour Support (PBS)

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to apply Positive Behaviour Support (PBS) in practice, supporting individuals to develop skills, reduce behaviours of concern and improve outcomes and wellbeing.

This unit focuses on the application of PBS approaches, including understanding behaviour, implementing strategies, and reviewing support in partnership with individuals and others.

Learning Outcomes, and Assessment Criteria

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand the principles and frameworks of PBS	1.1	Explain legislation, codes of practice and organisational requirements relating to PBS
		1.2	Explain the principles of PBS and person-centred approaches
		1.3	Analyse the role and responsibilities of those involved in supporting individuals using PBS
		1.4	Explain how PBS promotes rights, independence and wellbeing
2	Understand approaches to PBS	2.1	Explain proactive and reactive strategies used in PBS
		2.2	Explain the importance of reinforcing positive behaviour and positive interactions
		2.3	Analyse how understanding the function of behaviour supports effective intervention
		2.4	Explain sources of support, information and guidance for PBS
3	Apply PBS in practice	3.1	Work with individuals to develop skills that support participation in everyday activities
		3.2	Support individuals to understand their behaviour and develop coping strategies
		3.3	Explain the purpose and key components of PBS plans
		3.4	Implement agreed strategies in line with the PBS plan, ensuring active involvement and focus on agreed outcomes
		3.5	Contribute to reviewing PBS plans in response to changing needs and outcomes

		3.6	Record and review behaviours and incidents in line with the PBS plan, using feedback from the individual and others to inform support
		3.7	Work with others to respond to behaviours in line with agreed PBS strategies, maintaining safety and wellbeing
		3.8	Record and report incidents and contribute to post-incident review to inform PBS practice

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcome 3 is skill-based and must be evidenced through observation of applying Positive Behaviour Support (PBS) in practice.

Due to the nature of this unit, evidence should reflect consistent application of PBS strategies in real situations, including proactive and reactive approaches and involvement of the individual.

Primary evidence should include:
- observation of applying PBS in practice
- behaviour records and PBS plans
- reflective accounts demonstrating understanding and application of PBS approaches

Guidance Notes

Learning Outcomes 1-3

- **Positive Behaviour Support (PBS) -** An approach that focuses on understanding the reasons behind behaviour and using this to develop supportive, proactive strategies.
- **Behaviour as communication -** Recognising that behaviour may express unmet needs, emotions or responses to the environment.
- **Function of behaviour -** The reason why a behaviour occurs e.g. to gain attention, avoid a situation, meet a need.
- **Proactive strategies -** Approaches used to prevent behaviours of concern by meeting needs and improving environments.
- **Reactive strategies -** Responses used when behaviour occurs, aimed at maintaining safety and reducing escalation.

- **Positive reinforcement -** Encouraging desired behaviours by recognising and rewarding them.
- **PBS plan -** A structured plan that outlines strategies, support and responses based on assessment of behaviour and individual needs.
- **Post-incident review -** A process of reflecting on incidents to identify learning and improve future support.

Unit 21 Dementia Awareness and Support

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to support individuals living with dementia, promoting independence, communication and wellbeing through person-centred approaches.

This unit focuses on the application of dementia support in practice, including adapting communication, using life history, and reviewing support to improve outcomes.

Learning Outcomes, and Assessment Criteria

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand principles and frameworks for supporting individuals with dementia	1.1	Explain legislation, policies and codes of practice relating to dementia care
		1.2	Explain how person-centred approaches support the rights and dignity of individuals with dementia
		1.3	Explain how best interests and least restrictive practice are applied in dementia care
		1.4	Analyse how dementia impacts individuals differently and the implications for person-centred care and support
2	Support individuals living with dementia in a person-centred way	2.1	Explain how different types of dementia affect communication, behaviour and interaction to inform approaches to care and support
		2.2	Use and adapt communication approaches to meet the needs of individuals with dementia
		2.3	Use life history and personal information to support meaningful engagement and care
		2.4	Apply person-centred strategies to support individuals with dementia to maintain independence and be involved in their care and support
		2.5	Review the effectiveness of support strategies in meeting individual needs and outcomes
		2.6	Work with carers and others to support individuals with dementia, including managing differing views and conflict of interest
		2.7	Support individuals with dementia and carers to access information, support and complaints procedures where appropriate

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcome 2 is skill-based and must be evidenced through observation of supporting individuals living with dementia in practice.

Evidence should reflect the use of person-centred approaches, including adapting communication, supporting meaningful engagement and responding to individual needs and preferences.

Primary evidence should include:
- observation of supporting individuals living with dementia in practice
- care records and evidence of communication approaches used
- reflective accounts demonstrating adaptation of support and review of outcomes

Guidance Notes

Learning Outcomes 1-2

- **Dementia -** A range of conditions that affect cognitive function, memory, communication and behaviour.
- **Types of dementia -** Different forms e.g. Alzheimer's disease, vascular dementia, Lewy body dementia, which affect individuals in different ways.
- **Person-centred dementia care -** An approach that focuses on the individual's identity, preferences, life history and relationships.
- **Life history / reminiscence -** Using information about an individual's past experiences to support communication, engagement and wellbeing.
- **Communication in dementia -** May include verbal and non-verbal approaches, adapting pace, tone, environment and use of cues.
- **Best interests -** Making decisions that reflect the individual's preferences, wishes and wellbeing where they may lack capacity.
- **Least restrictive practice -** Supporting individuals in ways that maximise freedom and independence while maintaining safety.
- **Carer involvement -** Working in partnership with family members and carers while maintaining the individual's rights and preferences.

Unit 22 Autism: Strengths-based Support

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to support individuals with autism using strengths-based and person-centred approaches, promoting independence, communication and wellbeing.

This unit focuses on the application of support strategies in practice, including understanding individual differences, adapting environments and communication, and reviewing support to improve outcomes.

Learning Outcomes, and Assessment Criteria

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand autism and neurodiversity	1.1	Explain legislation, policies and codes of practice relating to autism and neurodiversity
		1.2	Explain key characteristics associated with autism and neurodiversity
		1.3	Analyse how sensory and communication differences impact individuals
		1.4	Explain how co-occurring conditions may affect individuals with autism and their support needs
2	Apply strengths-based approaches to support individuals with autism	2.1	Work with individuals to recognise and build on their strengths and abilities
		2.2	Support individuals and others to develop strategies to respond to the impact of autism and neurodiversity on daily life
		2.3	Use and adapt communication methods to meet individual needs
		2.4	Support individuals and others to understand behaviour as communication and develop appropriate strategies
		2.5	Support individuals through transitions and changes in routine
		2.6	Adapt the physical and sensory environment to meet the needs of individuals with autism
		2.7	Support individuals to develop skills that promote independence and wellbeing
		2.8	Review the effectiveness of support strategies in meeting individual needs and outcomes

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcome 2 is skill-based and must be evidenced through observation of supporting individuals with autism in practice.

Evidence should reflect the use of strengths-based approaches, including adapting communication, supporting sensory needs and enabling individuals to develop skills for independence and participation.

Primary evidence should include:
- observation of supporting individuals with autism in practice
- care planning records and evidence of communication strategies used
- reflective accounts demonstrating adaptation of support and review of outcomes

Guidance Notes

Learning Outcomes 1-2

- **Autism / neurodiversity -** A spectrum of neurological differences that affect communication, interaction, sensory processing and behaviour.
- **Sensory processing differences -** Variations in how individuals experience sensory input e.g. sensitivity to noise, light, touch.
- **Communication differences -** May include verbal and non-verbal communication, use of alternative communication methods, and differences in social interaction.
- **Masking -** When individuals hide or suppress characteristics of autism to fit social expectations, which may impact wellbeing.
- **Strengths-based approaches -** Focusing on abilities, interests and skills to support independence and confidence.
- **Behaviour as communication -** Recognising that behaviour may reflect needs, stress or sensory overload.
- **Transitions and routines -** Changes in routine may cause anxiety; structured support can help individuals manage change.
- **Co-occurring conditions** – Additional conditions that may be experienced alongside autism e.g. learning disabilities, ADHD, anxiety, which may impact communication, behaviour and support needs.

Unit 23 End of Life Care (including Bereavement)

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to support individuals and others during end of life care and bereavement, ensuring care is compassionate, person-centred and responsive to individual needs, beliefs and preferences.

This unit focuses on the application of end of life care in practice, including supporting individuals, working with others, and adapting care in response to changing needs and outcomes.

Learning Outcomes, and Assessment Criteria

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand principles, legislation and ethical issues in end of life care	1.1	Explain legislation, policies and agreed ways of working relating to end of life care
		1.2	Explain national approaches and principles of end of life care
		1.3	Analyse ethical and legal issues that may arise in end of life care and how these can be addressed
		1.4	Explain the importance of respecting individual rights, preferences and dignity at end of life
2	Support individuals and others during end of life care	2.1	Explain how beliefs, religion and culture influence end of life care
		2.2	Explain the purpose and importance of advance care planning
		2.3	Support individuals and others in ways that respect their beliefs, culture and preferences
		2.4	Support individuals to feel valued, respected and comfortable during end of life care
		2.5	Provide appropriate information and support to individuals and others about care and available services
3	Support individuals and others through bereavement	3.1	Support individuals at end of life and others after death, recognising and responding to their emotional and practical needs
		3.2	Work with others to provide appropriate support during bereavement to those affected by the death of an individual
		3.3	Recognise the impact of end of life care on self and others and access support where needed

		3.4	Reflect on own practice to improve support for individuals and others during end of life care and bereavement

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcomes 2 and 3 are skill-based and must be evidenced through observation of supporting individuals at end of life and others through bereavement in practice.

Due to the sensitive nature of this unit, evidence should reflect compassionate, person-centred support and may be supplemented with reflective accounts where direct observation is limited.

Primary evidence should include:
- observation of supporting individuals at end of life in practice
- evidence of support provided to individuals and others during end of life care and bereavement
- reflective accounts demonstrating emotional awareness and adaptation of support.

Guidance Notes

Learning Outcomes 1-3

- **End of life care -** Care provided to individuals in the final phase of life, focusing on comfort, dignity and quality of life.
- **Advance care planning (ACP) -** A process that enables individuals to express their wishes, preferences and decisions about future care.
- **Palliative care -** Care that focuses on relieving symptoms and improving quality of life for individuals with serious illness.
- **Bereavement -** The period of grief and adjustment following the death of a loved one.
- **Grief responses -** Emotional, physical and psychological reactions to loss, which vary between individuals.
- **Spiritual and cultural needs -** Beliefs, values and practices that influence how individuals experience end of life and bereavement.
- **Dignity in care -** Ensuring individuals are treated with respect, compassion and sensitivity at all times.

- **Communication at end of life -** Sensitive and appropriate communication with individuals and others, including listening and responding to emotional needs.

Unit 24 Care Planning and Outcomes-based Assessment

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to contribute to and review care planning using outcomes-based approaches, supporting individuals to achieve meaningful goals, manage risks and improve wellbeing.

This unit focuses on the application of assessment and planning in practice, including co-producing plans, monitoring outcomes, and adapting support in response to changing needs, risks and preferences.

Learning Outcomes, and Assessment Criteria

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand approaches to assessment and outcomes-based care planning	1.1	Explain principles of person-centred and outcomes-based approaches to assessment and care planning
		1.2	Analyse how strengths-based approaches support independence and wellbeing
		1.3	Explain the role of risk enablement in supporting choice and positive outcomes
		1.4	Explain how assessment and care planning support continuous review and improvement of care and outcomes
2	Contribute to person-centred assessment and care planning	2.1	Gather and record information to support person-centred assessment, reflecting the individual's needs, preferences, strengths and desired outcomes
		2.2	Work with individuals and others to co-produce care plans that reflect agreed outcomes
		2.3	Apply person-centred approaches to support the individual's active participation in care planning and decision-making
		2.4	Record care plans clearly and accurately in line with organisational requirements
3	Review and adapt care plans to support outcomes	3.1	Monitor progress against agreed outcomes using feedback, observation and relevant information
		3.2	Identify changes in needs, risks or preferences that require updates to care plans
		3.3	Contribute to reviewing and adapting care plans to improve outcomes and wellbeing
		3.4	Reflect on own contribution to care planning and review to identify areas for improvement

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcomes 2 and 3 are skill-based and must be evidenced through observation of contributing to assessment, care planning and review processes in practice.

Evidence should reflect co-production with individuals, recording of care plans and ongoing review to support outcomes and wellbeing.

Primary evidence should include:
- observation of contributing to care planning and review processes
- care planning records completed by the learner
- reflective accounts demonstrating decision-making and adaptation of care plans

Guidance Notes

Learning Outcomes 1-3

- **Outcomes-based approach -** A way of planning and delivering care that focuses on achieving results that matter to the individual, rather than simply completing tasks.
- **Person-centred care planning -** Planning that is led by the individual, reflecting their preferences, strengths, goals and life context.
- **Strengths-based approaches -** Focusing on what individuals can do, their abilities and networks, and using these to support independence and positive outcomes.
- **Risk enablement -** Supporting individuals to take informed risks that promote independence and wellbeing, while managing potential harm.
- **Assessment -** A structured process of gathering, analysing and recording information to understand needs, risks, strengths and outcomes.
- **Co-production -** Working in partnership with individuals and those important to them to plan, deliver and review care and support.
- **Review of care plans -** A continuous process of monitoring, evaluating and updating plans to reflect changing needs, risks and outcomes.
- **Review as a continuous process** - Care planning is ongoing and responsive, not a one-off activity.
- **Positive risk-taking -** A collaborative approach to balancing potential benefits and risks to support autonomy and independence.

Unit 25 Nutrition, Hydration and Dysphagia Awareness

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to support safe and effective nutrition, hydration and dysphagia management in adult care, promoting health, wellbeing and person-centred outcomes.

This unit focuses on the application of nutritional support in practice, including monitoring intake, identifying risks, supporting individuals safely, and responding to changing needs.

Learning Outcomes, and Assessment Criteria

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand principles of nutrition, hydration and dysphagia in adult care	1.1	Explain legislation, national guidelines and organisational requirements relating to nutrition, hydration and food safety
		1.2	Explain the role of professionals involved in assessing and managing nutritional and dysphagia needs
		1.3	Analyse factors that impact nutritional and fluid intake in individuals
		1.4	Explain the causes, signs and risks of malnutrition and dehydration
		1.5	Explain the risks associated with dysphagia and the importance of safe practice
2	Support safe nutrition, hydration and dysphagia management in practice	2.1	Support individuals to maintain adequate nutrition and hydration in line with their needs and preferences
		2.2	Carry out or contribute to nutritional screening using approved tools
		2.3	Support individuals to maintain a balanced diet that meets their requirements in line with care plans and guidance
		2.4	Monitor and record food and fluid intake, identifying and reporting concerns in line with agreed ways of working
		2.5	Support individuals with dysphagia in line with care plans and professional guidance
		2.6	Apply safe practices when supporting eating and drinking in line with care plans and professional guidance to reduce risks
3	Review and respond to nutritional and hydration needs	3.1	Review the effectiveness of nutritional and hydration support in meeting individual needs and outcomes
		3.2	Identify and report changes in needs, risks or preferences that require adjustments to support

		3.3	Work with others to adapt nutritional and hydration support in response to assessment and feedback
		3.4	Reflect on own practice in supporting nutrition, hydration and dysphagia to improve outcomes

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcomes 2 and 3 are skill-based and must be evidenced through observation of supporting nutrition, hydration and safe eating and drinking in practice.

Evidence should reflect safe practices, monitoring of intake and appropriate responses to identified risks in line with care plans and professional guidance.

Primary evidence should include:
- observation of supporting individuals with nutrition and hydration in practice
- records of monitoring food and fluid intake and nutritional screening
- reflective accounts demonstrating decision-making and adaptation of support.

Guidance Notes

Learning Outcomes 1-3

- **Nutrition -** The intake of food required to maintain health, energy and wellbeing.
- **Hydration -** Maintaining adequate fluid levels to support bodily functions and prevent dehydration.
- **Malnutrition -** A condition resulting from inadequate or imbalanced nutrition.
- **Nutritional screening** - A process used to identify individuals at risk of malnutrition using recognised tools and approaches.
- **Dysphagia -** Difficulty in swallowing, which can increase the risk of choking, aspiration and malnutrition.
- **Aspiration -** When food or fluid enters the airway, potentially leading to serious health complications.
- **Modified diets -** Adapted food and fluid textures to support safe swallowing e.g. soft, pureed, thickened fluids.

- **Safe feeding techniques -** Approaches to support safe eating and drinking, including positioning and pacing.

Unit 26 Safeguarding in a Digital World

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to recognise, respond to and manage digital safeguarding risks, supporting individuals to engage safely and confidently with digital technologies and platforms while promoting their rights, choice and independence.

This unit focuses on the application of safeguarding principles in digital contexts, including identifying risks, supporting safe use of technology, and making informed decisions that balance safety with person-centred outcomes.

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand digital safeguarding risks and rights	1.1	Explain different types of digital harm, abuse and exploitation in online and digital environments e.g. online grooming, fraud, coercion, cyberbullying
		1.2	Explain how digital environments can increase or change safeguarding risks for individuals
		1.3	Explain the individual's rights in relation to digital access, privacy and choice when using digital technologies and platforms
		1.4	Explain how to balance digital safeguarding responsibilities with promoting independence and positive risk-taking
2	Support safe and person-centred use of digital technologies	2.1	Support individuals to use digital devices, applications and platforms safely in ways that reflect their preferences, needs and outcomes
		2.2	Apply strategies to reduce digital risks while maintaining choice and independence
		2.3	Work with individuals and others to agree and review safe digital practices and boundaries
		2.4	Contribute to the review of digital engagement and support arrangements for individuals in response to changing needs, risks and feedback
3	Respond to digital safeguarding concerns and contribute to safe practice	3.1	Recognise signs of digital harm, abuse or exploitation
		3.2	Take appropriate action in response to digital safeguarding concerns in line with policies, procedures and reporting requirements
		3.3	Record and report digital safeguarding concerns accurately using appropriate systems
		3.4	Reflect on own practice to improve responses to digital safeguarding concerns

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcomes 2 and 3 are skill-based and must be evidenced through observation of supporting individuals to use digital technologies safely and responding to digital safeguarding concerns in practice.

Evidence should reflect the identification of digital risks, support for safe use of technology and appropriate action in response to safeguarding concerns.

Primary evidence should include:

- observation of supporting individuals to use digital technologies and online platforms safely
- evidence of responses to digital safeguarding concerns in practice, including actions taken and outcomes
- reflective accounts demonstrating decision-making and responses to digital safeguarding concerns.

Guidance Notes

Learning Outcomes 1-3

- **Digital safeguarding -** Protecting individuals from harm, abuse or exploitation that occurs through digital technologies, including online platforms, devices and communication tools.
- **Online harms -** Risks associated with digital environments, including fraud, coercion, exploitation, cyberbullying, misinformation and inappropriate content.
- **Digital rights -** An individual's right to access digital technologies, maintain privacy, make choices and participate in digital life.
- **Positive risk-taking -** Supporting individuals to make informed choices about digital engagement while managing potential risks collaboratively.
- **Digital consent -** Ensuring individuals understand and agree to how their information, images or interactions are used online.
- **Privacy and boundaries -** Understanding and maintaining appropriate personal, professional and digital boundaries when using technology.
- **Cyber security awareness -** Basic practices to reduce risk, such as secure passwords, recognising scams and protecting personal information.

- **Recording and reporting -** Accurate documentation of concerns, actions taken and outcomes, in line with safeguarding procedures and organisational systems.
- **Escalation** - Recognising when digital risks require immediate safeguarding action and reporting in line with organisational and multi-agency procedures.

Unit 27 Reablement and Rehabilitation

Unit code:

RQF Level: 3

Unit Aim

To develop the knowledge and skills required to support individuals through reablement and rehabilitation, promoting independence, recovery and person-centred outcomes.

This unit focuses on the application of reablement approaches in practice, including goal setting, supporting activities of daily living, and reviewing progress to improve outcomes.

Learning Outcomes, and Assessment Criteria

Learning Outcomes: To achieve this unit, a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand principles and approaches to reablement and rehabilitation	1.1	Explain legislation, policies and frameworks relating to reablement and rehabilitation
		1.2	Explain how principles of independence, empowerment, choice and control support reablement and rehabilitation
		1.3	Explain the purpose and function of reablement services
		1.4	Analyse the role of positive risk-taking and outcomes-focused goals in reablement and rehabilitation
		1.5	Explain the importance of activities of daily living in promoting independence
		1.6	Evaluate the role of resources, including multidisciplinary teams, assistive technology, equipment and external services, in supporting reablement and rehabilitation
2	Support individuals to achieve reablement goals	2.1	Work with individuals, others and the multidisciplinary team to agree outcome-focused goals
		2.2	Support the identification of barriers, risks and resources required to implement reablement plans
		2.3	Contribute to risk assessment and contingency planning in relation to reablement plans
		2.4	Support individuals to participate in activities of daily living in line with reablement plans
		2.5	Monitor progress towards agreed outcomes within reablement plans and contribute to reviewing their effectiveness
		2.6	Work with others to agree, record and implement changes to reablement plans in response to progress and feedback

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment; however, the final assessment decision must confirm application of knowledge in practice.

Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

Learning Outcome 2 is skill-based and must be evidenced through observation of supporting individuals in reablement and rehabilitation in practice.

Evidence should reflect goal-setting, support with activities of daily living and ongoing monitoring and review of progress towards agreed outcomes.

Primary evidence should include:
- observation of supporting individuals with reablement and rehabilitation in practice
- reablement care plans and progress reviews
- reflective accounts demonstrating adaptation of support and decision-making.

Guidance Notes

Learning Outcomes 1-2

- **Reablement -** A short-term, intensive approach that supports individuals to regain skills and independence following illness, injury or change in circumstances.
- **Rehabilitation -** A process that supports recovery and improvement of physical, cognitive or emotional abilities.
- **Activities of daily living (ADLs) -** Everyday tasks such as washing, dressing, eating and mobility.
- **Outcome-focused goals -** Goals that reflect what the individual wants to achieve in terms of independence and quality of life.
- **Multidisciplinary team (MDT) -** A group of professionals e.g. therapists, nurses, social workers, working together to support individuals.
- **Positive risk-taking -** Supporting individuals to take informed risks to promote independence and recovery.
- **Contingency planning -** Preparing for potential risks or setbacks and identifying actions to reduce impact.
- **Assistive technology and equipment -** Tools that support independence and recovery e.g. mobility aids, adaptations, digital tools.

Unit 28 Mental Health Awareness and Support

Unit code:

RQF Level: 3

Unit Aim

To promote early identification and person centred support for mental health needs, reducing stigma and improving outcomes.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand mental health and mental ill health	1.1	Explain mental health, wellbeing and mental ill-health.
		1.2	Describe common conditions (e.g., anxiety, depression, bipolar, psychosis).
		1.3	Explain factors that influence mental health positively/negatively.
2	Understand impact on individuals and others	2.1	Describe impacts on daily living, communication and relationships.
		2.2	Explain effects on families, carers and networks.
		2.3	Explain stigma/discrimination and impacts on recovery.
3	Support individuals experiencing mental health needs	3.1	Use person-centred approaches in line with agreed ways of working.
		3.2	Identify early indicators (“soft signs”) of deterioration.
		3.3	Take appropriate action, including escalation and referral.
		3.4	Promote strategies that support resilience, coping and recovery.

Guidance notes

Active participation

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 and support, not a passive recipient.

Strengths-based approaches

Also called asset-based approaches. Focuses on what people can do, their capabilities, resources and networks, using these strengths to meet outcomes and maintain independence.

Delegated healthcare activities

Health interventions (often clinical) that a registered professional delegates to a paid care worker (e.g., non-oral medicines such as eye drops or insulin, basic wound care, PEG support, blood glucose monitoring). Delegation requires training, competence, clear accountability and review.

Person-centred values

Values that must underpin all support: individuality, rights, choice, privacy, independence, dignity, respect, partnership and compassion.

Person-led outcomes

Goals identified by the individual (and, where appropriate, those important to them). Planning, recording and review should demonstrate progress against these outcomes.

Positive risk-taking

A collaborative process to balance potential benefits with potential harms so people can make informed choices that promote autonomy, independence and wellbeing.

Wellbeing

A broad concept covering health, happiness and comfort, including social, emotional, cultural, spiritual, intellectual, physical, mental and economic aspects and personal identity.

Digital Social Care Records (DSCR)

Secure digital systems used to create, store and share up-to-date care information, supporting real-time decision-making, auditability and safe, coordinated care.

Others (context-specific)

All people a worker is likely to interact with: individuals accessing care and support; their families, unpaid carers and advocates; colleagues, supervisors and managers; volunteers; visiting professionals; and members of the community.

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles. This is a knowledge-based and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 3 is skill based, and primary evidence should include observation of direct practice in the workplace.

Unit 29 Acquired Brain Injury (ABI) — Awareness & Support

Unit code:

RQF Level: 3

Unit Aim

To support individuals with ABI through adapted communication, compensatory strategies and positive risk enablement.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand ABI	1.1	Define ABI and distinguish from congenital conditions.
		1.2	Describe causes of ABI (e.g., stroke, TBI, infection, hypoxia).
		1.3	Explain typical physical, cognitive, emotional and behavioural effects
2	Understand impacts of ABI	2.1	Describe effects on memory, attention, executive function and communication.
		2.2	Explain impacts on emotions, behaviour, identity and relationships.
		2.3	Explain effects on families and support networks.
3	Provide person centred ABI support	3.1	Adapt communication and environment to cognitive needs.
		3.2	Apply compensatory strategies (prompts, routines, assistive tech).
		3.3	Work with others to review progress and adjust support.
		3.4	Support positive risk-taking in line with policy.

Guidance notes

Active participation

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 and support, not a passive recipient.

Strengths-based approaches

Also called asset-based approaches. Focuses on what people can do, their capabilities, resources and networks, using these strengths to meet outcomes and maintain independence.

Delegated healthcare activities

Health interventions (often clinical) that a registered professional delegates to a paid care worker (e.g., non-oral medicines such as eye drops or insulin, basic wound care, PEG support, blood glucose monitoring). Delegation requires training, competence, clear accountability and review.

Person-centred values

Values that must underpin all support: individuality, rights, choice, privacy, independence, dignity, respect, partnership and compassion.

Person-led outcomes

Goals identified by the individual (and, where appropriate, those important to them). Planning, recording and review should demonstrate progress against these outcomes.

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A broad concept covering health, happiness and comfort, including social, emotional, cultural, spiritual, intellectual, physical, mental and economic aspects and personal identity.

Digital Social Care Records (DSCR)

Secure digital systems used to create, store and share up-to-date care information, supporting real-time decision-making, auditability and safe, coordinated care.

Others (context-specific)

All people a worker is likely to interact with: individuals accessing care and support; their families, unpaid carers and advocates; colleagues, supervisors and managers; volunteers; visiting professionals; and members of the community.

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles. This is a knowledge-based and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 3 is skill based, and primary evidence should include observation of direct practice in the workplace.

Unit 30 Learning Disability — Strengths based Support

Unit code:

RQF Level: 3

Unit Aim

To enable rights-based, strengths-focused support that promotes choice, control, communication and inclusion.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand learning disabilities and implications	1.1	Explain learning disability vs learning difficulty vs mental health need.
		1.2	Describe common causes/associations (e.g., Down's syndrome, sensory needs).
		1.3	Explain the impact of attitudes, stigma and discrimination.
2	Understand rights, choice, independence and inclusion	2.1	Explain the relevance of Human Rights, Equality and Mental Capacity Acts.
		2.2	Explain the importance of accessible information and advocacy.
		2.3	Describe how to support decision making and informed consent.
3	Provide strengths-based support	3.1	Adapt communication to preferences and abilities.
		3.2	Co-identify strengths, aspirations and goals.
		3.3	Support participation in learning, work, relationships, community life and ADLs
		3.4	Work with others to review and update plans.

Guidance notes

Active participation

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 and support, not a passive recipient.

Strengths-based approaches

Also called asset-based approaches. Focuses on what people can do, their capabilities, resources and networks, using these strengths to meet outcomes and maintain independence.

Delegated healthcare activities

Health interventions (often clinical) that a registered professional delegates to a paid care worker (e.g., non-oral medicines such as eye drops or insulin, basic wound care, PEG support, blood glucose monitoring). Delegation requires training, competence, clear accountability and review.

Person-centred values

Values that must underpin all support: individuality, rights, choice, privacy, independence, dignity, respect, partnership and compassion.

Person-led outcomes

Goals identified by the individual (and, where appropriate, those important to them). Planning, recording and review should demonstrate progress against these outcomes.

Positive risk-taking

A collaborative process to balance potential benefits with potential harms so people can make informed choices that promote autonomy, independence and wellbeing.

Wellbeing

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Digital Social Care Records (DSCR)

Secure digital systems used to create, store and share up-to-date care information, supporting real-time decision-making, auditability and safe, coordinated care.

Others (context-specific)

All people a worker is likely to interact with: individuals accessing care and support; their families, unpaid carers and advocates; colleagues, supervisors and managers; volunteers; visiting professionals; and members of the community.

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles. This is a knowledge-based and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 3 is skill based, and primary evidence should include observation of direct practice in the workplace.

Unit 31 Trauma Informed Practice

Unit code:

RQF Level: 3

Unit Aim

To enable learners to apply trauma-informed, person-centred and psychologically safe approaches in adult care settings. Learners will understand the nature and impacts of trauma, recognise triggers and early indicators of distress, and respond in ways that promote safety, wellbeing, empowerment, trust, inclusion and choice. The unit equips learners to incorporate trauma-informed principles into daily practice, communication, relationships and care planning.

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Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand the nature of trauma and its effects	1.1	Define trauma and differentiate between acute, chronic, developmental and complex trauma.
		1.2	Explain how trauma can affect the brain, body, behaviour and relationships.).
		1.3	Describe common signs that an individual may be experiencing trauma-related distress.
		1.4	Explain the potential long-term impacts of trauma on physical, mental, emotional and social wellbeing
2	Understand the principles of trauma informed practice	2.1	Explain the six commonly recognised principles of trauma-informed practice (e.g., safety, trust, empowerment, choice, collaboration, cultural/responsive practice)
		2.2	Describe the importance of strengths-based, person-centred approaches in trauma-informed practice .
		2.3	Describe how to support decision making and informed consent.
		2.4	Explain the relationship between trauma-informed practice, safeguarding responsibilities and organisational duty of care.
3		3.1	Identify potential environmental, interpersonal, sensory or situational triggers.

	Recognise triggers and respond appropriately to trauma-related distress	3.2	Demonstrate ways to communicate sensitively, calmly and respectfully when supporting someone who is distressed or triggered.
		3.3	Demonstrate approaches that promote emotional safety, grounding and de-escalation.
		3.4	Explain how and when to escalate concerns in line with safeguarding, clinical or organisational procedures.
4	Be able to embed trauma informed approaches in care and support	4.1	Demonstrate ways to build trust, collaboration and positive working relationships with individuals.
		4.2	Adapt support plans, communication and environments to reduce re-traumatisation and promote autonomy, safety and control.
		4.3	Demonstrate how to support individuals to make informed choices and participate actively in decisions about their care.
		4.4	Record and share information appropriately to support trauma-informed practice across the wider team.
5	Understand the importance of staff wellbeing and reflective practice in trauma informed care	5.1	Explain how working with trauma can affect workers emotionally and psychologically.
		5.2	Explain the importance of reflective practice, debriefing and supervision in maintaining effective, safe, trauma-informed practice.
		5.3	Describe strategies to maintain personal wellbeing, manage stress and prevent secondary trauma or burnout.
		5.4	Identify sources of support within and beyond the organisation.

Guidance notes

Active participation

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Strengths-based approaches

Also called asset-based approaches. Focuses on what people can do, their capabilities, resources and networks, using these strengths to meet outcomes and maintain independence.

Delegated healthcare activities

Health interventions (often clinical) that a registered professional delegates to a paid care worker (e.g., non-oral medicines such as eye drops or insulin, basic wound care, PEG support, blood glucose monitoring). Delegation requires training, competence, clear accountability and review.

Person-centred values

Values that must underpin all support: individuality, rights, choice, privacy, independence, dignity, respect, partnership and compassion.

Person-led outcomes

Goals identified by the individual (and, where appropriate, those important to them). Planning, recording and review should demonstrate progress against these outcomes.

Positive risk-taking

A collaborative process to balance potential benefits with potential harms so people can make informed choices that promote autonomy, independence and wellbeing.

Wellbeing

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Digital Social Care Records (DSCR)

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Others (context-specific)

All people a worker is likely to interact with: individuals accessing care and support; their families, unpaid carers and advocates; colleagues, supervisors and managers; volunteers; visiting professionals; and members of the community.

Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles. This is a knowledge-based and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 3 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace.

Unit 32 Advanced Dementia Practice

Unit code:

RQF Level: 3

Unit Aim

This unit develops deeper capability in supporting individuals living with dementia, including understanding behaviour as communication, applying strengths-based and trauma-informed dementia care, responding to complex emotional and cognitive needs, and working effectively with families, environmental design and multidisciplinary professionals.

It extends the core dementia knowledge covered in Unit 11 and is designed for workers who regularly support individuals with moderate to advanced dementia or changing cognitive needs.

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Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		**Assessment Criteria: Assessment of these outcomes demonstrates a learner can:**	
1	Understand advanced dementia and its progression	1.1	Describe how dementia affects memory systems, executive functioning, communication and behaviour across different stages.
		1.2	Explain how unmet needs, trauma history or environmental stressors may influence behaviour in dementia.
		1.3	Evaluate how sensory changes, pain, delirium or infection may mimic or worsen dementia symptoms.
		1.4	Explain the differences between dementia, delirium, depression and cognitive fluctuations.
2	Understand behaviour as a form of communication	2.1	**2.1** Explain why individuals with dementia may express emotions or needs through behaviour rather than language.
		2.2	Describe common behavioural expressions (e.g., pacing, withdrawal, agitation, repeated questions) and the possible underlying causes.
		2.3	Explain the importance of validating feelings, not dismissing or correcting lived reality (“validation-focused practice”).
		2.4	Describe non-pharmacological approaches to supporting behavioural expressions.

3	Be able to support individuals using person centred and strengths-based dementia care	3.1	Demonstrate communication strategies that support understanding, comfort and connection (e.g., tone, pace, touch, positioning, visual cues).
		3.2	Adapt approaches to reduce distress and promote emotional safety using knowledge of the person's life history, preferences, routines and strengths.
		3.3	Apply approaches that maintain dignity, identity and autonomy even in advanced dementia.
		3.4	Demonstrate ways to support meaningful occupation and life participation for individuals with complex needs.
4	Be able to create supportive environments that reduce distress	4.1	Identify environmental risk factors (noise, lighting, clutter, transitions) that may trigger or worsen distress.
		4.2	Demonstrate adaptations that promote orientation, calmness, familiarity and wellbeing.
		4.3	Support individuals to navigate unfamiliar or confusing environments with reassurance and safe practice.
5	Understand and support families and carers affected by dementia	5.1	Explain the emotional, relational and practical impacts of dementia on families and carers.
		5.2	Describe ways to involve families in assessment, life-story work, planning and decision-making
		5.3	Explain how to respond sensitively to grief, loss, guilt, conflict or changing family dynamics.
		5.4	Identify sources of external support, information and carer wellbeing services.
6	Work with others to ensure high quality dementia care		Explain the roles of professionals involved in dementia care (e.g., GPs, mental health teams, SALT, OT, social workers, community dementia teams).
			Describe when and how to escalate concerns relating to deterioration, infection, delirium, medication or safeguarding.
			Provide accurate, timely and person-centred information to colleagues and professionals to support coordinated care.

Guidance notes

Active participation

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Strengths-based approaches

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Delegated healthcare activities

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Person-centred values

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Person-led outcomes

Goals identified by the individual (and, where appropriate, those important to them). Planning, recording and review should demonstrate progress against these outcomes.

Positive risk-taking

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Wellbeing

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Others (context-specific)

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Assessment Requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles. This is a knowledge-based and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

Learning Outcomes 3 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace.

Assessment Guidance

The QUALIFI Level 3 Diploma in Adult Care Service must be assessed in accordance with Skills for Care and Development Assessment Principles.

The unit specifications set out the specific assessment requirements for that units and where learning outcomes and assessment criteria are skill based and where primary evidence should include observation of direct practice in the workplace.

Key principles:

- Knowledge outcomes: assessed via assessed assignments, professional discussion, and products of work.
- Skill outcomes: assessed primarily by direct observation in the workplace; remote observation used only to complement direct observation, with robust protocols for privacy and evidence.
- Evidence must demonstrate application in real work environments, in line with Skills for Care and Development Assessment Principles.

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Special Considerations and Reasonable Adjustments

This qualification and its assessments have been designed to best support accessibility and inclusion for all learners. In the design and development of qualifications and assessment Qualifi complies with the requirements of the Equality Act 2010 and the appropriate Ofqual general conditions of regulation. In some instances individuals will have diverse learning needs and need reasonable adjustments to be able fully participate in the qualification and have fair access to assessment. Reasonable adjustments, including additional time or alternative evidence formats, are intended to enable learners with individual needs to demonstrate their skills and knowledge without changing the demands of the assessment. Centres are responsible for making sure that learners can access the requirements of the qualification at the start of a programme of learning.

Special consideration can be given after an assessment has taken place for learners who have been affected by adverse circumstances, such as illness. Special considerations can be in relation to the amount of time given for evidence to be provided or the format of the assessment as long as this is equally valid. However, centres must not agree to the use of alternative forms of evidence to those stipulated in a unit, or to the omission of any assessment criteria when judging attainment.

For further details please see QUALIFI's *Reasonable Adjustment and Special Consideration Policy* and *Access to Fair Assessment Policy and Procedure.*

Malpractice and Maladministration

Centre or learner malpractice undermines the integrity and validity of assessment and/or the certification of qualifications and can arise or be suspected in relation to any unit or type of assessment within the qualification.

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Centres will investigate the allegation in compliance with their own published and QUALIFI approved policy and procedures.
Incidents of maladministration, unintentional errors in the delivery or assessment of QUALIFI qualifications that may affect the assessment of learners, should also be reported in the same way.

QUALIFI may conduct an investigation if we believe that internal assessment and/or internal quality assurance is not being carried out in line with our policies. QUALIFI reserves the right to withhold the issuing of results and/or certificates while an investigation is in progress.

For further details regarding malpractice and how to report suspected malpractice please see QUALIF's *Malpractice and Maladministration Policy* and *Plagiarism, Collusion and Cheating Policy.*
Where centres have concerns about learner use of Artificial Intelligence (AI) please refer to the QUALIFI *Guidance statement to centres on the risk of AI.*

Contact Details

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