Qualifi Level 5 Diploma in Leading and Managing an Adult Care Service

Specification (For Centres)
May 2026

All QUALIFI materials, including assessment materials related to your course and provided to you, whether electronically or in hard copy, as part of your study, are the property of (or licensed to) QUALIFI Ltd and MUST not be distributed, sold, published, made available to others, or copied other than for your personal study use unless you have gained written permission to do so from QUALIFI Ltd. This applies to the materials in their entirety and to any part of the materials.

Contents

About QUALIFI 5

Why Choose QUALIFI Qualifications? 5

Employer Support for the Qualification Development 5

Equality, Diversity and Inclusion (EDI) 5

Qualification Title and Accreditation Number 6

Qualification Aims and Learning Outcomes 6

Aims of the QUALIFI Level 5 Diploma in Leading and Managing an Adult Care Service 6

Learning Outcomes of the QUALIFI Level 5 Diploma in Leading and Managing an Adult Care Service 6

Delivering the Qualification 8

Learner Recruitment, Induction and Registration 9

Recruitment 9

Entry Criteria 9

Recognition of Prior Learning 10

Data Protection 10

Learner Voice 10

Professional Development and Training for Centres 11

Progression and Links to other QUALIFI Programmes 11

Qualification Structure and Requirements 11

Credits and Total Qualification Time (TQT) 11

Rules of Combination for QUALIFI Level 5 Diploma in Leading and Managing an Adult Care Service 12

Achievement Requirements 14

Awarding Classification/Grading 14

Assessment Strategy and Methods 14

Unit Specifications 17

Unit 1 : Leadership and Management in Adult Care 17

Unit 2 : Governance and Regulatory Processes in Adult Care 19

Unit 3: Decision making in Adult Care 21

Unit 4: Business and Resource Management in Adult Care 23
Unit 5 : Team Leadership in Adult Social Care 27
Unit 6 : Team Learning and Development in Adult Care 29
Unit 7 : Supervising others in Adult Care 31
Unit 8: Safeguarding in Adult Care 34
Unit 9: Mental Capacity in Adult Care 37
Unit 10: Partnerships in Adult Care 40
Unit 11: Comments and Complaints in Adult Care 43
Unit 12: Leading the Vision in Adult Care 45
Unit 13: Continuous Improvement in Adult Care 47
Unit 14: Effective Communication in Adult Care 50
Unit 15: Handling Information in Adult Care 52
Unit 16: Leading Person-centred Practice in Adult Care 54
Unit 17: Health and Wellbeing in Adult Care 58
Unit 18: Equality, diversity, inclusion and human rights in Adult Care 61
Unit 19: Health and Safety in Adult Care 63
Unit 20: Continuous Development in Adult Care 65
Unit 21 Personal Wellbeing in Adult Care 68
Optional units 70
Unit 22: Digital Leadership in Adult Social Care 70
Unit 23: Assistive Technology and Technology Enabled Care (TEC) 72
Unit 24: Positive Behavioural Support (PBS) for Leaders 74
Unit 25: End of Life Care – Leading High-Quality Provision 77
Unit 26: Neurodiversity-Affirming Leadership and Practice 80
Unit 27: Trauma-Informed Leadership in Adult Care 83
Unit 28: Leading Integrated Working and Collaborative Practice in Adult Care 86
Unit 29: Business Development and Commissioning in Adult Care 89
Unit 30: Infection Prevention and Control Compliance and Improvement 92
Unit 31: Coaching and Mentoring for Professional Practice 95
Unit 32: Recruitment, Retention and Workforce Sustainability 98

Unit 33: Financial Leadership and Resource Management in Adult Care.....101
Assessment Guidance 104
Special Considerations and Reasonable Adjustments 105
Malpractice and Maladministration.....105
Contact Details 106

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 5 Diploma in Leading and Managing an Adult Care Service 610/7642/9

Qualification Aims and Learning Outcomes

Aims of the QUALIFI Level 5 Diploma in Leading and Managing an Adult Care Service

The QUALIFI Level 5 Diploma in Leading and Managing an Adult Care Service is intended for learners working in adult social care and who have responsibility for leading and managing a service. This will include managing and improving care and support for those accessing the service; supporting and developing the workforce; and driving the vision for their service or organisation.

This qualification develops and confirms the competence of leaders and managers of adult social care services in England, with a primary focus on new or aspiring registered managers. It aligns to sector criteria and supports consistent quality across the workforce.

Successful completion of the QUALIFI Level 5 Diploma in Leading and Managing an Adult Care Service provides learners with the opportunity to progress to further study or employment.

Learning Outcomes of the QUALIFI Level 5 Diploma in Leading and Managing an Adult Care Service

The QUALIFI the Level 5 Diploma in Leading and Managing an Adult Care Service will require learners to demonstrate understanding and effective practice in the following areas:

- Leading and managing in adult social care (LMAC5A)
- Leading and managing teams (LMAC5B)
- Responsibilities (LMAC5C)
- Improvement and innovation (LMAC5D)
- Communication (LMAC5E)
- Values and behaviours (LMAC5F)
- Health and safety (LMAC5G)
- Professional development (LMAC5H)

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.

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 19 or over.

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 qualifications will be through centre interview and learners will be expected to hold the following:

- Be employed in adult social care with responsibility for leading and managing a service, team(s) and quality of provision, typically acting as, or progressing to, Registered Manager or equivalent
- English, maths and digital skills sufficient for Level 5 study
- Enhanced DBS and employer support for workplace assessment as applicable.

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 5 Diploma in Leading and Managing an Adult Care Service** will enable learners to progress to:

- senior leadership roles in adult care services
- specialist Level 5/6 awards
- HE programmes,

The qualification underpins registration for regulated services where applicable.

Qualification Structure and Requirements

Credits and Total Qualification Time (TQT)

The QUALIFI Level 5 Diploma in Leading and Managing an Adult Care Service is made up of 95 credits which equates to 950 hours of TQT.

This **must** consist of:

- Minimum total credit: 95
- Mandatory Group Credit: 75
- A minimum of 20 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 5 Diploma in Leading and Managing an Adult Care Service

Mandatory Units

Learners must achieve all the mandatory units in this groups to a total of 750 TQT hours and 75 credits.

Unit number	Mandatory units	Level	TQT	Credit	GLH
L/652/2189	Leadership and Management in Adult Care	5	40	4	24
T/652/2190	Governance and Regulatory Processes in Adult Care	5	40	4	24
Y/652/2191	Decision making in Adult Care	5	30	3	18
A/652/2192	Business and Resource Management in Adult Care	5	40	4	24
D/652/2193	Team Leadership in Adult Care	5	30	3	18
K/652/2197	Team Learning and Development in Adult Care	5	30	3	18
M/652/2199	Supervising Others in Adult Care	5	30	3	18
D/652/2200	Safeguarding in Adult Care	5	50	5	30
F/652/2201	Mental Capacity in Adult Care	5	40	4	24
H/652/2202	Partnerships in Adult Care	5	40	4	24
J/652/2203	Comments and Complaints in Adult Care	5	30	3	18

Unit number	Mandatory units	Level	TQT	Credit	GLH
K/652/2204	Leading the Vision in Adult Care	5	30	3	18
L/652/2205	Continuous Improvement in Adult Care	5	50	5	30
M/652/2206	Effective Communication in Adult Care	5	30	3	18
R/652/2207	Handling Information in Adult Care	5	30	3	18
T/652/2208	Leading Person-centred Practice in Adult Care	5	50	5	30
Y/652/2209	Health and Wellbeing in Adult Care	5	40	4	24
F/652/2210	Equality, Diversity, Inclusion and Human Rights in Adult Care	5	40	4	24
H/652/2211	Health and Safety in Adult Care	5	40	4	24
J/652/2212	Continuous Development in Adult Care	5	20	2	12
K/652/2213	Personal Wellbeing in Adult Care	5	20	2	12

Optional Units

Learners must achieve sufficient units in this group to a total of 200 TQT hours and 20 credits.

Unit number	Optional units	Level	TQT	Credit	GLH
L/652/2214	Digital Leadership in Adult Social Care	5	40	4	24
M/652/2215	Assistive Technology and Technology Enabled Care (TEC)	5	40	4	24
R/652/2216	Positive Behavioural Support (PBS) for Leaders	5	50	5	30
T/652/2217	End of Life Care: Leading High-quality Provision	5	40	4	24
Y/652/2218	Neurodiversity-affirming Leadership and Practice	5	40	4	24

Unit number	Optional units	Level	TQT	Credit	GLH
A/652/2219	Trauma-informed Leadership in Adult Care	5	40	4	24
H/652/2220	Integrated Services and Systems Leadership	5	40	4	24
J/652/2221	Business Development and Commissioning in Adult Care	5	40	4	24
K/652/2222	Infection Prevention and Control – Quality Improvement	5	30	3	18
L/652/2223	Coaching and Mentoring for Performance	5	30	3	18
M/652/2224	Recruitment, Retention and Values-based Hiring	5	30	3	18
R/652/2225	Financial Leadership and Resource Management in Adult Care	5	30	3	18

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 all subject to external quality assurance by QUALIFI.

Assessment Strategy and Methods

The QUALIFI Level 5 Diploma in Leading and Managing an 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.

The specific requirements for each unit can be found within the unit specifications.

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.

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 : Leadership and Management in Adult Care

Unit code: L/652/2189

RQF Level: 5

Unit Aim

To enable the learner to develop understanding of leadership and management in adult social care, including regulatory, legal and policy requirements.

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 leadership and management including regulatory, policy, legal requirements and management theories and styles.	1.1	Explain the differences between leadership and management.
		1.2	Explain key regulatory, policy and legal requirements.
		1.3	Explain theories of leadership and management and how they can be used in own role.
		1.4	Analyse the range of different leadership styles.
		1.5	Explain how coaching and mentoring can be used to complement own leadership style.
2.	Understand leadership and management in adult care.	2.1	Explain the impact of internal and external drivers on leadership and management in adult care services.
		2.2	Explain the role of leadership and management skills in adult care services.
		2.3	Explain how to adapt own leadership and management style for: • different situations • different teams.
		2.4	Analyse the interaction between the values and culture of an adult social care organisation and own leadership behaviours.

Guidance Notes

Learning outcomes 1 and 2

- **Internal and external drivers** - These may include, but are not limited to, internal or external policy or strategy changes, changes to the market, organisational cultural changes or challenges.
- **Adult care services** - This refers to learner's own care setting.
- Different situations - This may include the formality of situations, working under different pressures, own role within a particular situation.
- Different teams - This includes, but are not limited to, size of team, location of team, culture of team, experiences of teams and resources required to manage different teams.
- Coaching and mentoring - This includes styles and approaches, but not limited to:
  - self-awareness
  - situational leadership
  - directive approach
  - non-directive approach
  - blending approaches.

Assessment Guidance

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

This is a knowledge-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.

Unit 2 : Governance and Regulatory Processes in Adult Care

Unit code: T/652/2190

RQF Level: 5

Unit Aim

To enable the learner to develop understanding of leadership and management in adult social care, including governance and inspection expectations.

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 legislation and statutory guidance that underpins adult care provision.	1.1	Explain current legislation and statutory guidance that applies to all aspects of service provision.
		1.2	Explain own role, accountability and responsibility in applying legislation and statutory guidance within service provision.
		1.3	Explain how duty of candour relates to own role and management of the service.
		1.4	Explain the key roles, remits and responsibilities in registered services, including: • the registered manager • the nominated individual • the 'fit and proper person'
2.	Understand internal governance arrangements within own organisation.	2.1	Explain internal governance procedures used within own organisation.
		2.2	Explain own role in applying, leading, and evaluating own service's governance procedures and agreed ways of working.
3	Understand systems and requirements for the regulation of adult care services.	3.1	Explain specific legislation and regulations underpinning the inspection system in England.
		3.2	Explain the range of legislation and statutory guidance that support and relate to the inspection process in England.
		3.3	Explain the types of service provision which are subject to registration and inspection
4	Understand the inspection process in adult social care.	4.1	Explain how services are inspected and the role of the regulator.
		4.2	Describe the purpose of the inspection system
		4.3	Describe the different types of inspection and key themes of the inspection process.
		4.4	Explain how the ratings system is used.
		4.5	Explain when and how enforcement action can be used.

		4.6	Explain the ways in which information is requested and collected about the service and used to inform inspection activities.
5	Understand the inspection process in own service.	5.1	Explain how the requirements of the regulations are met within own service.
		5.2	Explain who needs to be aware of, and involved in, the inspection process.
		5.3	Explain the range and types of evidence which can be used to demonstrate the service is meeting requirements.
		5.4	Explain ways to work with others before, during and after the inspection process.
		5.5	Evaluate ways to address the outcome and impact of an inspection in own service.
		5.6	Analyse how outcomes of inspection can be used to drive service improvements.

Guidance Notes

Learning outcomes 1 to 5

- All aspects – This relates to all aspects of responsibilities held within own organisation. If the learner is not currently providing regulated activity, then they should explore the formal role of a registered manager.
- Enforcement – This should include civil and criminal.
- Types of inspection are the different inspections carried out by the regulator within adult social care services.
- Key themes - These are the areas looked at during the inspection process.
- Others - This may include, but is not limited to the local authority teams, safeguarding teams, health professionals, family, relatives and the local integrated care systems.

Assessment Guidance

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

This is a knowledge-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.

Unit 3: Decision making in Adult Care

Unit code: Y/652/2191

RQF Level: 5

Unit Aim

To enable the learner to develop understanding of leadership and management in adult social care, including effective decision making.

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 effective decision making.	1.1	Explain the different types of decisions required in own role.
		1.2	Explain the role of data, information and intelligence in making evidence-based decisions to improve quality.
		1.3	Explain how own and others' values and priorities influence decision making processes.
		1.4	Explain how to enable others to contribute to the decision making.
		1.5	Evaluate the importance of reviewing and evaluating decisions to improve quality.
2.	Demonstrate effective decision making in own role.	2.1	Identify when decisions need to be made.
		2.2	Gather data, information and intelligence to inform decision making.
		2.3	Identify a range of potential solutions.
		2.4	Evaluate potential solutions and draw conclusions.
		2.5	Involve individuals and others in the decision-making process and the implementation of the outcome.
		2.6	Evaluate the decision and the decision making process used.

Guidance Notes

Learning outcomes 1 and 2

- Types of decisions – These must relate to own role and may include, but are not limited to strategic, tactical, operational, short term and long term.
- Others - in this context, others might include:
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - team members
  - managers and supervisors

- professionals from other services, including delivery partners and senior leaders
- visitors to the work setting
- members of the community
- volunteers.

Assessment Guidance

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

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 throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 4: Business and Resource Management in Adult Care

Unit code: A/652/2192

RQF Level: 5

Unit Aim

To enable the learner to develop understanding of leadership and management in adult social care, including principles of business and resource management to support safe, compliant and sustainable service delivery.

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 for effective resource management.	1.1	Describe the impact of national and local strategies and priorities on resource planning and management in relation to: • financial resources • physical resources • human resources.
		1.2	Explain the importance of accurate forecasting for resource requirements.
		1.3	Explain the value of using assets and resources outside traditional services and in the community.
		1.4	Explain the place of technology as a resource in service delivery and service management.
		1.5	Explain the meaning of sustainability in terms of resource management in adult care.
		1.6	Explain roles, responsibilities and accountabilities for resource management within the organisation.
		1.7	Explain the importance of business continuity planning and the processes available.
2	Understand principles of effective human resource management.	2.1	Explain legislation, policy and practices underpinning safe and fair recruitment.
		2.2	Explain approaches known to improve recruitment and retention of adult care staff.
		2.3	Explain recruitment, selection and induction processes in the organisation and own role in them.
		2.4	Explain the importance of ensuring employment practices are free from discrimination and harassment.
		2.5	Explain how to identify the numbers and patterns of staffing required to provide a person-centred, outcomes-based service.
		2.6	Explain factors that could influence staffing requirements and patterns.
		2.7	Explain how to manage staffing patterns and adjust them to meet changing circumstances.

		2.8	Explain succession and contingency planning in relation to workforce.
		2.9	Explain the organisation's performance management procedures and own role in these.
		2.10	Explain the organisation's conduct, discipline and grievance procedures and own role in these.
3	Understand market provision in adult social care.	3.1	Explain how services are commissioned, procured and funded.
		3.2	Explain current local and national drivers shaping adult care, funding mechanisms and related services gaps in current market provision.
		3.3	Analyse how own service aligns with the wider social care landscape and needs of the local population, now and in the future.
		3.4	Analyse how own service has evolved and will need to keep changing to meet demand for social care services, now and in the future.
4	Understand integrated approaches in health and social care.	4.1	Explain what is meant by an integrated health and social care system
		4.2	Explain the rationale and legislative context for integrated approaches to service provision.
		4.3	Explain local and national initiatives to better integrate health and social care systems and services.
		4.4	Analyse the impact of more integrated systems and processes on working practices and relationships.

Guidance Notes

Learning outcomes 1 to 4

- Legislation, regulations and guidance may include, but is not limited to:
  - Equality Act 2010
  - Working Time Regulations 1998
  - CQC regulations
  - Disclosure and Barring Service (DBS) checks
  - Confirming identity and seeking references
  - Employment Rights Bill.
- Approaches - These may include, but are not limited to:
  - recruiting people with the right values and behaviours
  - understanding the local area to inform business planning
  - innovative strategies to attract candidates in the local community e.g. referral programmes
  - offering a supportive induction, quality training, career progression routes, good working conditions, rewards, recognition, flexibility and competitive pay rates.
- Recruitment - This may include but not limited to:
  - international recruitment – requiring compliance with Home Office rules
  - organisational policies and procedures
  - legal requirements e.g. Equality Act 2010, Employment Rights Bill and safeguarding/DBS checks

  - ethical recruitment standards.
- Factors: These could include, but are not limited to:
  - changing care and support needs of individuals
  - increases/decreases in demand for support services
  - holiday/festive periods
  - sickness
  - weather conditions.
- Performance management procedures: the policies and procedures used within the service to plan, monitor, develop and improve employees' performance.
- Drivers: may include but are not limited to national policies, local initiatives, prevention, integration and personalised care that can influence planned outcomes, priorities and day to day activities within the service.
- Wider social care landscape and local population: essential in addressing the current and future needs of the local population. This involves recognising local and national priorities and may include but is not limited to:
  - prevention
  - community based support
  - reducing health inequalities
  - promotion of personalised care and support
  - responding to demographic trends
  - collaboration.
- Integrated health and social care system: better outcomes for people through a seamless experience. Systems work together in a coordinated way and build support around the individual.
- Rationale: Including:
  - providing person-centred, compassionate care and support in a way that makes sense to the individual accessing services to reflect their lives, needs and wishes
  - the changing patterns of population needs e.g. ageing population, complex care and health needs, financial pressures, widening health inequalities, stalling improvements in life expectancy
  - prevention and early intervention
  - move to more community-based practices that breakdown traditional barriers
  - digital and technology approaches to enhance and improve practices and person-centred care.
- Local and national initiatives: These may include, but are not limited to:
  - Integrated Care Systems (ICS)
  - Hospital to communities
  - Prevention focused strategiesAnalogue to digital
  - Primary Care Networks
  - Enhanced Health in Care Homes Framework
  - Ageing Well programme.

- Working practices and relationships: May include, but are not limited to:
  - discharge arrangements
  - integrated assessment and care planning
  - multi-disciplinary working arrangements
  - data governance
  - neighbourhood health agenda
  - digital data sharing.

Assessment Guidance

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

This is a knowledge-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.

Unit 5 : Team Leadership in Adult Care

Unit code: D/652/2193

RQF Level: 5

Unit Aim

To enable the learner to lead and manage teams effectively in adult social care, including adapting leadership approaches, building a positive values-based culture, supporting team learning and development, and providing professional supervision that improves performance, wellbeing 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	Provide leadership for a team.	1.1	Adapt leadership styles to reflect different stages and cycles in the team's development.
		1.2	Establish trust and accountability within the team.
		1.3	Build and maintain team's commitment to the service and its values.
		1.4	Develop, implement and review strategies to support a positive values-based culture in the team.
		1.5	Demonstrate values and behaviours which recognise and champion diversity, equality, and inclusion within the team.
2	Manage teamwork.	2.1	Enable the participation of team members in agreeing team objectives.
		2.2	Encourage creativity and innovation in planning how to meet team objectives and agree a team plan.
		2.3	Agree roles and responsibilities, taking account of the team's strengths and development needs.
		2.4	Support the team to work towards team objectives.
		2.5	Review team objectives and facilitate opportunity for the team to reflect on their progress.
		2.6	Provide feedback and recognise progress on team performance.

Guidance Notes

Learning outcomes 1 and 2

- Stages and cycles - This includes the different stages of team development, for instance 'forming, storming, norming and performing'. The different cycles teams encounter in their work in adult social care e.g. new team members and changes to working practices.
- Values-based - Workplace values are the guiding principles that are most important in the service. They help to define the right and wrong ways of working and help to inform decisions and choices.

Assessment Guidance

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

This is a skill-based unit.

Learning Outcomes 1 and 2 are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person. It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 6 : Team Learning and Development in Adult Care

Unit code: K/652/2197

RQF Level: 5

Unit Aim

To enable the learner to lead and manage teams effectively in adult social care, including adapting leadership approaches, building a positive values-based culture, supporting team learning and development, and providing professional supervision that improves performance, wellbeing 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 of learning and professional development in adult care.	1.1	Explain the range of required and recommended learning and development in adult care.
		1.2	Explain the differences between learning requirements and continuous professional development.
		1.3	Explain the purpose and benefits of workforce planning and development.
		1.4	Explain the importance of literacy, numeracy and digital skills in adult care and how to develop these skills of the workforce.
		1.5	Explain the benefits of: • a robust and supportive induction process • continually improving own and team's knowledge and practice and ways to achieve this.
		1.6	Explain the factors to consider when identifying, planning, selecting and commissioning activities for learning and professional development.
		1.7	Analyse the importance of reflective practice in improving own and team's performance and different models that support this.
2	Lead learning and professional development practices.	2.1	Evaluate available mechanisms and resources that can support learning and professional development in adult care
		2.2	Promote a learning culture within own team
		2.3	Support team members to plan for, achieve and review their professional development goals.
		2.4	Facilitate the development of others to enable effective delegation.

Guidance Notes

Learning outcomes 1 and 2

- Learning requirements - These may include but are not limited to induction, statutory, mandatory and service specific specialist learning.
- Workforce planning and development - workforce planning is an essential part of ensuring that you have the right people with the right attitudes, skills, values and experience providing the care and support your business offers.
- Factors – These should include potential barriers and constraints.
- Available mechanisms and resources - This will include traditional methods used for learning and development and should include advanced approaches with technology within learning and development e.g. remote learning, platforms, e-learning, electronic portfolios.
- Learning culture - Leading practice which embraces, provides opportunity, and recognises the benefits of learning and professional development.

Assessment Guidance

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

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 throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

.

Unit 7 : Supervising others in Adult Care

Unit code: M/652/2199

RQF Level: 5

Unit Aim

To enable the learner to lead and manage teams effectively in adult social care, including adapting leadership approaches, building a positive values-based culture, supporting team learning and development, and providing professional supervision that improves performance, wellbeing 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 the purpose and practice of professional supervision in adult care settings.	1.1	Explain how requirements of legislation, codes of practice and agreed ways of working influence and structure professional supervision requirements in adult care.
		1.2	Explain the function of professional supervision in adult care.
		1.3	Explain the different supervision activities and processes which can be used in adult care.
		1.4	Explain how effective supervision should be used to support and protect: • the supervisee • individuals, carers and families.
		1.5	Explain how effective supervision can protect: • the supervisor and organisation.
		1.6	Explain why the wellbeing of the supervisee should be included within effective supervision and supportive practices, and ways to enable and promote this.
		1.7	Explain how external and internal factors influence practice and can be used within professional supervision objectives.
		1.8	Explain how supervision can be used alongside appraisal and professional development processes to: • develop, improve and enhance performance of the supervisee • support aspirations of the supervisee.
		1.9	Analyse the factors which can result in a power imbalance in professional supervision and how to address them.
		1.10	Explain ways to address challenges arising during professional supervision.

2	Provide regular professional supervision.	2.1	Establish understanding and agreement with the supervisee on key areas such as: • the purpose, frequency and location of supervision activities • actions which can support preparation for supervision • sources of data and evidence that can be used to inform supervision • confidentiality, boundaries, roles and accountability.
		2.2	Use information from a range of sources to build an understanding of the supervisee's performance.
		2.3	Support the supervisee to review their own wellbeing and the range of strategies and support available to them.
		2.4	Support the supervisee to reflect on and explore methods of addressing different situations in their work.
		2.5	Provide constructive feedback to the supervisee that can be used to improve and develop performance.
		2.6	Support the supervisee to identify, plan and achieve their own learning and professional development needs.
		2.7	Agree, review and revise targets to meet the objectives of the work setting and individual objectives of the supervisee.
		2.8	Record and store outcomes of supervision activities in line with agreed ways of working.

Guidance Notes

Learning outcomes 1 and 2

- Legislation - This should include regulations where appropriate.
- Function - This must include the principles, scope and purpose of professional supervision.
- Supervision activities and processes - These will include formal and informal ways supervision can be planned and provided in the environment e.g. group, individual, team, observations of competencies, validating knowledge, shadowing activities, induction, learning processes and clinical supervision where required.
- 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.
- External and internal factors - External factors may include but are not limited to: updated national policy or local procedures, emerging best practice, societal movements and campaigns. Internal factors may include but are not limited to: lessons learnt/learning reviews, concerns or complaints, skills development/training, emerging needs of individuals accessing services.

- Professional development processes – This may include personal development plans, learning logs, training and supporting the learner including embedding the Care Workforce Pathway.
- Strategies - Strategies may include those which are personal to the worker. Strategies should include those that enable the worker to maintain their wellbeing as well as strategies to implement if indicators of deterioration are recognised.
- Support offers - The range should include offers available inside and outside the workplace. For example:
  - internal: supervision, employee assistance scheme, mentor or buddying systems
  - external: self-help tools, apps and websites, local groups and networks.
- Different situations - This may include challenges the supervisee or team face in their work.
- Objectives of the work setting - This should include the range of skills required to meet people's needs.

Assessment Guidance

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

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 throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 8: Safeguarding in Adult Care

Unit code: D/652/2200

RQF Level: 5

Unit Aim

To enable the learner to meet leadership responsibilities for safeguarding, mental capacity and restrictive practices, partnership working, and the effective management of comments and complaints, ensuring lawful, person-centred and accountable practice across the service

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 safeguarding in adult care.	1.1	Explain the current legislative framework and national guidance that underpins adult safeguarding.
		1.2	Explain the local systems, procedures and agencies relating to adult safeguarding and own role within these.
		1.3	Explain how national and local guidelines, policies and procedures for safeguarding affect: • day to day work with individuals • own responsibilities towards individuals, their families and carers as well as team members.
		1.4	Explain how investigations into serious failures to uphold individuals' rights to live free from abuse and neglect have impacted on national policy.
		1.5	Explain the legal provisions in relation to whistleblowing and information sharing.
		1.6	Explain own role in leading a response to suspected or disclosed abuse or neglect.
		1.7	Explain when to engage others in relation to responding to adult safeguarding concerns.
		1.8	Explain issues relating to consent to share information and own responsibilities to share information about suspicions or disclosures of abuse or neglect.
		1.9	Explain the local systems, procedures and agencies relating to children's safeguarding and own role within these.
2.	Lead the implementation of practices, policies and procedures to support safeguarding in adult care.	2.1	Ensure that all policies, procedures, systems and processes used in the work setting comply with legal requirements and local and national guidance.
		2.2	Embed safeguarding principles throughout all practices, policies and procedures.
		2.3	Support team members to develop the knowledge and skills they need to safeguard adults at risk.
		2.4	Ensure team members understand their role in responding to concerns about the safeguarding of adults.

		2.5	Ensure team members understand their role in responding to concerns about the safeguarding of a child or young person.
		2.6	Plan and implement the review and revision of person-centred practices, policies and procedures to ensure continuous improvement in safeguarding of adults at risk of abuse or neglect.
		2.7	Embed practices that encourage and empower adults at risk, and those who are important to them, to share concerns.
		2.8	Follow agreed protocols to participate in inter-agency, joint or integrated working in order to achieve the best outcomes for adults at risk.

Learning outcomes 1 and 2

- **Leading a response:** this would include, but is not limited to:
  - safety and wellbeing of the individual and others where applicable
  - own actions
  - own role in implementing, following, and engaging others in policies and procedures
  - own role in ensuring the individuals, (and others where applicable), is kept informed and involved.
- **Others:** in this context, this refers to those people who may need to be involved in a response, for instance:
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - team members
  - managers and supervisors
  - professionals from other services.
- **Review**: this might consider:
  - outcomes from safeguarding reviews and investigations
  - current guidance arising from serious case reviews and its relevance to own organisation
  - resolution and recovery of the adult at risk.

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

Assessment Guidance

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

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 throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 9: Mental Capacity in Adult Care

Unit code: F/652/2201

RQF Level: 5

Unit Aim

To enable the learner to meet leadership responsibilities for safeguarding, mental capacity and restrictive practices, partnership working, and the effective management of comments and complaints, ensuring lawful, person-centred and accountable practice across the service

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 capacity and consent.	1.1	Explain the key provisions of legislation, codes of practice and policy regarding mental capacity and how these relate to the service
		1.2	Explain their own role in applying and upholding key principles of mental capacity legislation and code of practice
		1.3	Explain the support available when mental capacity needs to be assessed and how to access this support
		1.4	Explain their own role in the assessment of risk in situations where an individual's capacity is a concern
		1.5	Explain practices which support individuals' ability to provide valid consent
		1.6	Explain their own and team members' development needs relating to mental capacity and their practice
2.	Understand the use and impact of restrictive practices.	2.1	Explain what is meant by 'restrictive practices', 'restraint' and 'deprivation of liberty' and how they apply to practices within own work setting
		2.2	Explain the legal and ethical considerations of restricting an individual's rights and freedoms
		2.3	Explain their own responsibilities in relation to restrictive practices and deprivations of liberty
		2.4	Explain appropriate and proportionate responses to restrictions on an individual's rights and freedoms
		2.5	Explain the potential impacts of restrictive practices on individuals and others
		2.6	Explain how person-centred, outcomes-based practices can mitigate the use of restrictive practices
		2.7	Explain how own and team members' development needs relate to the use of restrictive practices

Learning outcomes 1 and 2

- Legislation, codes of practice and policy - This includes, but is not limited to:
  - Mental Capacity Act 2005
  - Human Rights Act 1998
  - Safeguarding Adults

  - Dignity in Care
  - Deprivation of Liberty Safeguards 2009
  - Care Act 2014
  - Making Safeguarding Personal.
- 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.
- Development needs – This includes but is not limited to best Interest decisions, decision-maker responsibilities, maximising capacity and their role in assessment.
- Restrictive practices - This includes any practice or intervention that limits the rights or freedoms of an individual.
- Restraint - This includes, but is not limited to, covert medication (sometimes referred to as 'hidden restraint')
- Legal and ethical - This includes but is not limited to:
  - Statutory principles of the Mental Capacity Act 2005
  - Duty of Care
  - Deprivation of Liberty Safeguards
  - Individuals' wishes
  - Advanced decisions
  - Decision-making authorities - Lasting Power of Attorney or Court of Protection request
  - Best interest decisions.
- Own responsibilities – This includes how to apply for an authorisation.
- Appropriate and proportionate:
  - appropriate - necessary and justified.
  - proportionate - the least restrictive option possible to meet the intended outcome. Learners may include key principles, but are not limited to:
  - rights-based approach
  - proportionality
  - justification and evidence
  - review and monitoring
  - leadership
  - accountability
  - person centred care
- Impacts - This may include, but are not limited to, impacts on safety, dignity, relationships and wellbeing of individuals. Learners may also wish to consider the impact on team members responsible for implementing restrictions.
- Others - In this context, others refer to adult care workers who are required to restrict an individual's rights or freedoms.

Assessment Guidance

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

This is a knowledge-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.

Unit 10: Partnerships in Adult Care

Unit code: H/652/2202

RQF Level: 5

Unit Aim

To enable the learner to meet leadership responsibilities for safeguarding, mental capacity and restrictive practices, partnership working, and the effective management of comments and complaints, ensuring lawful, person-centred and accountable practice across the service

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 context of relationships and partnership working.	1.1	Explain how legislation and regulation influence working relationships with others
		1.2	Explain how relationships with individuals and carers underpin person centred practice and affect the achievement of positive outcomes for individuals and their families
		1.3	Explain how networking and working collaboratively with other agencies and community groups brings benefits both for those using the service and for the sustainability and reach of the organisation
		1.4	Explain how integrated working with other agencies delivers better outcomes for individuals and the place of systems leadership in this
		1.5	Explain the methods, protocols and limitations of using different communication methods to forge relationships and partnerships with other professionals and agencies
		1.6	Explain the features of effective, collaborative partnership working across agencies and ways to overcome barriers
		1.7	Explain their own role and responsibilities in establishing positive relationships within and beyond the organisation
2.	Lead effective relationships with individuals, carers and families.	2.1	Model open, respectful and supportive relationships with individuals, carers and their families
		2.2	Embed co-production within day to day practices of team.
3.	Manage working relationships with colleagues in own setting to achieve positive outcomes for individuals.	3.1	Develop systems and procedures to facilitate effective working relationships with colleagues in the organisation
		3.2	Develop and agree common objectives when working with colleagues
		3.3	Implement systems and practices that allow colleagues to make appropriate contributions using their specific expertise

		3.4	Deal constructively with conflicts or dilemmas that arise
		3.5	Evaluate own working relationships with colleagues
4.	Work in partnerships with professionals and other agencies	4.1	Negotiate with professionals in other agencies to agree objectives, roles and responsibilities, procedures and ways of working for a specific task or area of work
		4.2	Use agreed ways of working to carry out own role and support others to carry out their responsibilities
		4.3	Deal constructively with any challenges in ways that promote change, any poor practice or failure to work in agreed ways
		4.4	Implement and use communication and recording systems that comply with current legislation for information sharing between agencies
		4.5	Evaluate the effectiveness of partnership work and the processes that underpin it and seek agreement for improvements

Learning outcomes 1 to 4

- Legislation - Learners should consider how different legislation relates to and influences working with others. This may include but is not limited to:
  - Care Act 2014
  - Mental Capacity Act 2005
  - Health and Social Care Act 2012
  - General Data Protection Regulations
  - Data Security and Protection
  - Subject Access Requests
  - Data Control
  - Sharing information
  - Safeguarding.
- Regulation – The regulations underpinning the adult social care inspection system in England.
- Others - in this context, others may include agencies and other organisations.
- Individuals - people 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.
- Carers – these are people who provide unpaid support to a partner, family member,
- friend or neighbour who could not manage without this help. This is distinct from a care worker, who is paid to care for people.
- Positive outcomes - An 'outcome' that refers to individuals' aims or objectives – the things individuals want to achieve or need to happen. For example, continuing to live at home or being able to go out and about.
- Working collaboratively/collaborative - working together and focusing on building respectful and positive outcomes with other agencies, professionals and community groups to improve the quality and consistency of care, whilst remaining focused on own desired outcomes, needs and agenda.

- Systems leadership - Systems leadership seeks to affect change for good across interconnecting systems e.g. health and social care, through leadership and collaboration that extends the usual limits of resources and responsibility.
- Different communication methods - learners must consider a range of communication methods including digital communications.
- Features - Features should include, but are not limited to:
  - building transparency and sharing information openly and honestly (in line with regulations)
  - a diversity of skills and perspectives
  - creating psychological safety within partnerships and teams which includes a willingness to cooperate and an ability to openly disagree
  - an ability to understand and prioritise the needs of other partners, without compromising on your own desired outcomes.
- Co-production - An equal relationship between individuals accessing a service and the people responsible for the service. They work together to decide the best way to design and deliver services and implement those decisions together.
- Co-production recognises that people who use social care services (and their families) have knowledge and experiences that can be used to help make services better, not only for themselves but for other people who access social care.
- Communication and recording systems - Learners must consider legislation relating to communication and recording systems that complies with current information sharing between agencies and should include, but is not limited to:
  - General Data Protection Regulation (GDPR)
  - Data Protection Act 2018
  - Formal sharing agreements
  - #Caldicott principles

Assessment Guidance

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

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, 3 and 4 are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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.

Unit 11: Comments and Complaints in Adult Care

Unit code: J/652/2203

RQF Level: 5

Unit Aim

To enable the learner to meet leadership responsibilities for safeguarding, mental capacity and restrictive practices, partnership working, and the effective management of comments and complaints, ensuring lawful, person-centred and accountable practice across the service

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 management of comments and complaints.	1.1	Explain the relationship between the management of comments and complaints, risk management and safeguarding
		1.2	Explain regulatory requirements, codes of practice and guidance for managing comments and complaints
		1.3	Explain why those using services and others may be reluctant to raise comments or make complaints
		1.4	Explain the attitudes and approaches that ensure comments and complaints can prompt continuous improvement of the service
2.	Lead practice in listening and responding to comments and complaints.	2.1	Support team members to understand systems and procedures that ensure individuals' comments and complaints are listened and responded to
		2.2	Ensure accessible information and support is in place to enable, empower and encourage individuals and others to raise and follow up on comments and complaints
		2.3	Implement open and transparent systems and procedures that compassionately address and respond to comments and complaints within agreed time frames
		2.4	Learn from comments and complaints to drive improvements to the service

Learning outcomes 1 and 2

No guidance notes

Assessment Guidance

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

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 throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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.

Unit 12: Leading the Vision in Adult Care

Unit code: K/652/2204

RQF Level: 5

Unit Aim

To enable the learner to lead the service vision and drive continuous improvement and innovation, using quality assurance, feedback, evidence and technology to improve systems, culture and practice and achieve better outcomes for individuals

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 develop a vision for the service.	1.1	Explain their own role in developing a vision for the service
		1.2	Explain how the vision, and future of the service, may be affected by a range of factors
		1.3	Explain how to ensure the vision and future direction of the service remains compatible with internal aspirations of the service and the external adult care system
2.	Lead commitment and implementation of the vision and future direction of the service.	2.1	Build support for the vision and future direction of the service and ensure it is shared and owned by those who will be implementing and communicating it
		2.2	Support stakeholders within and beyond the organisation to be aware of the vision and the impact it will have on them
		2.3	Create a plan to implement the vision and future direction of the service
		2.4	Review and monitor stages of the plan, adapting approaches where needed

Guidance Notes

Learning outcomes 1 and 2

- Adult care system - The local and national systems which support and also integrate the provision of adult social care

Assessment Guidance

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

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 is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 13: Continuous Improvement in Adult Care

Unit code: L/652/2205

RQF Level: 5

Unit Aim

To enable the learner to lead the service vision and drive continuous improvement and innovation, using quality assurance, feedback, evidence and technology to improve systems, culture and practice and achieve better outcomes for individuals

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 continuous quality improvement in adult social care.	1.1	Explain how to use continuous quality improvement tools, techniques and approaches to meet regulatory and best practice guidance requirements
		1.2	Explain the potential signs or indicators of poor practices
		1.3	Explain how quality assurance practices inform quality improvement activities
		1.4	Explain how governance, audit processes and compliance activity can support person-centred, outcome-based practices
2.	Lead continuous improvement in practice.	2.1	Monitor and evaluate progress towards the achievement of positive outcomes and the implementation of person-centred practice
		2.2	Create opportunities for individuals and others to provide feedback on their experiences of the service
		2.3	Listen, respond to, and use the views of individuals and others
		2.4	Use evidence-based research to identify best practice in outcomes based and person-centred practice
		2.5	Use digital approaches and technology to improve and enhance outcomes in person-centred practice.
		2.6	Identify and act on lessons learned from incidents and events
		2.7	Review the extent to which systems**, processes** and practice facilitate positive outcomes for individuals
		2.8	Plan for and lead the implementation of improvements to systems, processes and practice
3	Lead a culture that supports innovation and change to improve outcomes for individuals.	3.1	Evaluate the achievement of person-centred outcomes to identify where improvements could be made
		3.2	Work with others to identify opportunities for service improvement through transformation and innovation
		3.3	Recognise and utilise the expertise of others when driving innovation, improvement and change
4	Understand how to implement effective.	4.1	Explain the processes and models of best practice in 'change management'

	change	4.2	Explain the tools available and skills needed to inspire change, development and innovation across the service
		4.3	Explain the range of external drivers for change and how these impact on the service
		4.4	Explain the success factors and barriers to implementing effective change

Guidance Notes

Learning outcomes 1 to 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, others might include:
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - team members
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting
  - members of the community
  - volunteers.
- Digital approaches and technology - These technologies help ensure care is tailored, responsive and promotes choice, control and wellbeing for the individuals. Examples of digital technologies could include, but are not limited to:
  - digital care plans
  - video calling for family involvement
  - medication management apps
  - voice activated technology
  - outcome tracking tools
  - accessible communication tools
  - technology to support independence.
- Processes - Governance, audit processes and compliance activity.
- Success factors - How outcomes are measured because of change.

Assessment Guidance

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

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 and 3 are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person. It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 14: Effective Communication in Adult Care

Unit code: M/652/2206

RQF Level: 5

Unit Aim

To enable the learner to lead and apply effective communication and information handling in adult social care, including communication that supports leadership, relationships and outcomes, conflict management, and information governance practices that meet legal and ethical requirements.

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 how to use communication skills to achieve positive interactions.	1.1	Explain the different communication skills, methods and models, and the circumstances they may be most appropriately used in adult social care
		1.2	Explain how to achieve maximum impact, by using a range of appropriate communication skills and methods
		1.3	Explain how communication skills underpin: • the achievement of positive outcomes for individuals and others • the leadership and management of teams • sustainable relationships and partnerships
2.	Know how to manage and resolve conflict.	2.1	Explain models of conflict management and conflict resolution
		2.2	Explain factors that can cause friction and conflict within the workplace
		2.3	Explain the skills that underpin conflict management and conflict resolution techniques
3.	Be able to communicate effectively with others.	3.1	Demonstrate a range of effective communication styles, methods and skills
		3.2	Apply communication skills appropriately in relation to message and audience for maximum impact
		3.3	Adapt communication style in response to the emotional context and communication style of others
		3.4	Identify and overcome barriers to communication with a range of people
4.	Develop communication practices that promote positive outcomes.	4.1	Monitor and evaluate the effectiveness of both internal and external communication systems and practices used in the workplace
		4.2	Monitor and evaluate the effectiveness of communication practices to support positive outcomes for individuals
		4.3	Propose improvements to communication systems and practices and lead their implementation

Guidance Notes

Learning outcomes 1 to 4

- Communication skills, methods and models: must include a range of skills methods and models including digital. In context this may include but is not limited to:
  - Skills: Active listening, open questioning and empathy
  - Methods: Verbal, non-verbal, written, digital
  - Models: Tuckman's stages of group development, transactional analysis, the Shannon-Weaver model.
- 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, others may include:
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - team members
  - colleagues and peers
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting
  - members of the community
  - volunteers.
- Relationships and partnerships - these may include those involved in care service provisions e.g. networks, communities and other professionals and organisations.
- Communication systems - Learners must include manual and electronic systems

Assessment Guidance

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance, as amended from time to time

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 throughout the qualification should include observation of direct practice in the workplace in actual person. It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 15: Handling Information in Adult Care

Unit code: R/652/2207

RQF Level: 5

Unit Aim

To enable the learner to lead and apply effective communication and information handling in adult social care, including communication that supports leadership, relationships and outcomes, conflict management, and information governance practices that meet legal and ethical requirements.

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

Guidance Notes

Learning outcomes 1 and 2

- Supporting others - In this context: supporting others to understand, apply and maintain high standards when handling data, particularly sensitive and confidential information. This may include, but is not limited to:
  - modelling best practice
  - supporting and developing others
  - meeting requirements of the Data Security and Protection Toolkit (DSPT)
  - digital leadership
  - preventative approaches.
- Effective information management - Effective information management will include consideration of:
  - privacy notices
  - transparency information
  - data and cyber security
  - how devices are secured

  - confidentiality, availability and integrity of records/information including digital records
  - reducing the risk of data breaches.
- Legal and ethical – This may include, but is not limited to:
  - General Data Protection Regulations
  - data security and protection
  - ethical and secure use of monitoring of Artificial Intelligence (AI)
  - subject access requests
  - CQC regulations
  - data control
  - sharing information
  - safeguarding.

Assessment Guidance

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance, as amended from time to time

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 is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 16: Leading Person-centred Practice in Adult Care

Unit code: T/652/2208

RQF Level: 5

Unit Aim

To enable the learner to lead a culture and practice that embeds person-centred, outcomes-based approaches, supports individuals' relationships and wellbeing, manages positive risk-taking appropriately, and promotes equality, diversity, inclusion and human rights across the service.

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 person-centred, outcomes-based practice.	1.1	Explain the features, principles, drivers, and values of: • strength-based approaches • co-production • person-centred practice • active participation • outcomes-based practice
		1.2	Explain the relationship between strengths-based approaches, co-production and person-centred practice on outcomes-based practices, and the individuals' health and wellbeing, independence, choice and control
2.	Understand the value of person-centred practice in partnership working to enable individuals to achieve their desired outcomes.	2.1	Explain the role of partnerships, collaboration and co-production with individuals and others in enabling individuals to achieve their desired outcomes
		2.2	Explain their own service's role in enabling individuals to build and maintain relationships and connections to their community
		2.3	Explain how integrated service provision that crosses traditional boundaries achieves better outcomes for individuals
3.	Lead practice to facilitate positive outcomes for individuals through person-centred practice.	3.1	Develop and implement a plan, to ensure team members have the training and development they need, to support individuals in person-centred ways, to achieve individuals' desired outcomes
		3.2	Support and develop team members to work in partnership with individuals and others and to recognise and respond to individuals' changing strengths, needs and preferences
		3.3	Support and develop others to apply person-centred approaches in complex situations, to ensure positive outcomes for individuals and those important to them
		3.4	Facilitate the development and review of individuals' care and support, ensuring individuals and others are actively involved and that plans and activities reflect

			individuals' preferences, wishes, strengths and needs
		3.5	Manage resources in ways that: • support individuals to make choices about their health and wellbeing, and to achieve positive outcomes • provide reasonable adjustments to enable individuals to access care and support
		3.6	Implement systems and processes for recording: Identification, progress towards and achievement of individuals desired outcomes, The implementation of person-centred practice.
4.	Understand the role of relationships in promoting health and wellbeing.	4.1	Explain the importance of proactive approaches in supporting individuals to build and maintain relationships
		4.2	Explain how open, proactive cultures that support individuals' rights to have the relationships they choose can reduce or minimise risks
		4.3	Explain the range and types of support an individual may need to maintain and build relationships, and when external services may be required
5	Lead practice in recognising individuals' relationships.	5.1	Develop approaches which recognise individuals' sexuality and relationship needs
		5.2	Promote an open, proactive culture where individuals and others feel confident to discuss sexuality, relationships and protection
		5.3	Ensure individuals and others have access to support, information and advice about relationships and sexuality
6	Understand positive risk-taking in the context of supporting individuals.	6.1	Explain how positive risk-taking can contribute to the achievement of positive outcomes for individuals
		6.2	Explain the impact of a risk-averse culture on person centred practice and the wellbeing of individuals
		6.3	Explain the considerations which need to be applied in the management of positive risk-taking
		6.4	Explain how supporting others to balance risks and rights promotes person-centred practices.
7	Lead the implementation of practices, policies and procedures to manage risk and positive risk-taking.	7.1	Lead a culture which recognises the benefits of positive risk taking in person-centred practice and the wellbeing of individuals
		7.2	Facilitate a person-centred approach in the management of risks
		7.3	Evaluate own and others' practice in leading a balanced approach to risk taking

Guidance Notes

Learning outcomes 1 to 7

- Strengths-based approaches - This is 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.

- Person-centred practice - an approach that sees the individual accessing social care services as an equal partner in their care and support and who is at the centre of all decisions relevant to them.
- 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.
- Outcome-based practice - An 'outcome' refers to individuals' aims or objectives, the things individuals want to achieve or need to happen. Outcomes-based practice focuses on supporting individuals to achieve the outcomes most important to them and offers innovative approaches to enable this.
- Partnerships - Working with the individual, networks, communities and other professionals and organisations.
- Collaboration - Working with other partners, understanding and prioritising their needs and establishing mutually beneficial and respectful relationships, whilst remaining focused on own desired outcomes, needs and agenda.
- Co-production - An equal relationship between individuals accessing a service and the people responsible for the service. They work together to decide the best way to design and deliver services and implement those decisions together. Co-production recognises that people who use social care services, (and their families), have knowledge and experiences that can be used to help make services better, not only for themselves but for other people who access social care.
- Individuals - The person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.
- Others - In this context, this refers to everyone a worker is likely to come in to contact with, including:
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - team members
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting
  - members of the community
  - volunteers.
- Relationships - Learners should consider the range of relationships important to individuals they are supporting. Consideration should go beyond immediate family and next of kin, and may include partners/spouses, extended family, friends, pets, neighbours, people in the community and other professionals. Learners should consider intimacy, sexuality and sexual relationships.
- Community – This may include but is not limited to how the individual is supported to engage with and access their local community, i.e. social and recreational activities, transport, leisure services, spiritual and cultural services and support, hobbies, education, housing provision and voluntary activities. For some individuals, their community will be very close to home, for others it will be much wider.
- Integrated service provision - Joined up, coordinated care and support that is planned and organised around the individual's needs, preferences and aspirations. It focuses on

early intervention and preventative care. Bringing together health, social care, housing, education and other community services.

- Considerations – This may include, but is not limited to mental capacity, safeguarding, individuals' rights, duty of care.

Assessment Guidance

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance, as amended from time to time

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, 5 and 7 are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 17: Health and Wellbeing in Adult Care

Unit code: Y/652/2209

RQF Level: 5

Unit Aim

To enable the learner to lead a culture and practice that embeds person-centred, outcomes-based approaches, supports individuals' relationships and wellbeing, manages positive risk-taking appropriately, and promotes equality, diversity, inclusion and human rights across the service.

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.	Lead a culture that promotes individuals' wellbeing and independence in all aspects of day-to-day practice.	1.1	Facilitate a culture: • where individuals' histories, preferences, wishes, needs and strengths are prioritised, recognised, respected and responded to • which enables individuals to lead full and meaningful lives connected to those important to them and to their communities • which enables individuals and those important to them to influence and co-design how care and support services are provided
2.	Understand the importance of promoting prevention and the individual's health and wellbeing.	2.1	Explain the range of factors that may influence an individual's health and wellbeing
		2.2	Explain their own role, and role of others, in supporting prevention, monitoring, assessing and promoting individuals' wellbeing
		2.3	Explain their own role in providing sufficient training, support and supervision to enable others to monitor the individual's health and wellbeing
		2.4	Explain how to ensure lines of accountability and responsibility are understood for delegated healthcare tasks
3.	Lead practice in promoting prevention and protecting individual health and wellbeing.	3.1	Support others to: • meet identified health and wellbeing needs • monitor, and assess changes to, individuals' health and wellbeing using appropriate tools • understand the concept of living and ageing well • access preventative healthcare advice, care and screening • understand the importance of early identification of deterioration in individuals' health and wellbeing • record and respond to assessments and observations of individuals' health and wellbeing

		3.2	Implement protocols for involving others in response to changes in individuals' health and wellbeing
		3.3	Work in partnership with individuals, healthcare professionals and others to agree roles and responsibilities in achieving individuals' healthcare and well-being outcomes

Guidance Notes

Learning outcomes 1 to 3

- Individuals - The person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.
- Those important to them - This may include but is not limited to those the individual chooses to be involved in their life, e.g. families, carers and advocates.
- Communities - This may include but is not limited to how the individual is supported to engage with and access their local community, i.e. social and recreational activities, transport, leisure services, spiritual and cultural services and support, hobbies, education, housing provision and voluntary activities. For some individuals, their community will be very close to home, for others it will be much wider.
- Others - In this context, others could refer to
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - team members
  - colleagues and peers
  - advocates
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting
  - members of the community
  - volunteers.
- Monitoring – this may include but is not limited to:
  - staff training to recognise the early signs of change
  - oversee appropriate monitoring tools
  - up to date assessments
  - referrals to health care professionals
  - maintain a culture of person-centred care
  - proactive support.
  - access to social prescribing.
- Assessing - this involves using structured tools to evaluate an individual's current health and risks. Assessment must also include the individual's own views and preferences, involving families or advocates where appropriate.
- Promoting - This involves being a key role in shaping a culture where wellbeing is actively supported – through appropriate activities, healthy routines, emotional support, good nutrition and safe environments.
- Factors - Factors affecting health and wellbeing will be different for different people and the local population, health and care needs should also be considered. Learners should show consideration for environmental, physical, social and psychological factors.

- Prevention - In this context it involves leading a proactive, preventative approach to health and care.
- Appropriate tools - This involves using a range of tools that support evidence-based, decision making and early intervention. This could include but is not limited to:
  - water low score
  - Malnutrition Universal Screening Tool (MUST)
  - mood and wellbeing charts
  - behaviour monitoring tools
  - AI-Driven monitoring systems
  - lifestyle monitoring technologies
  - early indicator monitoring tools
  - SBARD (Situation, Background, Assessment, Recommendation, Decision)
  - RESTORE2
  - Digital Social Care Records (DSCRs)
  - quality and outcomes frameworks
  - multidisciplinary meeting notes and communication logs.

Partnership - This could include but is not limited to national and local support and initiatives e.g. integrated care systems and neighbourhood health agendas and services

Assessment Guidance

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance, as amended from time to time

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 3 are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 18: Equality, diversity, inclusion and human rights in Adult Care

Unit code: F/652/2210

RQF Level: 5

Unit Aim

To enable the learner to lead a culture and practice that embeds person-centred, outcomes-based approaches, supports individuals' relationships and wellbeing, manages positive risk-taking appropriately, and promotes equality, diversity, inclusion and human rights across the service.

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 equality, diversity, inclusion, and human rights.	1.1	Explain the legislation underpinning equality, diversity, inclusion and human rights
		1.2	Explain the societal, and historical influences underpinning equality, diversity, inclusion and human rights
		1.3	Explain the impact of legal, societal and historical influencers on own role in promoting a culture that values equality, diversity, inclusion and human rights
		1.4	Explain the impact of discriminatory or closed cultures on individuals and others
		1.5	Explain how their own and others' values, beliefs and experience can impact practices and behaviours relating to equality, diversity, inclusion and human rights
2.	Demonstrate inclusive leadership and lead a culture that promotes, values and celebrates equality, diversity, inclusion, and human rights.	2.1	Evaluate own and others' ability to positively respond to peoples' differences to meet a wide range of individual needs to achieve better outcomes
		2.2	Evaluate how the service supports equity and promotes, values and celebrates equality, diversity, inclusion and human rights
		2.3	Implement changes to practices, policy or procedures to improve how the service promotes, values, and celebrates equality, diversity, inclusion and human rights
		2.4	Monitor and review changes and improvements being made to lead to better outcomes for individuals and others
		2.5	Challenge, and support others to challenge, discrimination, harassment and exclusion in ways that are likely to achieve change and promote positive outcomes

Guidance Notes

Learning outcomes 1 and 2

- Closed cultures - A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way it can cause unacceptable harm to a person and their loved ones. Learners should consider how such cultures may overlook the full range of communication, cognitive, or sensory needs associated with neurodiversity and how such cultures may not always reflect the full diversity of communication, cognitive, or sensory profiles.
- Individuals - People 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, others may include:
  - individuals accessing care and support services
  - carers, loved ones, family, friends of those accessing care and support services
  - team members
  - colleagues and peers
  - managers and supervisors
  - professionals from other services
  - visitors to the work setting
  - members of the community
  - volunteers.
- Culture - When considering the culture, learners should consider how they lead this for individuals accessing services and for the workforce.
- Promotes - This can include but is not limited to: how the workforce facilitates, advocates and challenges.
- Individual needs - In this context, individual needs may include, but not inclusive of:
  - physical
  - emotional
  - cognitive
  - cultural.

Assessment Guidance

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance, as amended from time to time

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 throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 19: Health and Safety in Adult Care

Unit code: H/652/2211

RQF Level: 5

Unit Aim:
To enable the learner to lead and assure safe practice in adult social care by implementing effective health and safety arrangements, managing risk, and promoting practices that protect individuals, staff and others, including infection prevention and control and other key safety topics.

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 health and safety requirements in adult social care.	1.1	Explain the legislative framework for health and safety in adult care settings
		1.2	Explain key sources of information and guidance for health and safety in the workplace
2.	Lead the implementation of health and safety requirements in adult social care.	2.1	Interpret legislation and guidance and apply to organisational health and safety policies and working practices
		2.2	Support others to comply with relevant organisational health and safety practices, policies, procedures to help keep them safe
		2.3	Monitor compliance with safe working, practices and provide appropriate intervention where procedures are not adhered to
		2.4	Evaluate working practices and make improvements to health and safety practices, policies and procedures
		2.5	Complete records and reports on health and safety and issues according to legislative and organisational requirements
3.	Understand effective risk management.	3.1	Explain the range of risk management requirements in adult care
		3.2	Explain their own responsibilities to identify, assess and manage risk
		3.3	Explain a range of mechanisms and tools available to inform and carry out risk management activities
4	Lead the implementation of policies, procedures and practices to effectively manage risk.	4.1	Contribute to the development of policies, procedures and practices to identify, assess and manage risk
		4.2	Work with others to identify, assess and manage risks and issues
		4.3	Support team members to understand risk management and adhere to guidance which promotes safe practices

Guidance Notes

Learning outcomes 1-4

- Legislative framework - This should include the range of health and safety legislation and specific regulations applicable to the environment and care service being provided.
- Key sources of information and guidance - This should include the role of government agencies and advisory bodies e.g. Health and Safety Executive, UK Health Security Agency, may also include other internal and external support mechanisms.
- Legislation and guidance - This may include local guidance, changing and updated guidance and specific information available to support legislation and regulations e.g. The Code of Practice for the Control and Prevention of infections and related guidance.
- Others - In in this context, others might include, but are not limited to:
  - carers, loved ones, family, friends of those accessing care and support services
  - team members
  - professionals from other services
  - visitors to the work setting
  - volunteers.

Assessment Guidance

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance, as amended from time to time

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 and 4 are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols

Unit 20: Continuous Development in Adult Care

Unit code: J/652/2212

RQF Level: 5

Unit Aim:
To enable the learner to lead their own and others' professional development, including reflective practice, leadership behaviours, and creating conditions for continuous learning, support and improvement that strengthen quality, workforce capability 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.	Demonstrate commitment to own development.	1.1	Evaluate own knowledge and performance using standards and benchmarks
		1.2	Identify and prioritise own professional development needs and aspirations and implement plans to meet these
		1.3	Create and engage with opportunities for others to provide feedback on own performance across all aspects of role
		1.4	Identify a range of opportunities to support own professional development that reflects own learning style and needs
		1.5	Evaluate how own practice has been improved through: • the implementation of the professional development plan • reflection on feedback from others • learning from achievements and adverse events
2.	Demonstrate commitment to self-awareness.	2.1	Use feedback and reflective practice to increase own self-awareness
		2.2	Analyse how own values, belief systems and experiences impact own practices
		2.3	Analyse how own emotions affect behaviour and the impact this has on others
3.	Manage own workload effectively.	3.1	Use strategies and tools to plan and identify priorities for work and revise plans when priorities change
		3.2	Use digital technology to enhance own and others' efficiency
		3.3	Facilitate the development of others to enable effective delegation
		3.4	Consider impact on own wellbeing when planning and responding to organisation priorities
		3.5	Plan strategies and support mechanisms to access when workload is difficult to manage

Guidance Notes

Learning outcomes 1 to 3

- Standards - These may include codes of practice, regulations, minimum standards, national occupational standards.
- Benchmarks - These may include but not limited to:
  - regulatory standards
  - organisation benchmarks
  - sector and specialist specific frameworks
  - own development plan.
- Others - In this context, others might include:
  - carers, loved ones, family, friends of those accessing care and support services
  - colleagues and peers
  - team members
  - managers and supervisors
  - professionals from other services
  - volunteers.
- Range of opportunities - These: may include:
  - formal or informal support
  - supervision, appraisal, mentoring, peer support
  - opportunities within and outside the organisation
  - different types of learning and ways to achieve
  - self-led and directed learning opportunities.
- Adverse events - An incident or disruption with associated risks which could lead to unexpected, unintended and preventable harm to others.

Assessment Guidance

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance, as amended from time to time

This is a skill-based unit. For learning outcomes 1, 2 and 3 primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. 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 protocols.

Unit 21 Personal Wellbeing in Adult Care

Unit code: K/652/2213

RQF Level: 5

Unit Aim:
To enable the learner to lead their own and others' professional development, including reflective practice, leadership behaviours, and creating conditions for continuous learning, support and improvement that strengthen quality, workforce capability 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 own wellbeing.	1.1	Explain what is meant by 'personal wellbeing', 'self-care' and 'resilience
		1.2	Explain factors that positively and negatively influence own wellbeing
		1.3	Explain 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 prevent, maintain and improve own wellbeing.	3.1	Explain prevention and monitoring strategies which can be used to support positive outcomes in own wellbeing
		3.2	Explain 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	Explain what is meant by 'stress' and 'anxiety'
		4.2	Explain indicators of stress and anxiety in oneself
		4.3	Explain factors that can trigger stress and anxiety in oneself
		4.4	Explain how stress and anxiety may affect own reactions and behaviours towards others
		4.5	Explain strategies for managing own stress and anxiety
		4.6	Explain how to access a range of support offers

Guidance Notes

Learning outcomes 1 to 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 wellbeing.
- 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.
- Indicators - These should be specific to the learner.
- 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 - Learners should develop personal strategies that support their own wellbeing and help prevent issues before they arise. In addition, learners should have strategies for recognising early indicators of deterioration. A proactive preventative approach is key to sustaining wellbeing in demanding job roles.
- 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.
- Support offers - The range should include offers available inside and outside the learners' workplace. Learners should consider offers they use as well as those they currently choose not to. For example:
  - internal: supervision, employee assistance scheme, mentor or buddying systems
  - external: self-help tools, apps and websites, local groups and networks**.**

Assessment Guidance

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

This is a knowledge-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.

Optional units

Unit 22: Digital Leadership in Adult Social Care

Unit code: L/652/2214

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead digital innovation and transformation in adult social care, including the implementation of digital systems, data governance, and the strategic and operational use of technology to improve quality, outcomes and service delivery.

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	Be able to lead digital transformation and data governance in adult care services	1.1	Evaluate the digital maturity and readiness of the service to support digital priorities, quality improvement and outcomes
		1.2	Lead the planning, selection and implementation of digital systems and technologies to improve service delivery and outcomes
		1.3	Ensure compliance with data protection, information governance and cyber security requirements
		1.4	Analyse risks associated with digital systems and implement strategies to manage and mitigate these
2	Be able to use data and technology to drive quality improvement and person-centred outcomes	2.1	Use data from digital systems to inform decision-making, quality assurance and service improvement
		2.2	Evaluate the impact of digital technologies on outcomes, experience and equity for individuals
		2.3	Lead approaches to address digital exclusion and promote accessibility and inclusion in service delivery
		2.4	Review the effectiveness of digital systems, technologies and innovation in improving outcomes and identifying areas for improvement
3	Be able to lead and develop digital capability within the workforce	3.1	Evaluate the digital skills and development needs of the workforce.
		3.2	Implement strategies to develop digital capability and safe practice within the team
		3.3	Promote a culture of continuous learning and improvement in relation to digital practice
		3.4	Monitor and review the effectiveness of digital learning and development in improving practice and service delivery

Assessment Requirements

This unit must be assessed in accordance with Skills for Care and Development assessment principles.
This is a skill-based unit.
Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

The learning outcomes are skill-based and must be evidenced through leadership and management practice relating to digital systems, workforce capability and service improvement. Evidence of practice should reflect the use of digital systems, technologies and digital data to support governance, quality assurance, decision-making and service delivery.

Primary evidence should include:

- observation of leadership and management practice
- organisational records, audits or quality monitoring activities
- reflective accounts demonstrating the use of digital systems and data to improve practice and outcomes
- professional discussion linked to digital leadership, governance and service improvement.

Guidance notes

Learning outcomes 1–3

- **Digital maturity and readiness** – The organisation's ability to implement, use and sustain digital systems and digital ways of working to support quality, safety and outcomes.
- **Digital systems** – May include digital care records, communication platforms, assistive technologies, remote monitoring systems and other technologies used to support care delivery, governance and service improvement.
- **Data protection, information governance and cyber security requirements** – Includes compliance with legislation, organisational policies and national guidance relating to the secure handling, storage and sharing of digital information.
- **Digital data** – May include information from digital care records, audits, incident reporting, workforce systems, quality monitoring or other reporting systems used to support oversight, quality assurance and service improvement.
- **Outcomes and experience** – May include the impact of digital technologies on independence, wellbeing, communication, safety, choice, dignity and engagement with services.
- **Digital exclusion and accessibility** – May include barriers relating to digital skills, language, literacy, disability, sensory needs, affordability, connectivity or confidence in using technology.

Unit 23: Assistive Technology and Technology Enabled Care (TEC)

Unit code: M/652/2215

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead the implementation and use of assistive technology and technology enabled care (TEC) to promote independence, safety and improved outcomes in adult social 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	Be able to lead the implementation of assistive technology and TEC in adult care services	1.1	Evaluate the needs of individuals and services in relation to the use of assistive technology and TEC
		1.2	Lead the selection of assistive technology and TEC solutions aligned to assessed needs, preferences and desired outcomes
		1.3	Oversee risk assessment processes in relation to the use of assistive technology and TEC
		1.4	Ensure the implementation of assistive technology and TEC is safe, ethical and in line with organisational policies, procedures and relevant guidance
		1.5	Establish systems and processes to support individuals to access and use assistive technology, TEC and related services
2	Be able to monitor the use of assistive technology and TEC to achieve outcomes	2.1	Use feedback from individuals, carers and others to inform the review of assistive technology and TEC
		2.2	Evaluate the effectiveness of assistive technology and TEC in meeting agreed outcomes at individual and service level
		2.3	Analyse data and feedback to identify required adaptations, improvements or alternative solutions
3	Be able to lead workforce capability and inclusive practice in the use of assistive technology and TEC	3.1	Evaluate workforce capability in using assistive technology and TEC.
		3.2	Implement strategies to develop workforce capability and safe practice in the use of assistive technology and TEC
		3.3	Promote inclusive approaches that address barriers to access and use of assistive technology and TEC, including accessibility, digital exclusion and individual preferences
		3.4	Review the impact of workforce development on the effective use of assistive technology and TEC in improving outcomes

Assessment Requirements

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

This is a skill-based unit. Competence must be demonstrated in the workplace. Where this is not possible, simulation may be used in line with assessment principles.

The learning outcomes are skill-based and must be evidenced through leadership and management practice relating to the implementation, review and use of assistive technology and technology enabled care (TEC). Evidence of practice should reflect person-centred approaches, safe implementation, risk management, workforce capability and the use of technology to support independence, safety and improved outcomes.

Primary evidence should include:

- observation of leadership and management practice
- organisational records, audits or reviews relating to assistive technology and TEC
- reflective accounts demonstrating the evaluation and improvement of technology enabled support
- professional discussion linked to implementation, inclusion, workforce capability and service improvement.

Guidance notes

Learning outcomes 1–3

- **Risk assessment processes** – Processes used to identify, assess and manage risks associated with the use of assistive technology and TEC, including safety, suitability and potential impact on individuals.
- **Safe and ethical implementation** – The use of assistive technology and TEC in ways that promote wellbeing, dignity, choice and person-centred care, including consideration of consent, privacy and proportionality, in line with organisational policies, procedures and relevant guidance.
- **Digital exclusion** – Barriers that may affect an individual's ability to access or benefit from digital technologies, including digital skills, disability, language, literacy, affordability, connectivity or confidence in using technology.
- **Workforce capability** – The knowledge, skills and competence required to use assistive technology and TEC safely, effectively and in line with agreed ways of working.
- **Stakeholders** – May include individuals, carers, colleagues, managers, multidisciplinary professionals, commissioners or other services involved in the planning, delivery or review of assistive technology and TEC.

Unit 24: Positive Behavioural Support (PBS) for Leaders

Unit code: R/652/2216

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead the implementation of Positive Behavioural Support (PBS) within adult care services, reducing restrictive practice and improving quality of life 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 the principles and application of Positive Behavioural Support (PBS)	1.1	Analyse the principles of PBS and the legislative and national guidance that underpin its use
		1.2	Evaluate how functional assessment of behaviour informs PBS, including the impact of social and physical environments
		1.3	Analyse the importance of partnership, multi-agency and multi-disciplinary working, including the involvement of individuals and those important to them
		1.4	Evaluate how PBS frameworks support person-centred practice, positive service culture and the delivery of high-quality support
2	Be able to lead the planning and coordination of PBS in practice	2.1	Evaluate the importance of gathering person-centred information, including life history, trauma and loss, to inform PBS planning
		2.2	Coordinate access to specialist assessment and support where behaviour impacts on quality of life or safety
		2.3	Coordinate multi-disciplinary approaches to develop, implement and monitor PBS plans that improve quality of life and reduce restrictive practice
		2.4	Ensure PBS plans are clearly communicated, consistently implemented and updated in response to changing needs across the service
3	Be able to lead the implementation and review of PBS at service level	3.1	Lead and support the workforce to implement individualised PBS strategies that promote participation, autonomy and quality of life
		3.2	Develop workforce knowledge, skills, competence and reflective practice to support the delivery of safe, person-centred and effective PBS
		3.3	Monitor and evaluate the effectiveness of PBS plans in improving quality of life, wellbeing and behavioural

			outcomes
		3.4	Lead the review and adaptation of PBS strategies and support plans in response to changing needs, risks and outcomes

Assessment Requirements

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; 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 leadership and management practice relating to the implementation, coordination, monitoring and review of Positive Behavioural Support (PBS). Evidence of practice should reflect person-centred approaches, multi-disciplinary working, reduction of restrictive practice and the promotion of quality of life, participation and wellbeing.

Primary evidence should include:
- observation of leadership and management practice
- PBS plans, reviews or risk management documentation
- reflective accounts linked to PBS implementation, workforce support and service improvement
- professional discussion relating to restrictive practice, behaviour support, safeguarding and person-centred approaches.

Guidance notes

Learning outcomes 1–3

- **Positive Behavioural Support (PBS)** – A person-centred approach that aims to improve quality of life, reduce distress and minimise restrictive practice by understanding the reasons for behaviour and supporting individuals to have greater choice, control, participation and involvement in decisions affecting their lives.
- **Functional assessment of behaviour** – A structured approach used to understand the purpose or function of behaviour, including triggers, unmet need, communication, patterns and consequences that may influence behaviour.
- **Partnership, multi-agency and multi-disciplinary working** – Collaborative working involving individuals, those important to them, colleagues and relevant professionals or services to support consistent and coordinated Positive Behavioural Support (PBS).
- **Person-centred information** – Information that supports understanding of the individual's needs, preferences, communication, experiences, behaviour, history and wellbeing to inform Positive Behavioural Support (PBS) planning.

- **Specialist assessment and support** – May include behavioural specialists, Positive Behavioural Support (PBS) practitioners, psychology services, speech and language therapy, occupational therapy, autism or learning disability services, mental health services or other specialist multidisciplinary support relevant to the individual's needs.
- **Restrictive practice** – Practices that restrict an individual's movement, liberty or freedom to act independently and should be avoided unless necessary, proportionate and in line with legal and organisational requirements.
- **Behavioural outcomes** – Changes that improve the individual's wellbeing, participation, communication, safety, quality of life or ability to manage distress and behaviours of concern.

Unit 25: End of Life Care – Leading High-Quality Provision

Unit code: T/652/2217

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead high-quality, compassionate and person-centred end of life care that respects individual choice, dignity and current best 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 legal, ethical and service frameworks in end of life care	1.1	Analyse legislation, policies and frameworks that underpin end of life care practice
		1.2	Evaluate the principles and application of advance care planning and advance decision making in end of life care
		1.3	Analyse the roles and responsibilities of professionals, services and specialist providers involved in end of life care
		1.4	Evaluate the importance of partnership, multi-agency and multidisciplinary working in delivering coordinated end of life care
		1.5	Analyse referral pathways and systems that support timely and appropriate end of life care
2	Be able to evaluate systems and support for individuals, families and the workforce during end of life and bereavement	2.1	Evaluate the support systems and networks available to individuals, families and carers during end of life care and bereavement
		2.2	Lead approaches that ensure care reflects individual choices, preferences and advance decisions
		2.3	Evaluate the support required for the workforce involved in end of life care, including emotional wellbeing and supervision
		2.4	Analyse the impact of grief, loss and bereavement on individuals, families and staff, and how this informs service provision
3	Be able to lead and monitor high-quality end of life care in practice	3.1	Lead the coordination of advance care planning and shared decision-making as part of person-centred end of life care
		3.2	Ensure the delivery of person-centred care, including symptom management, communication and support for individuals and those important to them
		3.3	Monitor end of life care outcomes to support quality, consistency and person-centred care

		3.4	Lead the review and development of bereavement support provided following death to ensure support is compassionate, responsive and appropriate to need

Assessment Requirements

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; 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 leadership and management practice relating to the coordination, delivery, review and evaluation of end of life care and bereavement support. Evidence of practice should reflect person-centred approaches, dignity, compassionate care, shared decision-making and coordinated working across services and professionals involved in end of life care.

Primary evidence should include:
- observation of leadership and management practice
- advance care planning or end of life care documentation
- reflective accounts linked to end of life care leadership and service provision
- professional discussion relating to ethical practice, partnership working, bereavement support and person-centred care.

Guidance notes

Learning outcomes 1–3

- **Advance care planning and advance decision making** – Processes that support individuals to express preferences, wishes, values and decisions about future care and treatment, including end of life care, should they become unable to communicate or make decisions in the future.
- **Professionals, services and specialist providers** – May include health and social care professionals, palliative and hospice services, spiritual or faith support, counselling, bereavement services, advocacy, community services and other specialist support involved in end of life care.
- **Partnership, multi-agency and multidisciplinary working** – Collaborative working involving individuals, those important to them, professionals, services and specialist providers to support coordinated and person-centred end of life care.
- **Referral pathways and systems** – Processes, relationships and arrangements that support timely access to appropriate end of life care, specialist services and support, enabling coordinated care and informed choice for individuals and those important to them.

- **Support systems and networks** – May include family and carer support, palliative and hospice services, bereavement services, spiritual or faith support, counselling, advocacy, community services, peer support and multidisciplinary services involved in end of life care and bereavement.
- **Choices, preferences and advance decisions** – May change over time and should be reviewed regularly through ongoing communication, shared decision-making and person-centred approaches to care.
- **Grief, loss and bereavement** – May affect individuals receiving care, families, carers, staff and others within the service or community, and may influence emotional wellbeing, relationships, routines and support needs.

Unit 26: Neurodiversity-Affirming Leadership and Practice

Unit code: Y/652/2218

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead and embed neurodiversity-affirming practice within adult care services, promoting inclusion, wellbeing and person-centred 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 policy, legislation and approaches to neurodiversity-affirming practice	1.1	Analyse legislation, policy and guidance relating to neurodiversity and inclusive practice
		1.2	Evaluate the principles of neurodiversity-affirming approaches and their impact on inclusion, accessibility, wellbeing and participation for neurodivergent individuals
		1.3	Analyse the importance of integrated and person-centred approaches in supporting the diverse communication, sensory, cognitive and wellbeing needs of neurodivergent individuals
		1.4	Evaluate how services can adapt environments, systems and practice to support accessibility, inclusion and positive outcomes for neurodivergent individuals
2	Be able to lead workforce development in neurodiversity-affirming practice	2.1	Lead approaches to develop workforce understanding and a culture of inclusive practice in relation to neurodiversity and its impact on individuals and those important to them
		2.2	Evaluate factors that may affect the wellbeing, distress and behaviour of neurodivergent individuals, including factors not directly related to neurodiversity
		2.3	Implement workforce learning and development strategies to build knowledge, skills and confidence in neurodiversity-affirming practice
		2.4	Promote workforce practices that challenge barriers, assumptions and approaches that may negatively affect neurodivergent individuals
3	Be able to lead neurodiversity-affirming practice within the service	3.1	Lead the development and implementation of services that embed neurodiversity-affirming approaches
		3.2	Ensure environments, routines and communication are adapted to meet diverse sensory and cognitive needs
		3.3	Lead the implementation of anti-discriminatory, accessible and inclusive practices that support neurodivergent individuals across the service
		3.4	Co-produce neurodiversity-affirming support approaches that reduce distress and promote autonomy and wellbeing
		3.5	Ensure ongoing assessment, review and adaptation of support in collaboration with individuals, those important to them and relevant professionals or services

		3.6	Monitor and evaluate outcomes using feedback from neurodivergent individuals and others to improve support, accessibility and practice

Assessment Requirements

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; 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 leadership and management practice relating to the development, implementation and review of neurodiversity-affirming approaches within adult care services. Evidence of practice should reflect inclusive, person-centred and strengths-based approaches that support accessibility, autonomy, participation, wellbeing and appropriate support for neurodivergent individuals.

Primary evidence should include:
- observation of leadership and management practice
- service improvement or workforce development activities
- reflective accounts linked to neurodiversity-affirming practice and inclusive service delivery
- professional discussion relating to accessibility, communication, sensory and cognitive needs, inclusion and co-produced support approaches.

Guidance notes

Learning outcomes 1–3

- **Neurodiversity-affirming approaches** – Approaches that recognise, respect and support neurodivergent differences, promoting inclusion, accessibility, participation, autonomy, wellbeing and appropriate support without expecting unnecessary conformity to neurotypical norms.
- **Integrated and person-centred approaches** – Collaborative and coordinated approaches that recognise diverse communication, sensory, cognitive and wellbeing needs and support neurodivergent individuals through accessible, individualised and inclusive practice.
- **Inclusive cultures and practice** – Workforce cultures and practices that promote respect, accessibility, inclusion, participation and adaptation, and that challenge barriers, assumptions and approaches that may negatively affect neurodivergent individuals.
- **Factors affecting wellbeing, distress and behaviour** – May include sensory differences, communication barriers, physical health, trauma, mental ill-health, anxiety, environmental factors, relationships, discrimination, unmet needs or other factors not directly related to neurodiversity.
- **Environments, routines and communication** – May require adaptation to reduce sensory distress, improve predictability, support understanding, increase accessibility and promote participation and wellbeing.
- **Co-produced support approaches** – Approaches developed collaboratively with neurodivergent individuals and those important to them, recognising individual strengths, preferences, communication styles, sensory needs and autonomy.

- **Assessment, review and adaptation of support** – Ongoing collaborative processes involving individuals, those important to them and relevant professionals or services to ensure support remains appropriate, accessible and responsive to changing needs and outcomes.

Unit 27: Trauma-Informed Leadership in Adult Care

Unit code: A/652/2219

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead trauma-informed approaches within adult care services, promoting supportive cultures, reducing re-traumatisation and improving outcomes for individuals.

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 and impact of trauma in adult care	1.1	Analyse different types of trauma, including acute, chronic, developmental and complex trauma
		1.2	Evaluate how trauma can affect neurobiological, physiological and emotional regulation
		1.3	Analyse the potential impact of trauma on behaviour, relationships, trust, communication and engagement with care and support
		1.4	Evaluate how trauma-informed understanding can inform responses to individuals accessing adult care services
2	Be able to lead the development of trauma-informed culture and practice	2.1	Lead the development and embedding of trauma-informed culture and practice within the service
		2.2	Evaluate how service environments, systems and practices can contribute to or reduce re-traumatisation
		2.3	Implement trauma-informed approaches that promote safety, trust, empowerment, choice and collaboration
		2.4	Ensure governance systems, policies and procedures support trauma-informed approaches
3	Be able to lead workforce development and supervision in trauma-informed practice	3.1	Evaluate workforce learning and development needs and support appropriate opportunities to develop trauma-informed practice
		3.2	Implement supervision and reflective practice that support effective trauma-informed workforce practice
		3.3	Promote workforce wellbeing, resilience and psychological safety to minimise issues associated with the delivery of trauma-informed services
		3.4	Monitor and evaluate the effectiveness of workforce practice in the delivery of trauma-informed care and support
4	Be able to monitor trauma-informed approaches to improve outcomes	4.1	Ensure care and support delivery applies trauma-informed principles and responds to individual needs
		4.2	Evaluate the impact of trauma-informed practice on individual experiences and outcomes
		4.3	Use feedback from individuals and others to lead continuous improvement in trauma-informed practice and

			service delivery

Assessment Requirements

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; 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, 3 and 4 are skill-based and must be evidenced through leadership and management practice relating to the development, implementation, monitoring and review of trauma-informed approaches within adult care services.Evidence should demonstrate the application of trauma-informed principles in leadership, workforce practice, care delivery and service improvement.

Assessment should reflect the boundaries of the adult care role. This unit does not require learners to diagnose trauma or provide therapeutic interventions unless appropriately qualified and authorised within their role.

Primary evidence should include:
- observation of leadership and management practice
- supervision, reflective discussion or workforce support activities
- review of workforce practice, service delivery or quality improvement activities
- professional discussion relating to trauma-informed leadership and care delivery
- evidence of how trauma-informed approaches influence care, support and service improvement.

Guidance Notes

Learning outcomes 1–4

- **Trauma** – May include acute, chronic, developmental or complex trauma arising from experiences such as abuse, neglect, violence, discrimination, loss, adverse childhood experiences, exploitation, homelessness, conflict, institutional experiences or other distressing events.
- **Neurobiological, physiological and emotional regulation** – Refers to how trauma may affect stress responses, emotional regulation, physical responses, coping mechanisms and an individual's ability to feel safe, trust others or engage with care and support.
- **Recognising possible indicators of trauma** – Refers to recognising that trauma may influence behaviour, communication, engagement, emotional responses or support needs without assuming, diagnosing or labelling individuals.
- **Trauma-informed culture and practice** – Refers to approaches that recognise the impact of trauma and promote safety, trust, choice, collaboration, empowerment and appropriate support while seeking to reduce re-traumatisation.

- **Service environments, systems and practices** – May include physical environments, organisational routines, communication approaches, assessment processes, behavioural responses, restrictive practices, workforce behaviours, reporting systems or service procedures that may contribute to or reduce re-traumatisation.
- **Governance systems, policies and procedures** – Refers to organisational systems that support the consistent implementation, monitoring and review of trauma-informed approaches within the service.
- **Workforce wellbeing, resilience and psychological safety** – May include support systems, supervision, reflective discussion, debriefing, peer support, workload management and approaches that reduce risks associated with delivering trauma-informed services.
- **Individual experiences and outcomes** – May include safety, trust, engagement, communication, participation, emotional wellbeing, relationships, access to support or experiences of care and support.

Unit 28: Integrated Services and Systems Leadership

Unit code: H/652/2220

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead integrated working and collaborative practice within adult care services, supporting coordinated, holistic and person-centred care and support through effective partnership and multi-agency working.

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 integrated working and collaborative practice in adult care	1.1	Analyse the importance of integrated working and collaborative practice in delivering coordinated and holistic care and support
		1.2	Evaluate the roles and responsibilities of professionals, services and agencies involved in integrated working
		1.3	Analyse the benefits and challenges of partnership and multi-agency working in improving outcomes for individuals
		1.4	Evaluate approaches that support effective communication, coordination and collaborative practice across integrated services
2	Be able to lead integrated and collaborative practice in adult care	2.1	Lead approaches that support effective partnership and collaborative working in adult care
		2.2	Coordinate roles, responsibilities and approaches to support integrated and holistic care and support
		2.3	Implement approaches that support effective communication, information sharing and coordinated care and support
		2.4	Address barriers and conflicts that may affect integrated working and collaborative practice
3	Be able to monitor integrated and collaborative practice in adult care to improve outcomes	3.1	Evaluate the effectiveness of integrated and collaborative practice in supporting coordinated and holistic care and support
		3.2	Lead improvements that strengthen partnership working and collaborative practice to support coordinated and holistic care and support
		3.3	Evaluate the impact of integrated and collaborative practice on coordinated, holistic care and support for individuals
		3.4	Work to embed approaches that support coordinated, person-centred and holistic care and support

Assessment Requirements

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; 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 assessed through leadership and management practice relating to integrated and collaborative working in adult care. Evidence should demonstrate how the learner leads, coordinates and evaluates integrated and collaborative approaches that support coordinated and holistic care and support for individuals.

Assessment should reflect integrated working within adult care practice and may include collaboration with:

- internal teams
- multi-disciplinary professionals
- external services
- voluntary or community organisations
- community-based support approaches.

Assessment may include both formal and informal approaches to integrated working.

Primary evidence should include:

- observation of leadership and management practice
- professional discussion
- review of collaborative working approaches
- care or support planning activities
- reflective accounts
- quality improvement or service review activities
- evidence of communication, coordination and partnership working
- feedback from individuals, colleagues or relevant professionals.

Guidance Notes

Learning outcomes 1–3

- **Integrated working** – Refers to coordinated approaches where organisations, professionals and services work together to support effective adult care service delivery and outcomes.
- **Partnership approaches** – Refers to collaborative ways of working between organisations, professionals, communities or stakeholders to support adult care services and individual outcomes.

- **Multi-agency working** – Refers to collaborative working involving professionals, services or organisations from different sectors or disciplines involved in adult care support and service delivery.
- **Information sharing** – May include sharing information appropriately, lawfully and proportionately to support safe, effective and coordinated adult care services.
- **Service coordination** – Refers to approaches used to support continuity, communication, transitions, planning and coordinated service delivery across adult care services and organisations.
- **Barriers to integrated working** – May include communication difficulties, organisational differences, information-sharing concerns, resource pressures, conflicting priorities, workforce pressures or differing professional approaches.
- **Stakeholders** – May include individuals accessing care and support, families, carers, workforce teams, partner organisations, commissioners, communities or external agencies involved in adult care services.
- **Evaluation findings and service information** – May include service reviews, stakeholder feedback, quality monitoring information, audit findings, partnership reviews, workforce information or service improvement findings.

Unit 29: Business Development and Commissioning in Adult Care

Unit code: J/652/2221

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead business development, commissioning activities and sustainable service growth in adult care, aligned to population need and commissioning priorities.

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 business development and commissioning in adult care	1.1	Analyse how population need, commissioning priorities and local service demand influence business development and commissioning activities in adult care
		1.2	Evaluate how business development and commissioning activities influence service sustainability and growth in adult care
		1.3	Analyse the importance of outcomes, quality and value when responding to commissioning activities in adult care
		1.4	Evaluate factors that may influence business development and commissioning decisions in adult care services
2	Be able to lead commissioning-responsive service development in adult care	2.1	Develop proposals or service responses aligned to population need and commissioning priorities
		2.2	Lead approaches that support sustainable and commissioning-responsive service development in adult care
		2.3	Implement approaches that support quality and effective service delivery while meeting contractual responsibilities in adult care services
		2.4	Address challenges and risks that may affect sustainable commissioned adult care services
3	Be able to monitor business development and commissioning activities in adult care to improve outcomes	3.1	Evaluate how service development supports sustainability and future commissioning opportunities in adult care
		3.2	Evaluate service performance against agreed outcomes, quality standards and contractual requirements in adult care
		3.3	Use feedback, performance information and service data to improve commissioned service delivery and support contractual and quality requirements

Assessment Requirements

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; however, assessment should reflect real adult care contexts wherever possible.

Learning outcomes 2 and 3 must include evidence of leadership, management or operational involvement in business development, commissioning activities, commissioned service delivery or sustainable service development within adult care.
Evidence may relate to local authority, health or integrated commissioning arrangements.

Learners are not required to demonstrate specialist procurement or legal tender-management expertise. Assessment should focus on operational leadership and management within commissioned adult care services.

Evidence should demonstrate how learners:
- respond to commissioning priorities and population need
- support sustainable commissioned services
- contribute to service development and improvement
- monitor commissioned service performance
- support quality and contractual responsibilities
- use performance information to support effective service delivery and future commissioning opportunities.

Assessment may include:
- professional discussion
- reflective accounts
- service development plans or proposals
- analysis of commissioning priorities or service demand
- quality or performance monitoring activities
- reports or presentations
- case studies
- business or service review activities
- meeting records or action plans
- witness testimony
- work products or organisational documentation.

Guidance Notes

Learning outcomes 1–3

- **Business development** – Refers to approaches used to support the sustainability, improvement, growth or development of adult care services in response to organisational and service needs.
- **Commissioning** – Refers to processes involved in assessing needs, planning, securing, monitoring and reviewing services to meet identified adult care requirements and outcomes.
- **Sustainability** – Refers to maintaining viable, effective and responsive adult care services able to meet current and future service demands.
- **Partnership working** – Refers to collaborative approaches involving organisations, professionals, communities or stakeholders working together to support adult care service delivery and outcomes.
- **Market and service demands** – May include changing care needs, workforce pressures, demographic changes, commissioning priorities, funding pressures, service gaps, policy changes or emerging trends affecting adult care services.
- **Stakeholders** – May include individuals accessing care and support, families, communities, commissioners, partner organisations, workforce teams, regulators or external agencies involved in adult care services.
- **Evaluation findings and service information** – May include service reviews, performance information, stakeholder feedback, quality monitoring information, commissioning outcomes, audit findings, workforce information or service improvement findings.

Unit 30: Infection Prevention and Control – Quality Improvement

Unit code: K/652/2222

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead infection prevention and control compliance and improvement in adult 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	Understand infection prevention and control compliance in adult care	1.1	Analyse legislation, guidance and standards relating to infection prevention and control in adult care
		1.2	Evaluate factors that may affect infection prevention and control compliance in adult care services
		1.3	Analyse the importance of workforce knowledge, training and competent practice in maintaining infection prevention and control compliance
		1.4	Evaluate the impact of infection prevention and control risks and responses on individuals, the workforce and adult care services
2	Be able to lead infection prevention and control compliance in adult care	2.1	Monitor infection prevention and control practice against guidance, standards and organisational requirements
		2.2	Implement approaches that reduce infection risks and support safe working practices in adult care
		2.3	Respond to, report and escalate infection prevention and control risks, incidents and outbreaks in adult care services
		2.4	Work to embed an effective infection prevention and control culture within adult care services
3	Be able to lead infection prevention and control improvement in adult care	3.1	Review infection prevention and control incidents, risks and performance information to inform infection prevention and control improvement in adult care
		3.2	Use audit findings, feedback and monitoring information to improve practice and support compliance with infection prevention and control standards
		3.3	Implement improvements to infection prevention and control procedures and practice in response to identified risks, incidents or changing guidance
		3.4	Evaluate the effectiveness of infection prevention and control improvement activities in supporting safe practice in adult care services

Assessment Requirements

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; however, assessment should reflect real adult care contexts wherever possible.

Learning outcomes 2 and 3 should include evidence of leadership, monitoring, review or improvement activity relating to infection prevention and control practice within adult care services.

Assessment should focus on operational leadership of infection prevention and control compliance and improvement in adult care rather than purely theoretical infection control knowledge.

Learners are not expected to demonstrate specialist clinical infection control expertise.

Assessment should reflect the operational realities of adult care settings and may include:

- responding to infection risks, incidents or outbreaks
- monitoring compliance with infection prevention and control standards and procedures
- supporting workforce practice and competence
- reporting and escalation processes
- communication with individuals, families and external agencies
- balancing infection prevention and control requirements with person-centred care approaches.

Evidence may include:

- professional discussion
- reflective accounts
- audit or monitoring activities
- incident or service reviews
- action plans
- policies or procedures
- meeting records
- presentations
- witness testimony
- work products
- quality improvement or service improvement activities.

Guidance Notes

Learning outcomes 1–3

- **Infection prevention and control compliance** – Refers to maintaining safe and effective infection prevention and control practice in line with organisational procedures, guidance, standards and operational requirements.
- **Impact of infection prevention and control risks and responses** – May include the impact on individuals using services, families and visitors, workforce wellbeing, communication, operational pressures, service delivery, continuity of care or safe working practices.
- Monitoring infection prevention and control practice – May include audits, observations, spot checks, competency reviews, review of incidents, compliance monitoring or workforce practice reviews.
- **Infection prevention and control risks, incidents and outbreaks** – May include suspected or confirmed outbreaks, communicable infections, environmental risks, unsafe practice, emerging infection risks or reportable incidents.
- **Reporting and escalation** – May include internal reporting procedures, escalation pathways, external notifications, communication with relevant agencies or outbreak reporting requirements.
- **Effective infection prevention and control culture** – Refers to leadership approaches that support consistent safe practice, accountability, communication, learning, workforce engagement and reinforcement of infection prevention and control expectations.

Unit 31: Coaching and Mentoring for Performance

Unit code: L/652/2223

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead coaching and mentoring approaches that improve workforce capability, professional development and quality of care in adult care services.

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 coaching and mentoring in professional practice	1.1	Analyse how coaching and mentoring support professional practice and workforce development in adult care
		1.2	Evaluate the differences between coaching, mentoring, supervision and traditional learning approaches in adult care
		1.3	Analyse factors that influence effective coaching and mentoring relationships in adult care services
		1.4	Evaluate the impact of coaching and mentoring on workforce capability, professional development and quality of care in adult care services
2	Be able to lead coaching and mentoring approaches in adult care	2.1	Promote the effective use of coaching and mentoring to support learning and professional development in adult care services
		2.2	Implement coaching and mentoring approaches that support professional practice and workforce development in adult care
		2.3	Support individuals to develop problem solving, decision-making and professional practice through coaching and mentoring approaches
		2.4	Adapt coaching and mentoring approaches to meet individual, workforce and service needs in adult care
3	Be able to monitor coaching and mentoring approaches in adult care	3.1	Review coaching and mentoring approaches used within the organisation to support workforce development and professional practice
		3.2	Evaluate the impact of these coaching and mentoring approaches on workforce development and professional practice within the organisation
		3.3	Use feedback, observations and evaluation findings to inform improvements to coaching and mentoring approaches within the organisation

Assessment Requirements

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

This is a knowledge and skill-based unit.

Assessment should focus on the leadership and application of coaching and mentoring approaches within adult care practice rather than generic coaching or mentoring theory.

Evidence should reflect operational adult care contexts and demonstrate understanding of how coaching and mentoring approaches support workforce capability, professional practice and quality of care.

Learning outcomes 2 and 3 should include evidence of implementing, reviewing, evaluating and adapting coaching and mentoring approaches relevant to workforce and organisational needs within adult care.

Assessment should encourage learners to apply coaching and mentoring approaches within operational adult care contexts.

Evidence may include:
- professional discussion
- reflective accounts
- workplace examples
- coaching or mentoring records
- development reviews
- action plans
- observation records
- learner feedback
- evaluation activities
- presentations
- witness testimony
- work products.

Guidance Notes

Learning outcomes 1–3

- **Coaching** – Refers to structured or informal approaches used to support learning, problem solving, professional development and improvement in workplace practice.
- **Mentoring** – Refers to supportive developmental relationships that draw on experience, guidance and professional support to develop workforce capability and professional practice.
- **Workforce capability** – Refers to the ability of individuals to apply the skills, knowledge, behaviours and judgement required within adult care practice.

- **Workforce and service needs** – May include individual learning needs, workforce pressures, organisational priorities, skill development, service improvement, staff wellbeing, retention, role development or changing care needs.
- **Feedback and evaluation findings** – May include learner feedback, supervision outcomes, observation findings, workforce feedback, quality monitoring information, professional discussions, development reviews or service improvement findings.
- **Impact of coaching and mentoring approaches** – May include effects on workforce confidence, professional practice, communication, problem solving, workforce development, retention, learning culture, quality of care or professional effectiveness.

Unit 32: Recruitment, Retention and Values-based Hiring

Unit code: M/652/2224

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead recruitment, retention and workforce sustainability approaches that support safe, effective and sustainable adult care services.

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 recruitment, retention and workforce sustainability in adult care	1.1	Analyse factors affecting recruitment, retention and workforce sustainability in adult care
		1.2	Evaluate the impact of changing workforce demands, service delivery pressures and staffing challenges on adult care services
		1.3	Analyse the relationship between workforce sustainability, workforce capability and quality of care in adult care services
		1.4	Evaluate how values-based recruitment can be used to address recruitment, retention and workforce sustainability issues in adult care
2	Be able to lead recruitment and retention approaches in adult care	2.1	Implement recruitment approaches that support workforce suitability, organisational needs and adult care service requirements
		2.2	Implement onboarding approaches that support workforce integration, professional practice and workforce retention
		2.3	Adapt recruitment, retention and onboarding approaches to respond to changing workforce demands and organisational needs in adult care
		2.4	Promote approaches that support workforce stability and sustainability in adult care.
3	Be able to monitor recruitment, retention and workforce sustainability approaches in adult care	3.1	Review recruitment, retention and workforce sustainability approaches used within the organisation
		3.2	Evaluate the impact of these approaches on workforce stability, workforce capability and adult care services within the organisation
		3.3	Use feedback, workforce information and evaluation findings to identify improvements to recruitment, retention and workforce sustainability approaches
		3.4	Adapt recruitment, retention and workforce sustainability approaches to respond to changing workforce demands and organisational needs

Assessment Requirements

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

This is a knowledge and skill-based unit.

Assessment should focus on the leadership of recruitment, retention and workforce sustainability approaches within adult care rather than generic human resources or recruitment theory.

Evidence should reflect operational adult care contexts and demonstrate understanding of recruitment, retention and workforce sustainability challenges affecting adult care services.

Learning outcomes 2 and 3 should include evidence of reviewing, implementing, evaluating and adapting recruitment, retention and workforce sustainability approaches relevant to organisational and workforce needs within adult care.

Assessment should include consideration of relevant legislation, regulatory requirements and workforce safeguarding responsibilities relating to adult care recruitment and staffing.

Assessment should encourage learners to apply discussion, evaluation and operational decision-making to adult care workforce contexts rather than relying solely on generic recruitment or human resources theory.

Evidence may include:
- professional discussion
- reflective accounts
- workplace examples
- recruitment or onboarding documentation
- workforce reviews
- action plans
- workforce evaluations
- policy or procedure reviews
- quality improvement activities
- presentations
- witness testimony
- work products.

Guidance Notes

Learning outcomes 1–3

- **Values-based recruitment** – Refers to recruitment approaches that assess whether individuals demonstrate behaviours, attitudes and values aligned with adult care practice, organisational culture and person-centred care.

- **Workforce sustainability** – Refers to maintaining a stable, capable and resilient workforce able to meet current and future service demands within adult care services.
- **Workforce capability** – Refers to the ability of individuals to apply the skills, knowledge, behaviours and judgement required within adult care practice.
- **Workforce pressures** – May include workforce shortages, recruitment difficulties, retention challenges, changing care complexity, delegated healthcare tasks, workload pressures, staff wellbeing concerns, competition for workforce supply or changing workforce expectations.
- **Workforce stability** – May include workforce retention, continuity of care, workforce consistency, reduced turnover, workforce wellbeing or maintaining appropriate workforce capacity.
- **Workforce integration and onboarding** – May include induction processes, supported transition into roles, probationary support, workplace culture, supervision, role expectations, learning and development or workforce support arrangements.
- **Evaluation findings and workforce information** – May include workforce data, retention information, recruitment outcomes, staff feedback, supervision findings, exit interviews, workforce reviews, quality monitoring information or service improvement findings.

Unit 33: Financial Leadership and Resource Management in Adult Care

Unit code: R/652/2225

RQF Level: 5

Unit Aim

To develop the knowledge and skills required to lead financial and resource management approaches that support safe, effective and sustainable adult care services.

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 financial leadership and resource management in adult care	1.1	Analyse factors affecting financial sustainability and resource management in adult care services
		1.2	Evaluate the relationship between financial leadership, resource management and quality of care in adult care services
		1.3	Analyse the impact of financial pressures and service demands on adult care services
		1.4	Evaluate the role of financial and resource management approaches in maintaining safe, effective and sustainable adult care services
2	Be able to lead financial and resource management approaches in adult care	2.1	Implement financial and resource management approaches that maintain safe, effective and sustainable adult care service delivery
		2.2	Plan, allocate and adjust financial and workforce resources to maintain safe, effective and sustainable adult care services
		2.3	Adapt financial and resource management approaches in response to changing service demands, external requirements and organisational priorities
		2.4	Ensure financial governance and oversight processes are implemented and monitored within the organisation
3	Be able to monitor financial and resource management approaches in adult care	3.1	Review the effectiveness of financial and resource management approaches used within the organisation
		3.2	Evaluate the impact of these approaches on quality of care, service sustainability and organisational priorities within the organisation
		3.3	Use financial information, feedback and evaluation findings to inform improvements to financial and resource management approaches within the organisation

Assessment Requirements

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

This is a knowledge and skill-based unit.

Assessment should focus on operational financial leadership and resource management within adult care services rather than specialist accounting or finance-management practice.

Evidence should reflect operational adult care contexts and demonstrate understanding of financial sustainability and resource management challenges affecting adult care services.

Learning outcomes 2 and 3 should include evidence of implementing, reviewing, evaluating and improving financial and resource management approaches relevant to organisational needs and service demands within adult care.

Assessment should include consideration of governance systems, financial oversight responsibilities, organisational accountability and external requirements relevant to adult care services.

Assessment should encourage learners to apply evaluation and decision-making within operational adult care contexts rather than relying solely on generic business or finance-management theory.

Evidence may include:

- professional discussion
- reflective accounts
- workplace examples
- financial reviews
- budget or resource information
- audit or monitoring findings
- action plans
- quality improvement activities
- presentations
- witness testimony
- work products.

Guidance Notes

Learning outcomes 1–3

- **Financial leadership** – Refers to leadership responsibility for financial decision-making, financial oversight, resource allocation and maintaining financially sustainable adult care services.
- **Resource management** – Refers to the planning, allocation, adjustment and oversight of workforce, financial and operational resources required to maintain safe, effective and sustainable adult care services.

- **Financial sustainability** – Refers to maintaining financially viable and sustainable adult care services able to meet current and future operational demands and service requirements.
- **Service demands** – May include increasing care complexity, changing service user needs, staffing pressures, occupancy pressures, workforce shortages, delegated healthcare tasks, training requirements, operational pressures or changing models of care.
- **Financial pressures** – May include funding pressures, increasing operational costs, workforce costs, agency costs, inflation, regulatory expectations, changing demand, commissioning pressures or financial constraints affecting service delivery.
- **Financial and resource management approaches** – May include budgeting approaches, resource allocation processes, expenditure monitoring, procurement approaches, staffing and resource planning, governance systems, financial monitoring processes or sustainability planning.
- **Financial governance and oversight processes** – May include financial controls, governance arrangements, financial monitoring systems, audit processes, expenditure oversight, procurement procedures, financial reporting arrangements or oversight systems linked to organisational and financial requirements.
- **External requirements** – May include commissioning requirements, funding conditions, inspection outcomes, national policy drivers, mandatory training requirements, contractual obligations or wider sector expectations affecting adult care services.
- **Financial information** – May include financial reports, expenditure monitoring information, audit findings, governance reviews, budget reviews, procurement information, workforce and resource information or evaluation findings.

Assessment Guidance

The QUALIFI Level 5 Diploma in Leading and Managing a 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.

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

Customer service number: +44 (0) 333 335 6263

Email: info@qualifi-international.com
Website: www.QUALIFI.net www.QUALIFI-international.com