Qualification Specification

ProQual Level 2 Diploma in Health and Social Care (Northern Ireland)

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This qualification is part of ProQual's broad offer of qualifications in the Health and Social Care Sector.

To find out more about other qualifications in this, or any other sector, or for our latest fees; check our Fees Schedule via the QR code below:

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Introduction

The ProQual Level 2 Diploma in Health and Social Care (NI) will provide learners within health and social care, training aligned to the Health and Social Care Apprenticeship Framework and is fully endorsed by the Northern Ireland Social Care Council (NISCC). The objectives of this qualification are to enable learners to gain knowledge and skills to support them to develop their careers in health and social care.

This qualification is targeted at new social care workers registering with the Northern Ireland Social Care Council.

The Level 2 Diploma in Health and Social Care (NI) will support learners to progress to the Level 3 Diploma in Health and Social Care and / or other qualifications deemed appropriate for a learner.

The awarding body for this qualification is ProQual Awarding Body (www.proqualab.com) and the regulatory body is the Council for Curriculum, Examinations and Assessment (CCEA).

The qualification has been accredited onto the Regulated Qualifications Framework (RQF) and is published on CCEA's Register of Qualifications.

This qualification is only available for delivery in Northern Ireland.

The awarding body for this qualification is ProQual AB. This qualification has been approved for delivery in Northern Ireland. The regulatory body for this qualification is Ofqual, and this qualification has been accredited onto the Regulated Qualification Framework (RQF), and has been published in Ofqual's Register of Qualifications.

Qualification Profile

Qualification Title:	ProQual Level 2 Diploma in Health and Social Care (Northern Ireland)
Qualification Number:	610/5941/9
Level:	2
Total Qualification Time (TQT):	370 Hours 37 Credits
Guided Learning Hours (GLH):	278 Hours
External	Pass/Fail
	Internally assessed and verified by centre staff
	Externally quality assured by ProQual Verifiers
Qualification Start Date:	09/06/2025
Qualification Review Date:	09/06/2028

Learner Profile

There are no formal academic entry requirements for this qualification. Centres are expected to carry out an initial assessment to ensure that potential candidates will be able to access this qualification, and to inform the assessment plan.

Candidates for this qualification **must** be at least 17 years old and be employed in relevant health and social care roles in Northern Ireland.

Candidates who complete this qualification may wish to progress onto other qualifications within ProQual's Health and Social Care or Clinical Skills Suites.

Qualification Structure

This qualification consists of **eleven** mandatory units. Candidates must complete all mandatory units to complete this qualification.

Unit Number	Unit Title	Level	TQT	GLH
Mandatory Units – Candidates must complete **all** units in this group.				
F/651/1916	Standards and Values Underpinning Social Care Practice	2	20	16
H/651/1917	Understand Safeguarding in Social Care Services	2	30	24
J/651/1918	Safe Moving and Positioning of Individuals in Social Care Services	2	20	16
K/651/1919	Environmental Health and Safety in Social Care Services	2	30	24
R/651/1920	Understand Safe Medication Practice in Social Care Services	2	50	40
T/651/1921	Safe Food Handling and Dysphagia Awareness in Social Care Services	2	30	24
Y/651/1922	Emergency First Aid in Social Care Services	2	20	16
J/651/5392	Understand Communication, Recording and Information Sharing in Health and Social Care Services	2	30	24
M/651/5395	Implementing Values-led Practice in a Health and Social Care Context	2	60	40
A/651/5399	Adhering to Health And Safety Requirements In a Health and Social Care Context	2	50	30
K/651/5400	Continuing Professional Development and Reflective Practice in Health and Social Care	2	30	24

Centre Requirements

Centres must be approved to deliver this qualification. If your centre is not approved to deliver this qualification, please complete and submit the **ProQual Additional Qualification Approval Form.**

Materials produced by centres to support candidates should:

- Enable them to track their achievements as they progress through the learning outcomes and assessment criteria.
- Provide information on where ProQual's policies and procedures can be viewed.
- Provide a means of enabling Internal and External Quality Assurance staff to authenticate evidence.

Centres wishing to deliver this qualification **must** establish the following roles as a minimum, although a single member of staff can serve in more than one capacity (Although an assessor cannot also provide IQA activity for their own assessments.):

- Centre Contact.
- Programme Co-ordinator.
- Assessor.
- Internal Quality Assurer.

Staff who are serving as **tutors** for this qualification **must:**

- Be occupationally competent.
- Hold a regulated Health and Social Care qualification that sits at **Level 3 or higher.**
- Have a minimum of **three years** verifiable relevant and hands-on experience in the Health and Social Care sector.

Certification

Candidates who achieve the requirements for this qualification will be awarded:

- A certificate listing all units achieved, and
- A certificate giving the full qualification title:

ProQual Level 2 Diploma in Health and Social Care (Northern Ireland)

Claiming certificates

Centres may claim certificates for candidates who have been registered with ProQual and who have successfully achieved the qualification. All certificates will be issued to the centre for successful candidates.

Unit certificates

If a candidate does not achieve all of the units required for a qualification, the centre may claim a unit certificate for the candidate which will list all of the units achieved.

Replacement certificates

If a replacement certificate is required a request must be made to ProQual in writing. Replacement certificates are labelled as such and are only provided when the claim has been authenticated. Refer to the Fee Schedule for details of charges for replacement.

Assessment Requirements

Each candidate is required to produce a portfolio of evidence which demonstrates their achievement of all of the learning outcomes and assessment criteria for each unit.

Evidence can include:

- Observation report by assessor.
- Assignments/projects/reports.
- Professional discussion.
- Witness testimony.
- Candidate product.
- Worksheets.
- Record of oral and written questioning.
- Recognition of Prior Learning.

Candidates must demonstrate the level of competence described in the units. Assessment is the process of measuring a candidate's skill, knowledge and understanding against the standards set in the qualification.

Centre staff assessing this qualification must be **occupationally competent** and qualified to make assessment decisions. Assessors who are suitably qualified may hold a qualification such as, but not limited to:

- ProQual Level 3 Certificate in Teaching, Training and Assessment.
- ProQual Level 3 Award in Assessing Competence in the Work Environment.
- ProQual Level 4 Certificate in Education and Training (with appropriate assessment units)

Assessors for this qualification **must** also:

- Hold a regulated Health and Social Care qualification that sits at **Level 3 or higher.**
- Have a minimum of **three years** verifiable relevant and hands-on experience in the Health and Social Care sector.

Candidate portfolios must be internally verified by centre staff who are **occupationally knowledgeable** and qualified to make quality assurance decisions. Internal verifiers who are suitably qualified may hold a qualification such as:

- ProQual Level 4 Award in the Internal QA of Assessment Processes and Practice.
- ProQual Level 4 Certificate in Leading the Internal QA of Assessment Processes and Practice.

IQAs for this qualification **must** also:

- Hold a regulated Health and Social Care qualification that sits at **Level 3 or higher.**
- Have a minimum of **three years** verifiable relevant and hands-on experience in the Health and Social Care sector.

Occupationally competent means capable of carrying out the full requirements contained within a unit. **Occupationally knowledgeable** means possessing relevant knowledge and understanding.

This qualification must be assessed in line with the Skills for Care and Development Assessment Principles and the JABQC Additional Assessment Guidance.

Enquiries, Appeals and Adjustments

Adjustments to standard assessment arrangements are made on the individual needs of candidates. ProQual's Reasonable Adjustments Policy and Special Consideration Policy sets out the steps to follow when implementing reasonable adjustments and special considerations and the service that ProQual provides for some of these arrangements.

Centres should contact ProQual for further information or queries about the contents of the policy.

All enquiries relating to assessment or other decisions should be dealt with by centres, with reference to ProQual's Enquiries and Appeals Procedures.

Units – Learning Outcomes and Assessment Criteria

Title:	Standards and Values Underpinning Social Care Practice			**Level:**	2
Unit Number:	F/651/1916	**TQT:**	20	**GLH:**	16
Unit Purpose and Aims:	This unit will enable the candidates to understand the responsibilities of a registered social care worker, including the values required to work in the social care sector, as well as the importance of a person-centred approach to practice. This unit is linked to the following NOS: • SCDHSC0023 Develop your own knowledge and practice • SCDHSC0034 Uphold the rights of individuals				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the regulatory responsibilities of a registered social care worker.	1.1	Outline the role of the regulatory body with responsibility for the registration of social care workers.
		1.2	Summarise the Standards of Conduct and Practice associated with the registration of social care workers.
		1.3	Explain why adherence to the Standards is essential.
		1.4	Identify possible consequences of non-adherence.
2	Understand the values that underpin a person-centred approach to social care practice.	2.1	Define the values that underpin social care practice.

2	*Continued*	2.2	Explain what is meant by a person-centred approach and why it is important in social care.
		2.3	Outline how using a person-centred approach can promote an individual's sense of identity and self-esteem.
		2.4	Describe examples of how person-centred values are practiced.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for the candidate to show understanding. Centres may use written or verbal questions, with accompanying assessor records or centre devised assignments or workbooks.

When examples are asked for, candidates should give **at least two** examples. When answering questions, candidates should reflect on their own service user group and organisation context.

Assessment Criteria for 1.1 should include:

As a regulator, everything that the Northern Ireland Social Care Council (Social Care Council) does is focused on care, as a public body established by the Department of Health (Health and Personal Social Service Act (NI) 2001 to support high quality standards of social work and social care.

The Social Care Council make a difference to the quality of social care services by regulating workforce standards and promoting continuous learning and development. Through this work The Social Care Council supports the development of a strong and professional social work and social care workforce providing quality care and the best outcomes for people who use services and their carers. The Social Care Council is responsible for:

- Maintaining a register of Social Workers and Social Care Workers in Northern Ireland.
- Setting standards for Social Workers and Social Care Workers for their conduct, training and practice.
- Setting standards for and regulating social work and social care education and training in Northern Ireland.

Assessment Criteria for 1.2 should include:

A summary of the 6 conducts of practice and the 6 standards of conduct. All social Workers should receive a copy of the standards when they start work or have access to them via the Social Care Council's website - Social-Care-Workers.pdf (niscc.info).

Assessment Criteria for 1.3 might include:

The standards are binding on all social care workers registered with the Social Care Council, irrespective of employment status or work setting. The standards are intended to reflect existing good practice and public expectations of the behaviour and practice of social care workers. They form part of the wider package of legislation, regulatory requirements, practice standards and employers' policies and procedures that social care workers must meet.

You may include the Standards of Conduct Standards of Practice Baseline for judging conduct and practice.

Social care workers are accountable for their practice which means that they are responsible for ensuring their conduct and practice does not fall below the standards set out in this document and that no action or omission on their part harms the wellbeing of service users or carers.

The standards provide social care workers with clear criteria to guide their practice and to check that they are working to standard. They are intended to be a support to registrants in their day to day practice. The standards provide service users and carers with a clear understanding of how a social care worker should behave towards them and the standards of care they can expect to receive. Consistent application of these standards by social care workers will benefit service users and carers. Employers of social care workers are expected to take account of the standards in making decisions about the conduct and competence of their staff.

Assessment Criteria for 1.4 might include:

A social care workers' fitness to practice will be judged against these standards and failure to comply could put their registration at risk. If someone raises a concern about a social care workers' conduct or practice, it will be considered against these standards when deciding if we need to take any action.

For more detailed information on 'possible consequences of non-adherence' to the standards see Fitness to Practise – NISCC.

Assessment Criteria for 2.1 might include:

Definition of the following behaviours:

- Respect the rights, dignity and inherent worth of individuals.
- Work in a person-centred way.
- Treat people respectfully and with compassion.
- Support and promote the independence and autonomy of service users.
- Act in the best interests of service users and carers.
- Uphold and promote equality, diversity and inclusion.
- Ensure the care they provide is safe and effective and of a high quality.

Assessment Criteria for 2.2 might include:

A person-centred approach includes:

- People's values and putting people at the centre of care.
- Taking into account people's preferences and chosen needs.
- Ensuring people are physically comfortable and safe.
- Emotional support involving family and friends.
- Making sure people have access to appropriate care that they need, when and where they need it.
- Ensuring people get all the information they need, in a way that is accessible for them, to make decisions for their care and support.

For more information see - Person-centred care: Prevention practice examples and research - SCIE

See also Social Care Workers Standards of Conduct and Practice - Standard 3 of both the standards of conduct and standards of practice.

Assessment Criteria for 2.3 might include:

Social Care Workers Standards of Conduct and Practice - Standard 3 of both the standards of conduct and standards of practice.

An outline of how the following can promote an individual's sense of identity and self-esteem:

- Supporting people get the care they need when they need it.
- Help people be more active in looking after themselves.
- Care tailored to the individual.
- Care delivered with the person not 'to' the person.
- Person included in the development and review of care and support plans that meet their needs.

Assessment Criteria for 2.4 might include:

How individuals are involved in all aspects of their care including developing and reviewing care plans and how individuals can request for reviews of care and support plans.

Useful Resources

Northern Ireland Social Care Council:

- Social-care-workers.pdf(niscc.info)

Learning Zone:

- New to Social Carer – NISCC Learning Zone
- Values, Behaviours and Person-Centred Practice.pdf (niscc.info)

Additional Assessment Information

This unit is **knowledge based.**

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Title:	Understand Safeguarding in Social Care Services			**Level:**	2
Unit Number:	H/651/1917	**TQT:**	30	**GLH:**	24
Unit Purpose and Aims:	This unit will enable the candidate to understand their responsibilities in relation safeguarding individuals. This unit is linked to the following NOS: • SCDHSC0024 Support the Safeguarding of Individuals. • SCDHSC0035 Promote the Safeguarding of Individuals. • SCDHSC0395 Contribute to addressing situations where there is a risk of danger, harm or abuse.				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Know how to recognise the signs of abuse.	1.1	Define the following types of abuse: • Physical abuse. • Sexual violence and abuse. • Emotional/psychological abuse. • Financial abuse. • Institutional abuse. • Neglect (self and others). • Exploitation. • Domestic violence and abuse. • Human trafficking/modern slavery. • Hate crime.
		1.2	Identify signs and indicators often associated with each of the above types of abuse.
2	Know how to respond to suspected or alleged abuse.	2.1	Describe actions to take in your role, if there are suspicions that an individual is being abused.
		2.2	Describe actions to take in your role, if an individual alleges that they are or have been abused.
		2.3	Outline ways to ensure that evidence of suspected abuse is preserved.

3	Understand the use of restrictive practices in social care.	3.1	Describe what is meant by restrictive practices.
		3.2	Summarise key principles, organisational policies and procedures that inform the use of restrictive practices in social care.
		3.3	Outline examples of situations where restrictive practices might need to be used.
4	Know how to recognise and report unsafe practices.	4.1	Describe unsafe practices that may affect the well-being of individuals.
		4.2	Outline actions to take in your role in relation to unsafe practices.
		4.3	Define the term whistleblowing.
		4.4	Describe the responsibilities of the Social Care worker in relation to whistleblowing.
5	Understand capacity and informed consent when providing care or support.	5.1	Identify legislation, policies and procedures relating to an individual's capacity.
		5.2	Define the term informed consent.
		5.3	Describe the importance of establishing informed consent when providing care and support.
		5.4	Outline ways to obtain informed consent.
		5.5	Describe the steps to be taken if informed consent cannot be obtained.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for the candidate to show understanding. Centres may use written or verbal questions, with accompanying assessor records or centre devised assignments or workbooks.

It may be helpful to provide candidates with scenarios relevant to job role and context, in relation to assessment criteria 2.3, 3.3, 4.1 and 4.2.

When examples are asked for, candidates should give **at least two** examples. When answering questions, candidates should reflect on their own service user group and organisation context.

Assessment Criteria 1.1 might include:

- ***Physical Abuse defined as:***
  The use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

- ***Sexual violence and abuse defined as:***
  Any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material or being made to watch sexual activities.

- ***Emotional and psychological abuse defined as:***
  Behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation, or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

- ***Financial abuse defined as:***
  Actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion, or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

- ***Institutional abuse defined as:***
  The mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisations, within and out may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts, or curtails privacy, dignity, choice and independence.

- ***Neglect (self and others) defined as***:
  To others:
  Occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous.
  To self:
  Lack of self-care to an extent that it threatens personal health and safety by neglecting to care for one's personal hygiene, health or surroundings. This may include the failure to seek help or access services to meet health and social care needs and/or the inability or unwillingness to manage one's personal affairs.

- ***Exploitation defined as:***
  Deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

- ***Domestic violence and abuse defined as:***
  Threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another.

- ***Human trafficking /modern slavery defined as***:
  The acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

- ***Hate crime defined as:***
  Any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Assessment Criteria 1.2 might include:

- ***Physical Abuse:***
  - No explanation for injuries or inconsistency with the account of what happened.
  - Injuries are inconsistent with the person's lifestyle.
  - Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.
  - Frequent injuries.
  - Failure to seek medical treatment or frequent changes of GP.

- ***Sexual violence and abuse:***
  - Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck.
  - Torn, stained or bloody underclothing.
  - Bleeding, pain or itching in the genital area.
  - Pregnancy in a woman who is unable to consent to sexual intercourse.
  - Reluctance to be alone with a particular person.

- ***Emotional and psychological abuse:***
  - An air of silence when a particular person is present.
  - Withdrawal or change in the psychological state of the person.
  - Low self-esteem.
  - A change of appetite, weight loss/gain.
  - Signs of distress such as tearfulness or anger.

- ***Financial abuse:***
  - Missing personal possessions.
  - Unexplained lack of money or inability to maintain lifestyle.
  - Unexplained withdrawal of funds from accounts.
  - The family or others show unusual interest in the assets of the person.
  - Rent arrears and eviction notices.

- ***Institutional abuse:***
  - Lack of flexibility and choice for people using the service.
  - Inadequate staffing levels.
  - People being hungry or dehydrated.
  - Poor standards of care.
  - Lack of personal clothing and possessions and communal use of personal items.

- ***Neglect (self and others):***
  - Very poor personal hygiene.
  - Unkempt appearance.
  - Lack of essential food, clothing or shelter.
  - Malnutrition and/or dehydration.
  - Living in squalid or unsanitary conditions.
  - Non-compliance with health or care services.

- ***Exploitation***:
  - Friendships, relationships or association with controlling individuals or groups.
  - Isolation from peers and social networks.
  - Unexplained injuries, ill health, or suspicion of assault.
  - Changes in behaviour and lifestyle.
  - Secretiveness.
  - Unexplained acquisition, or loss, of money and personal items.

- ***Domestic violence and abuse:***
  - Low self-esteem.
  - Feeling that the abuse is their fault when it is not.
  - Physical evidence of violence such as bruising, cuts and broken bones.
  - Verbal abuse and humiliation in front of others.
  - Fear of outside intervention.

- ***Human trafficking and modern slavery:***
  - Acts as if instructed by another, as though they are forced or coerced to carry out specific activities.
  - Demonstrates signs of physical or psychological abuse, such as lacking self-esteem, seeming anxious, bruising or untreated medical conditions.
  - Has little or no contact with family or loved ones.
  - Has threats made against themselves or family members.
  - Is not in possession of their own legal documents.

- ***Hate crime:***
  - Feeling isolated and vulnerable.
  - Feeling as though your self-respect has been taken from you.
  - A breakdown in family relationships.
  - Finding it difficult to cope, having a sense of despair.
  - Finding that nobody believes you.

Assessment Criteria 2.1 might include:

- ALWAYS report concerns following your policy and procedures.
- Report concerns to the manager or safeguarding lead.
- Make a written report of your concerns.
- In an emergency protect the safety and well-being of the individual.
- If medical help is needed contact emergency services.
- If concerns are not being taken seriously or not being dealt with quickly enough you should escalate concerns with senior management.
- If you feel management are involved in suspicions of abuse you should escalate concerns to an external agency (Social Service).

Assessment Criteria 2.2 might include:

- Stay calm and listen attentively.
- Express concern and acknowledge what is being said.
- Reassure the person – tell the person that s/he did the right thing in telling you.
- Let the person know that the information will be taken seriously and provide details about what will happen next, including the limits and boundaries of confidentiality.
- If urgent medical/police help is required, call the emergency services.
- Ensure the immediate safety of the person.
- If you think a crime has occurred be aware that medical and forensic evidence might be needed. Consider the need for a timely referral to the police service and make sure nothing you do will contaminate it.
- Let the person know that they will be kept involved at every stage.
- Record in writing (date and sign your report) and report to the Line Manager/person in charge/Adult Safeguarding Champion at the earliest possible time.
- Act without delay.

Assessment Criteria 2.3 might include:

- Leave the scene of the abuse untouched.
- Secure the room or area to prevent other people going near it.
- In cases of sexual abuse, underwear and bedding should not be washed.
- The person should be advised not to bathe or shower.
- If you must handle evidence, use plastic gloves, where possible.
- In cases of neglect, living conditions may be photographed.
- In cases of financial abuse, bank statements and credit/debit cards should be secured until given to the police using gloves to avoid finger prints.
- Provide previous reports and records or suspicions or allegations.

Assessment Criteria 3.1 might include:

- The use of methods used to restrain an individual.
- This may be any practice that restricts the rights and freedom of movement of a person, such as physical restraint, medical restraint, environmental restraint or seclusion.

Assessment Criteria 3.2 might include:

- ***Key principles for any use of restrictive practices include:***
  - Decisions to use restrictive practices must be supported by robust justification.
  - Restrictive interventions, restraint and seclusion should not be used for reasons related to disability.
  - Any use of restrictive practices must only be considered as a last resort.
  - Initial attempts of restraint should as far as possible be non-physical.
  - There must be a real possibility of imminent harm to the person or to staff, the public or others if no action is undertaken.
  - The nature of the technique used must be proportionate to the risk of harm and the seriousness of that harm and be the least restrictive option that will meet the need.
  - Any restriction should be imposed for no longer than absolutely necessary.

- ***Local and organisational policy frameworks should be co-produced and must include as a minimum:***
  - Organisational values that underpin the approach to minimising restrictive interventions.
  - Detail of the organisational vision and strategy for minimising restrictive interventions.
  - Roles within the organisations with specific restrictive practice responsibility and accountability.
  - Communication requirements and strategies.
  - Standard definitions.
  - Clear professional/clinical guidance.
  - Reference to working within current legislative frameworks and professional registration requirements.
  - Emphasis on positive, proactive, preventative and evidence-based interventions and strategies.
  - How the Three Steps to Positive Practice Framework, as the organisational methodology for considering and reviewing the use of restrictive interventions, is embedded and operationalised.
  - Details of accredited training required, including training required for specific interventions.
  - Details of interfaces with other regional and local policies, agreed protocols and any associated requirements.
  - Reference to clear recording, reporting, monitoring and governance arrangements.
  - Support mechanisms for those who are subject to restrictive interventions.
  - Support mechanisms for staff who restrict, restrain and/or seclude those in their care.

Assessment Criteria 3.3 may include:

- If a person requires emergency treatment.
- If a person is at risk from seriously harming themselves or others.
- If a person, with a diagnosis of dementia, would go out a door and get lost due it may be reasonable to lock a door.

Assessment Criteria 4.1 might include:

Unsafe practices are ways of working that could jeopardise the safety and well-being or cause potential harm to individuals that are receiving care such as:

- Not following policies and procedures.
- Not following the individuals care plan.
- Using equipment incorrectly.
- Not using PPE when required.
- Not providing drinks to a person who is unable to get a drink for themselves.

Assessment Criteria 4.2 might include:

- Do not carry out unsafe practices.
- Report unsafe practices to your line manager.
- Follow your organisations policy and procedures to report and record unsafe practices.
- You have a duty of care to ensure action has been taken on the unsafe practices you have reported.

Assessment Criteria 4.3 might include:

The term whistleblowing is used to describe a situation where a worker makes a protected disclosure about a wrongdoing in their workplace. The concerns may include malpractice, risk (for example about patient safety), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

Assessment Criteria 4.4 might include:

- Report any concerns to the Line Manager, or senior Management.
- Follow the organisations internal polices about reporting concerns.
- Keep an accurate record of your concerns and action taken.
- Managers should deal quickly and effectively with concerns from workers.
- If the concerns are not responded to in a timely manner, concerns may be raised through NISCC.

Assessment Criteria 5.1 might include:

- The Mental Capacity Act (NI) 2016.
- The Mental Capacity (Deprivation of Liberty) (No. 2) Regulations (Northern Ireland) 2019.
- Mental Capacity (Research) Regulations (Northern Ireland) 2019.
- Safeguarding Vulnerable Adults: Regional Adult Protection Policy& Procedural Guidance' September 2006.
- The Mental Health (Northern Ireland) Order 1986.

Assessment Criteria 5.2 might include:

Consent given only after having been informed of the facts, benefits, risks, and alternatives. Informed consent is the act of agreeing to allow something to happen, or to do something, with a full understanding of all the relevant facts, including risks, and available alternatives.

Assessment Criteria 5.3 might include:

- It is an ethical and legal responsibility.
- It supports a person-centred approach.
- It respects the person and their choices.
- It empowers a person and their right to make decisions.
- It promotes independence and dignity.

Assessment Criteria 5.4 might include:

- Make sure all the correct information is available to the person.
- Make sure the information is communicated in a way the person understands e.g. through words and/or pictures.
- Outline the benefits and the risks.
- Remain impartial and do not give your personal beliefs/preferences.
- Present information at a time that suits the individual best.
- Provide information in a suitable environment e.g. so the person can hear what is being said and is not distracted by others or noise around them.

Assessment Criteria 5.5 might include:

- Follow the organisations policy and procedures on supported decision making.
- Involve the person as much as possible in all decisions about their care and treatment.
- Consider the persons past and present wishes and feelings.
- Consider the opinions of other relevant persons e.g. Nominated person, advocate.
- Ensure the decisions made are the least restrictive.
- Follow care plans, risk assessments and decision-making agreements.

Useful Resources

Safeguarding:

[referenced to NIASP Training Framework Level 2]

- Underpinning legislative and policy frameworks.
- Values and principles of safeguarding and best practice.
- Essential causes and indicators of abuse.
- Organisational policies and procedures, including reporting procedures.
- Capacity, consent and the use of restrictive practices

- NISCC Learning Zone
- SCIE

Department for Health – Policy on the use of Restrictive Practices

Additional Assessment Information

This unit is **knowledge based.**

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Title:	Safe Moving and Positioning of Individuals in Social Care Services			**Level:**	2
Unit Number:	J/651/1918	**TQT:**	20	**GLH:**	16
Unit Purpose and Aims:	This unit will enable the candidate to understand their responsibilities in relation to providing appropriate support when moving and positioning individuals. This unit is linked to the following NOS: • SCDHSC0223 Contribute to Moving and Position Individuals • SCDHSC00243 Support the Safe Use of Materials and Equipment.				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand own responsibilities and accountability in relation to moving and positioning individuals.	1.1	Identify policies, procedures, and guidelines in relation to moving and assisting individuals.
		1.2	Describe health and safety considerations in relation to moving and positioning individuals.
		1.3	Identify sources of information and support in relation to moving and positioning individuals.
		1.4	Describe ways to maintain dignity when moving and positioning individuals.
		1.5	Identify specific health conditions and ways in which they may impact on the moving and positioning of individuals.
2	Undertake moving and positioning tasks safely in accordance with organisational policies and procedures.	2.1	Prepare the environment to ensure the safe moving and positioning of an individual.
		2.2	Communicate effectively with the individual throughout the task, encouraging their active participation.
		2.3	Move and position the individual using the agreed ways of working.

3	Know how to recognise and report unsafe practices	3.1	Describe unsafe practices in moving and positioning that may affect the well-being of individuals.
		3.2	Explain actions to take in your role, in relation to unsafe practices in moving and positioning individuals.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for the candidate to show understanding.

Centres may use written or verbal questions, with accompanying assessor records or centre devised assignments or workbooks when assessing learning outcomes 1 and 3.

When assessing learning outcome 2, centres may use simulation – assessed by an assessor or expert witness with an accompanying witness statement.

When examples are asked for, candidates should give **at least two** examples. When answering questions, candidates should reflect on their own service user group and organisation context.

Assessment Criteria 1.1 might include:

- Health and Safety at Work etc. Act 1974 (HSWA).
- Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002).
- The Management of Health and Safety at Work Regulations 1999.
- Provision and Use of Work Equipment Regulations 1998 (PUWER).
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Getting to grips with hoisting people – Health and Safety Executive (HSE) Information Sheet.
- Organisation policies and Procedures.
- Northern Ireland Social Care Council Standards of Practice for social care workers standard 5.1: "*Applying your organisation's policies and procedures in relation to moving and handling service users*".

Assessment Criteria 1.2 might include:

- Has a risk assessment been carried out?
- Have you seen, read and understood the risk assessment?
- What is in the individual's care plan in relation to moving and positioning, e.g. does the individual need to be assisted by 1 or 2 people?
- Is there any equipment* available and have you been trained to use it?
- What is the individual's current mobility?
- Is there a decline in the individual's health both physical and/or emotional/mental?
  **Equipment could be a Hoist, Sara Steady Stand Aid, Sliding Sheets or Wendy Sheets.*

Assessment Criteria for 1.3 might include:

- Care Plans.
- Legislation.
- Policies and Procedures.
- Risk Assessment.
- Other Colleagues.
- Manager.

Assessment Criteria for 1.4 might include:

Active participation is a way of working that regards individuals as active partners in their own care or support rather than passive recipients. Active participation recognises each individual's right to participate in the activities and relationships of everyday life as independently as possible. Active participation when moving and position an individual receiving care ensures dignity and respect for the individual. This can be done by:

- Speaking to the individual before you start any part of the moving and positioning task.
- Explaining what you going to do and why.
- Listening to what the individual is saying.
- Looking for Non-verbal signs someone may be in pain:
  - Facial grimacing or a frown.
  - Writhing or constant shifting in bed.
  - Moaning, groaning, or whimpering
  - Restlessness and agitation.
  - Appearing uneasy and tense, perhaps drawing their legs up or kicking.
  - Guarding the area of pain or withdrawing from touch to that area.
- Respecting their privacy.
- Being compassionate.
- Making sure you are competent to carry out the task, have you had the right training for the task.

Assessment Criteria for 1.5 might include:

There may be many health conditions which may impact on the moving and positioning of individuals. The list below identifying a number of health conditions is not exhaustive, the individual you are supporting may have a health condition not on the list but that does not mean you cannot describe that condition and its impact as part of your answer.

Arthritis:

- Joint pain, tenderness and stiffness.
- Inflammation in and around the joints.
- Restricted movement of the joints.
- Warm red skin over the affected joint.
- Weakness and muscle wasting.

Amputation:

- Limited flexibility at joints where a limb has been amputated.
- The person you are supporting may use prosthetics and have different levels of mobility.

Cerebral Palsy:

- Muscle spasms.
- Different levels of muscle control.
- Balance and co-ordination maybe affected.

Dementia:

- Memory loss.
- Confusion.
- Suffer from fragility.
- Commonly co-morbid with other conditions, e.g. arthritis.

Stroke:

- Muscles maybe weak.
- No movement on one side of the body.
- Difficulty communicating.

Muscular dystrophy:

- Muscle weakness.
- Limited mobility.

Sensory loss:

- Sight or hearing or both.
- Difficulty communicating.
- Need additional reassurance.

Parkinson disease:

- Limb rigidity.
- Slower reaction times.

Tissue Viability:

- Pain on movement.
- Pain when changing position.

Assessment Criteria for 2.1 might include:

- Check the individual's care plan and the moving and handling risk assessment prior to commencing any moving and handling.
- Remove potential hazards and prepare the immediate environment.
- Make sure there is enough space around you for the move to take place.
- Remove any obstacles in the way.
- Remove any trip hazards.
- Ask for advice and/or help.
- If using equipment check its condition and ensure it is working correctly.

Assessment Criteria for 2.2 might include:

- Introduce yourself to the individual.
- Explain any actions you're about to take.
- Ask for their consent for you to carry out the actions.
- Ask is there anything they are concerned about with the actions.
- Reassure the individual if they are uncomfortable or in pain during the task you will stop and make sure they are safe and comfortable.
- Ask about what position they feel most comfortable in or which body parts are painful.
- Have confidence in your actions and reassuring the person you are there to help.
- Use positive language and provide words of affirmation throughout the process.
- Effective dialogue with the individual is essential for any successful transfer, ensuring everything runs smoothly and safely.

Assessment Criteria for 2.3 might include:

- Read and follow individual's care plan and risk assessment.
- Follow organisational policies and procedures and guidelines for moving and positioning.
- Ask for help from colleagues if you are unsure about a moving and handling task.
- Raise any concerns with manager.
- You must have undertaken moving and positioning training and be competent in the task being undertaken.
- Undertake task as directed by trainer and under their supervision, guidance and assessment.

Assessment Criteria for 3.1 might include:

- Not following individual's care plan and risk assessment for moving and positioning moving and handling.
- Can injure both the person being moved and the employee.
- Can cause back pain and musculoskeletal disorders.
- Can cause discomfort and/or pain.
- Can lead to a lack of dignity for the person being moved.
- Can cause distress.
- Can intrude on their privacy.
- Can affect the individual's well-being and mental health.

Assessment Criteria for 3.2 might include:

- Unsafe practice must be challenged immediately, they should not be allowed to continue.
- Follow your organisation's policy and procedures for reporting unsafe or harmful practice.
- You should report your concerns to your manager.
- Keep an accurate record of your concerns and action taken.
- Under the Northern Ireland social Care Council's Standards of Conduct for Social Care Workers (which are binding on all social care workers registered with the Social Care Council, irrespective of employment status or work setting.)
- If you witness unsafe practice, you must follow standards:
    - *3.4 Bringing to the attention of your employer or the appropriate authority, without delay, resource or operational difficulties that might get in the way of the delivery of safe care.*
    - *3.5 Informing your employer or an appropriate authority, without delay, where the practice of colleagues or others may be unsafe or adversely affecting standards of care.*

Useful Resources

Health and Safety Executive NI – Handling with Care

Additional Assessment Information

Learning Outcomes 1 and 3 are **knowledge based.**

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based.**

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

Photo/Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

Title:	Environmental Health and Safety in Social Care Services			**Level:**	2
Unit Number:	K/651/1919	**TQT:**	30	**GLH:**	24
Unit Purpose and Aims:	This unit will enable the learner to understand their responsibilities in relation to controlling substances hazardous to health, fire safety and infection prevention and control. This unit is linked to the following NOS: • SCDHSC0246 Maintain a Safe and Clean Environment • SCDHSC0032 Promote Health, Safety and Security in the Work Setting • SCDHSC00243 Support the Safe Use of Materials and Equipment • SCDHSC0230 Manage Environments and Resources for Healthcare Procedures in Social Care Settings				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Know how to store, use and dispose of hazardous substances and material.	1.1	Identify hazardous substances and materials that may be found in the work setting.
		1.2	Describe safe practices in relation to each of the following: • Storage of hazardous substances. • Use of hazardous substances. • Disposal of hazardous substances and materials.
2	Understand fire safety procedures.	2.1	Outline workplace fire safety procedures and your role within them.
		2.2	Describe practice that prevents fires from: • Starting. • Spreading.

3	Use prevention & control measures to reduce the spread of infection.	3.1	Identify legislation in relation to infection prevention and control.
		3.2	Outline organisational policies and procedures for the prevention and control of infection.
		3.3	Identify the ways an infective agent might enter the body.
		3.4	Demonstrate the recommended method for hand washing.
		3.5	Outline the potential impact of an outbreak of infection on both the individual and the organisation.
		3.6	Describe best practice to reduce the spread of infection.
		3.7	Identify poor practices that may lead to the spread of infection.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for the candidate to show understanding.

Centres may use written or verbal questions, with accompanying assessor records or centre devised assignments or workbooks when assessing all learning outcomes.

For assessment criteria 3.4 and 3.6, observation should be used in relation to handwashing and best practice to reduce the spread of infection. This should take place in a work environment, which could be any social care setting, including an individual's home.

When examples are asked for, candidates should give **at least two** examples. When answering questions, candidates should reflect on their own service user group and organisation context.

Assessment Criteria 1.1 might include:

- Health and Safety at Work etc. Act 1974 (HSWA).
- Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002).
- The Management of Health and Safety at Work Regulations 1999.
- Provision and Use of Work Equipment Regulations 1998 (PUWER).
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Getting to grips with hoisting people – Health and Safety Executive (HSE) Information Sheet.
- Organisation policies and Procedures.
- Northern Ireland Social Care Council Standards of Practice for social care workers standard 5.1: "*Applying your organisation's policies and procedures in relation to moving and handling service users*".

Assessment Criteria 1.2 might include:

- Has a risk assessment been carried out?
- Have you seen, read and understood the risk assessment?
- What is in the individual's care plan in relation to moving and positioning, e.g. does the individual need to be assisted by 1 or 2 people?
- Is there any equipment* available and have you been trained to use it?
- What is the individual's current mobility?
- Is there a decline in the individual's health both physical and/or emotional/mental?
  **Equipment could be a Hoist, Sara Steady Stand Aid, Sliding Sheets or Wendy Sheets.*

Assessment Criteria for 1.3 might include:

- Care Plans.
- Legislation.
- Policies and Procedures.
- Risk Assessment.
- Other Colleagues.
- Manager.

Assessment Criteria for 1.4 might include:

Active participation is a way of working that regards individuals as active partners in their own care or support rather than passive recipients. Active participation recognises each individual's right to participate in the activities and relationships of everyday life as independently as possible. Active participation when moving and position an individual receiving care ensures dignity and respect for the individual. This can be done by:

- Speaking to the individual before you start any part of the moving and positioning task.
- Explaining what you going to do and why.
- Listening to what the individual is saying.
- Looking for Non-verbal signs someone may be in pain:
    - Facial grimacing or a frown.
    - Writhing or constant shifting in bed.
    - Moaning, groaning, or whimpering.
    - Restlessness and agitation.
    - Appearing uneasy and tense, perhaps drawing their legs up or kicking.
    - Guarding the area of pain or withdrawing from touch to that area.
- Respecting their privacy.
- Being compassionate.
- Making sure you are competent to carry out the task, have you had the right training for the task.

Assessment Criteria for 1.5 might include:

There may be many health conditions which may impact on the moving and positioning of individuals. The list below identifying a number of health conditions is not exhaustive, the individual you are supporting may have a health condition not on the list but that does not mean you cannot describe that condition and its impact as part of your answer.

Arthritis:

- Joint pain, tenderness and stiffness.
- Inflammation in and around the joints.
- Restricted movement of the joints.
- Warm red skin over the affected joint.
- Weakness and muscle wasting.

Amputation:

- Limited flexibility at joints where a limb has been amputated.
- The person you are supporting may use prosthetics and have different levels of mobility.

Cerebral Palsy:

- Muscle spasms.
- Different levels of muscle control.
- Balance and co-ordination maybe affected.

Dementia:

- Memory loss.
- Confusion.
- Suffer from fragility.
- Commonly co-morbid with other conditions, e.g. arthritis.

Stroke:

- Muscles maybe weak.
- No movement on one side of the body.
- Difficulty communicating.

Muscular dystrophy:

- Muscle weakness.
- Limited mobility.

Sensory loss:

- Sight or hearing or both.
- Difficulty communicating.
- Need additional reassurance.

Parkinson disease:

- Limb rigidity.
- Slower reaction times.

Tissue Viability:

- Pain on movement.
- Pain when changing position.

Assessment Criteria for 2.1 might include:

- Check the individual's care plan and the moving and handling risk assessment prior to commencing any moving and handling.
- Remove potential hazards and prepare the immediate environment.
- Make sure there is enough space around you for the move to take place.
- Remove any obstacles in the way.
- Remove any trip hazards.
- Ask for advice and/or help.
- If using equipment check its condition and ensure it is working correctly.

Assessment Criteria for 2.2 might include:

- Introduce yourself to the individual.
- Explain any actions you're about to take.
- Ask for their consent for you to carry out the actions.
- Ask is there anything they are concerned about with the actions.
- Reassure the individual if they are uncomfortable or in pain during the task you will stop and make sure they are safe and comfortable.
- Ask about what position they feel most comfortable in or which body parts are painful.
- Have confidence in your actions and reassuring the person you are there to help.
- Use positive language and provide words of affirmation throughout the process.
- Effective dialogue with the individual is essential for any successful transfer, ensuring everything runs smoothly and safely.

Assessment Criteria for 2.3 might include:

- Read and follow individual's care plan and risk assessment.
- Follow organisational policies and procedures and guidelines for moving and positioning.
- Ask for help from colleagues if you are unsure about a moving and handling task.
- Raise any concerns with manager.
- You must have undertaken moving and positioning training and be competent in the task being undertaken.
- Undertake task as directed by trainer and under their supervision, guidance and assessment.

Assessment Criteria for 3.1 might include:

- Not following individual's care plan and risk assessment for moving and positioning moving and handling.
- Can injure both the person being moved and the employee.
- Can cause back pain and musculoskeletal disorders.
- Can cause discomfort and/or pain.
- Can lead to a lack of dignity for the person being moved.
- Can cause distress.
- Can intrude on their privacy.
- Can affect the individual's well-being and mental health.

Assessment Criteria for 3.2 might include:

- Unsafe practice must be challenged immediately, they should not be allowed to continue.
- Follow your organisation's policy and procedures for reporting unsafe or harmful practice.
- You should report your concerns to your manager.
- Keep an accurate record of your concerns and action taken.
- Under the Northern Ireland social Care Council's Standards of Conduct for Social Care Workers (which are binding on all social care workers registered with the Social Care Council, irrespective of employment status or work setting.)
- If you witness unsafe practice, you must follow standards:
    - *3.4 Bringing to the attention of your employer or the appropriate authority, without delay, resource or operational difficulties that might get in the way of the delivery of safe care.*
    - *3.5 Informing your employer or an appropriate authority, without delay, where the practice of colleagues or others may be unsafe or adversely affecting standards of care.*

Useful Resources

- COSHH Basics from the HSE
- Fire Safety from the HSE
- NISCC Learning Zone

Additional Assessment Information

Most of this unit is **knowledge based.**

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Assessment criteria 3.4 is **competency based.**

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

Photo/Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

Title:	Understand Safe Medication Practice in Social Care Services			**Level:**	2
Unit Number:	R/651/1920	**TQT:**	50	**GLH:**	40
Unit Purpose and Aims:	This unit will enable the learner to understand their responsibilities in relation to managing medication safely. This unit links to the following NOS: • SCDHSC3122 Support Individuals to Use Medication in a Social Care Setting				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the legislative framework for the use of medication in social care settings.	1.1	Identify legislation that covers the use of medication in social care settings.
		1.2	Identify key guidance and standards that covers the use of medication in social care settings.
		1.3	Explain why it is important to adhere to legislative and guidance requirements.
		1.4	Outline the legal classification system for medication.
2	Know about common types of medication, their purpose, possible adverse reactions, how to access support and common medication routes for administration.	2.1	Describe common types of medication used in social care settings and their purpose.
		2.2	Outline possible changes to an individual's physical or mental well-being that may indicate adverse reactions to common types of medication.
		2.3	Identify what actions should be taken if an adverse reaction is recognized.
		2.4	Explain when and how to access further information and support about the use of medication.

2	*Continued*	2.5	Explain the routes by which medication can be administered.
3	Understand the role and responsibility of a social care worker in the use of medication in a social care setting.	3.1	Explain why it is important to follow: • Care and support plans. • Policies and procedures.
		3.2	Describe the role and responsibility of a social care worker in the use of medication in a social care setting.
		3.3	Explain the importance of the following principles of care in the use of medication: • Consent. • Self-medication or active participation. • Dignity and privacy. • Confidentiality. • Team work. • Risk assessment.
4	Understand the role and responsibility of others in the use of medication in a social care setting.	4.1	Identify others who have a role and responsibility in the use of medication in a social care setting.
		4.2	Describe the roles and responsibilities of those identified in AC 4.1 in the use of medication in social care settings.
5	Understand how to order, receive, store and dispose of medication supplies safely.	5.1	Identify process for ordering, receiving and recording supplies of medication in a social care setting.
		5.2	Describe how to store medication safely in a social care setting.
		5.3	Describe how and when to dispose of unused or unwanted medication safely in a social care setting.

6	Understand how to prepare and administer, record and report.	6.1	Identify steps to take in advance of administering medication.
		6.2	Identify the 7 steps to administering medication.
		6.3	Describe how to accurately record administration of medication including any changes for an individual related to it.
		6.4	Describe how to maintain the security of medication records.
		6.5	Identify steps to take following the administration of medication.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for the candidate to show understanding.

Centres may use written or verbal questions, with accompanying assessor records or centre devised assignments or workbooks when assessing all learning outcomes.

It may be useful to keep a folder of sample forms to show how they are used.

When examples are asked for, candidates should give **at least two** examples. When answering questions, candidates should reflect on their own service user group and organisation context.

Assessment Criteria 1.1 might include:

- The Medicines Act (1968).
- The Misuse of Drugs Act (1971).
- The Misuse of Drugs Regulations (2001).
- The Hazardous Waste Regulations (2005).
- The Misuse of Drugs (Safe Custody) Regulations 1973 (as amended 2007).
- Health and Safety at Work etc. Act 1974.
- Data Protection Act 1998.
- Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- The Human Medicines Regulations (2012).
- The Human Rights Act 1998.
- Mental Capacity Act (NI) 2016.

Assessment Criteria 1.2 might include:

- RQIA Guidance on standard operating procedures for the safer management of controlled drugs.
- RQIA Minimum standards.
- Department of Health – Guideline for Safe Handling, Administration, Storage & Custody of Medicinal Products in the Health & Personal Social Services.
- Northern Ireland Social Care Council Social Care Workers Standards of Conduct and Practice.
    - Policies and procedures for the safe handling of medicines by all workers:
        - Prescribing.
        - Dispensing.
        - Administration.
        - Storage.
        - Disposal.

Assessment Criteria for 1.3 might include:

- Protect service users from harm through the inappropriate use of drugs.
- Provide all health care professionals with a comprehensive framework on which to base their clinical practice.
- Reduce the risk of misuse of prescribed drugs which are addictive. These require extra safe prescribing, handling, storage and disposal and are called **Controlled Drugs**.
- Protect the public and the environment from potentially damaging methods of disposal of medicines.

Assessment Criteria for 1.4 might include:

- Prescription-Only Medicine (POM) - has to be prescribed by a doctor or other authorised health professional and it has to be dispensed from a pharmacy or from another specifically licensed place.
- Pharmacy (P) - an intermediate level of control, can be bought only from pharmacies and under a pharmacist's supervision.
- General Sales List (GSL) - may be bought from retail stores, such as a newsagent, a supermarket or a vending machine in a shop.

Assessment Criteria 2.1 might include:

Common types of medication and their uses:

- Antibiotics used to fight infection.
- Analgesics used to relieve pain.
- Antihistamines used to relieve allergy symptoms, e.g. hay fever.
- Antacids used to relieve indigestion.
- Anticoagulants used to prevent blood clotting, e.g. following heart attack, thrombosis, some surgical procedures.
- Psychotropic medicine used to treat depression.
- Diuretics used to get rid of excess fluids in the body.
- Laxatives used to alleviate constipation.
- Hormones, e.g. insulin, contraceptives, steroids, hormone replacement therapy (HRT).
- Cytotoxic medicines used to treat some forms of cancer.

Assessment Criteria for 2.2 might include:

- Rashes.
- Breathing Difficulties.
- Allergic Skin Reaction.
- Tachycardia/Bradycardia.
- Anaphylaxis.
- Hypertension/Hypotension.
- Swellings.
- Nausea.
- Vomiting.
- Diarrhoea.
- Stiffness.
- Shaking.
- Headaches.
- Drowsiness.
- Constipation.
- Weight Gain.

Assessment Criteria for 2.3 might include:

When?

- You are unsure what the medication is used for.
- The person taking the medication wants more information about their medication.
- You need to know how the medication should be administered.
- The instructions are unclear if the medication should be taken with or before food.

How?

- From the patient information leaflet (PIL).
- From an updated copy of a BNF.
- From the person themselves.
- From the senior manager/team leader.
- Ask for more training.

Assessment criteria for 2.4 might include:

- Reporting (manager/senior/supervisor/GP).
- Recording adverse reactions.
- Reassurance of individual.
- Monitoring the wellbeing of the individual.
- Observation of the individual's condition.
- Emergency medical treatment if necessary.

Assessment Criteria 2.5 might include:

- Inhalation – use of inhalers, nasal or oral = Volumatic spacer.
- Injection – by piercing the skin = Sterile wipes, gloves, cotton pad, plaster.
- Ingestion – medicines/tablets taken orally, including under the tongue = cup of water, straw, drinking cup, medication cup.
- Topical – application of creams, lotions, ointments = gloves, apron.
- Infusion – intravenous drips.
- Instillation – administration of drops to ears/nose/eyes = eye drop dispensing aids.
- PR (per rectum) – enemas, suppositories.
- PV (per vagina) – pessaries, creams.

Assessment Criteria 3.1 might include:

- Person centred approach to supporting a person with tier medication.
- Provides understanding of each person and their preferences, needs, individuality.
- Includes a risk assessment which indicates what the risks may be, i.e., swallowing difficulties and how to avoid harm.

Assessment Criteria for 3.2 might include:

- To ensure they have received the appropriate training.
- To ensure that they are confident and competent to carry out their role.
- To say if they do not feel they are able to carry out the role of administering medication for any reason.
- To ensure the principles of care while supporting the use of medication – privacy, choice, control, independence, etc.
- To be aware of the boundaries of their role and specifically what they are not able to do. E.g. Administer medication covertly without the agreement of the medical professionals involved.

Assessment Criteria for 3.3 might include:

- **Consent**, everyone has the right to make decisions about their care and treatment. If a person finds it difficult to make these decisions they are entitled to help and support to do so, e.g. Making a using a decision-making agreement. Consent should always be obtained before administering medication.
- **Self-medication or active participation**, the best person to administer their medication is the person themselves. Some people need a little to help to do this but with the right support and equipment they are able to self-medicate. Self-medication supports a person to remain or gain independence, be in control of their health matters and direct the support they need.
- **Dignity and privacy**:
    - **Dignity** is valuing people that are receiving care as unique individuals and respecting their opinions, preferences and choices, even if you do not agree with them.
    - **Privacy** is keeping private information about the individuals that you care for confidential and ensuring that they have time and space to themselves whenever they want it.
- **Confidentiality**, **the definition of confidentiality in health and social care is keeping sensitive information private and respecting someone's wishes.** It means that professionals shouldn't share personal details about someone with others, unless that person has said they can or it's absolutely necessary.
- **Team work**, Teamwork ensures quality and safety of care delivery by ensure good communication and consistency of support.
- **Risk assessment**, Risk management plans are an important part of an persons care or support plan. If a person wishes to manage their own medication but there are some areas that pose a risk, a risk assessment identify the risk, looks for possible solutions and identifies a plan of steps to take to minimise the risk while making sure the person remains as independent as possible.

Assessment Criteria for 4.1 might include:

- GP.
- Other medical practitioners e.g.
    - District Nurse.
    - Nurse Prescriber.
    - Dentist.
    - Optometrist.
    - Palliative care team.
    - Pharmacist – both dispensing and GP based.
- Service manager.

Assessment Criteria for 4.2 might include:

- Prescribing.
- Pharmacy dispensing.
- Specific care and treatment regarding PEG tube.
- Intravenous injections.
- Invasive procedures.
- Reviewing medication.
- Monitoring and changing insulin medication.
- Eye care.
- Mouth and dental care.
- Administration.
- Storage and Disposal.
- Training.
- Policies and Procedures.
- Care/support plans/risk assessment.

Assessment Criteria for 5.1 might include:

Process for ordering:

- Current stock levels prior to ordering to avoid any unnecessary waste.
- Any excess stock should be carried forward onto the next cycle with clear documentation on the MAR chart.
- Medication should be ordered at 28-day intervals (or as dictated by organisation procedure) allowing sufficient time for prescriptions to be issued, dispensed, checked and delivered.
- The pharmacy should be alerted to any medicines which have been discontinued to enable this to be removed from MAR chart.

Process for receiving & recording:

- Receipt of medication should be signed for by a competent member of staff.
- Controlled drugs received must be signed by a member of staff trained and competent with controlled drugs (or may state signed in by 2 members of staff).
- Any controlled drugs received must be stored as per legal requirements.
- Medicines requiring storage within the medicines fridge should be stored immediately as per manufacturer's instructions.
- Staff receiving the order is responsible for checking the order against the original order and highlighting any discrepancies before the medicines are due to be administered.
- Medications should be checked against the new and current mar chart ensuring that the person's name, dob, allergy status and medicines intolerances are all clearly documented.
- Stock should be counted and checked before storing securely – the staff member (or 2 members of staff) completing this duty should sign and highlight the quantity of the medicine on the MAR chart clearly.
- Checking care plans.
- Checking medication record sheets.
- Checking medication policies and procedures.
- Physical check on medication available.
- Job role of staff member who has overall responsibility.

Assessment Criteria for 5.2 might include:

- Only trained and competent staff should have medicine cabinet keys in their possession.
- The clinic room, medicines trolley and medicines cabinets must be locked at all times when not in use.
- Where medicines trolleys are used to store medication, they must be locked and securely attached to a wall in a suitable place such as the clinic room.
- Medicines cabinets must be sited away from sources of heat, moisture and direct sunlight.
- All medicines cabinets should be securely fixed to a wall.
- Medication should be stored as advised by manufacturer's instructions.
- All medicines received into the care setting must be checked, booked in and stored securely within locked medicines cabinets or in compliance with the misuse of drugs act as soon as possible (within 24 hours). No medicines should be left unattended without being stored securely unless there is a risk assessment in place to reflect this (including emollients).

Assessment Criteria for 5.3 might include:

A record of the medication for disposal must be kept by the provider. It is the responsibility of all trained staff returning medication to record clearly and detail the below as a minimum:

- The date.
- The name of the service user.
- Product name, form, strength and quantity.
- Reason for disposal or return.
- Signature of the member of staff returning the medicine.
- The medication must then be stored securely until it is collected by the pharmacy and a signature of the member of staff from the community pharmacy should be recorded to show which items have been received.

Assessment Criteria for 6.1 might include:

- Ensure you have the appropriate training and competency to do the task.
- The use of personal protective equipment (PPE).
- Recommended method for handwashing following the correct procedure.
- Ensure the environment of free of distraction, allows for privacy and is safe.
- Assemble any equipment that may be required e.g. spoons, water, cups, etc.

Assessment Criteria for 6.2 might include:

Consent must always be obtained by the person before any medicines are administered.
Follow the 7 rights to administering medication:

- The right Person.
- The right Medication.
- The right Time.
- The right Dose.
- The right Route.
- The right Equipment.
- The right Records.

Assessment Criteria for 6.3 might include:

- Medication ordered, received, administered, refused and disposed must be recorded on organisation documents. Records include:
    - Which medicines are prescribed for the person?
    - The quantity of any medications received.
    - The time medicines are to be administered.
    - The dose of the medication.
    - Any special administration requirements.
    - Medicines recorded immediately once administered.
    - Record any medications not given and the reason – use the agreed codes as identified on the MAR chart.
    - Balance of medication remaining after each time medication is administered.

Assessment Criteria for 6.4 might include:

Reference to Data Protection Act 2018 regarding how you would do the following, in relation to personal data:

- Obtain.
- Store.
- Share.
- Use.

Assessment Criteria for 6.5 might include:

- Ensure all records have been completed.
- Do an audit of medication stock if outlined in the organisation's policy.
- Ensure all medication and records are stored away correctly.
- Wash or dispose of equipment, PPE and wash hands.
- Ensure the key of the medication trolley, cupboard or room are securely in the hands of the designated person.

Useful Resources

- RQIA Guidance on the use of medication
- National Institute for Health and Care Excellence
- NISCC Learning Zone

Additional Assessment Information

This unit is **knowledge based.**

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Title:	Safe Food Handling and Dysphagia Awareness in Social Care Services			**Level:**	2
Unit Number:	T/651/1921	**TQT:**	30	**GLH:**	24
Unit Purpose and Aims:	This unit will enable the learner to understand basic food safety practices, as well as the nature of dysphagia; and their responsibilities in relation to supporting individuals who have swallowing difficulties. This unit is linked to the following NOS: • SCDHSC0214 Support Individuals to Eat and Drink • SFHCHS159 Provide Support to Individuals to Develop their skills in Managing Dysphagia • PPLHSL30 Make Sure Food Safety Practices are Followed in the Preparation and Serving of Food and Drink • SCDHSC0213 Provide Food and Drink to Promote Individuals' Health and Wellbeing. • SFHCHS160 Assist Others to Monitor Individual's Attempts at Managing Dysphagia				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the importance of personal and environmental cleanliness and hygiene, when engaging in food handling.	1.1	Identify potential food safety hazards when engaging in food handling.
		1.2	Identify personal hygiene practices when engaging in food handling, in relation to: • Personal presentation. • Hand washing. • Cuts or wounds. • Personal illness.
		1.3	Explain the importance of maintaining good personal hygiene practices when engaging in food handling.
		1.4	Explain the importance of keeping food handling work surfaces and equipment clean and tidy.

2	Understand the importance of safe food practices.	2.1	Explain the importance of following safe food handling practices for: • Preparing. • Cooking. • Reheating food.
		2.2	Describe practices for storing different types of food safely.
		2.3	Explain the importance of following safe practices in the disposal of food waste.
		2..4	Describe the potential consequences of not following safe food practices.
3	Understand dysphagia and its associated risks.	3.1	Define what is meant by dysphagia.
		3.2	Identify signs that could indicate: • Swallowing difficulty. • Change in a pre-existing swallowing difficulty.
		3.3	Identify risks associated with dysphagia.
		3.4	Outline health conditions often associated with dysphagia.
4	Understand how to support individuals to manage dysphagia in line with local and national guidelines and good practice.	4.1	Outline the key aspects of each level of the: • International Dysphagia Diet. • Standardisation Initiative (IDDSI) Framework.
		4.2	Describe safe swallowing procedures at mealtimes including: • Positioning. • Alertness. • Textures. • Help.
		4.3	Describe reporting and recording responsibilities associated with own job role, in relation to dysphagia related incidents.

4	*Continued*	4.4	Describe assessment documents for individuals that should be followed if an individual has swallowing difficulties.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for the candidate to show understanding.

Centres may use written or verbal questions, with accompanying assessor records or centre devised assignments or workbooks when assessing all learning outcomes.

When examples are asked for, candidates should give **at least two** examples. When answering questions, candidates should reflect on their own service user group and organisation context.

Assessment Criteria 1.1 might include:

Microbiological:
- Bacteria.
- Parasites.
- Fungi.
- Viruses.

Chemical:
- Mycotoxins – a group of naturally occurring chemicals produced by certain moulds. They can grow on a variety of different foodstuffs including cereals, nuts, spices, dried fruits, apple juice and coffee. They often grow under warm and humid conditions.
- Heavy metals, such as lead and mercury.
- Organic pollutants, such as dioxins.
- Acrylamide, which may result from food being processed.

Physical:
This refers to physical objects getting into food such as:
- Hair.
- Bandages.
- Jewellery.
- Glass.
- Pieces of cooking equipment.

Allergenic:

In the UK, food businesses must inform consumers if they use any of the 14 identified allergens as ingredients in the food and drink they provide. The items on this list have been identified as the most potent and prevalent allergens:

- Celery.
- Cereals containing gluten – such as barley and oats.
- Crustaceans – such as prawns, crabs and lobsters.
- Eggs.
- Fish
- Lupin.
- Milk.
- Molluscs – such as mussels and oysters.
- Mustard.
- Peanuts.
- Sesame.
- Soybeans.
- Sulphur dioxide and sulphites (when at a concentration of more than 10ppm).
- Tree nuts – such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts.

Assessment Criteria 1.2 might include:

To keep food safe, every person working in a food handling area must maintain a high level of personal hygiene:

- Wear clothing that is:
  - Suitable.
  - Clean.
  - Protective.
- Keep hair tied back, with a suitable head covering such as a hat or hair net.
- Do not:
  - Wear watches or jewellery, except a wedding band.
  - Touch hair or face.
  - Smoke.
  - Spit.
  - Sneeze.
  - Eat.
  - Chew gum.

- Effective handwashing is extremely important to help prevent harmful bacteria from spreading from people's hands. All staff that work with food **must** wash their hands:
  - When in the kitchen or preparation area.
  - Before preparing food.
  - After touching raw food.
  - After handling food waste or emptying a bin.
  - After cleaning.
  - After blowing their nose.
  - After touching:
    - Phones.
    - Light switches.
    - Door handles.
    - Cash registers.

- When washing hands, the steps to be followed are:
  - Wet hands with water.
  - Apply enough soap to cover your hands.
  - Rub hands together.
  - Use one hand to rub the back of the other hand, including between the fingers. Repeat with the other hand.
  - Rub the hands together, including between the fingers.
  - Grip the fingers of each hand together with the backs of the fingers against the palms of the other hand.
  - Rub the fingertips together and rub the back of fingers against palms.
  - Rub one thumb using the other hand. Repeat with the other hand.
  - Rub the tips of fingers against the palm of the other hand. Repeat with the other hand.
  - Rinse with water.
  - Dry hands completely with a disposable towel.
  - Use the disposable towel to turn off the tap.
- It is recommended to wash the hands for the same amount of time that it takes to sing "Happy Birthday" twice – around 40 seconds.

- Cover all cuts and wounds with a waterproof, brightly coloured bandage and a glove:
  - The glove will help prevent the bandage falling into food.
  - The bright colour makes it easier to find if it does drop into the food.

- The most common symptoms of gastrointestinal infection include:
  - Diarrhoea:
    - Although diarrhoea is a very common symptom in the community, it is difficult to define in a way that excludes all normal variations of bowel habit. It usually implies a change in bowel habit with loose or liquid stools which are being passed more frequently than normal. Three or more loose stools in 24 hours is a very general indication of diarrhoea that may be infectious, but this can vary. If this is not followed by any more symptoms or further diarrhoea then it is not likely to be infectious.
  - Vomiting.
  - Other symptoms include:
    - Stomach cramps or pain.
    - Nausea.
    - Fever.

- To prevent the spread of illness when working in or around food:
    - Tell the manager immediately if you or anyone you live with experiences the symptoms above.
    - Tell the manager immediately if you have:
        - A fever.
        - Jaundice.
        - Infection of the skin, nose or throat.
    - If you fall ill at work, leave the food preparation area and tell the manager immediately.
    - If you were ill while the manager was absent – for instance if they were on holiday – then inform them as soon as possible when they get back.
    - Wash and dry hands with hot, soapy water – especially after going to the toilet.
    - Take extra care with washing hands when returning from an illness.
    - Also wash hands after handling anything that might be contaminated.
    - Avoidance is better than removal – try to avoid touching anything that might require you to then wash your hands.
    - Be mindful that clothes can also spread pathogens to food and surfaces.
- Managers must exclude staff with symptoms of gastrointestinal infection form working with or around open food, normally for 48 hours from the time symptoms stop naturally.

Assessment Criteria 1.3 might include:

Personal hygiene is anyone handling food importance for food to ensure safe food. It is a fundamental aspect of food safety, and it can prevent cross-contamination of harmful bacteria and viruses. This is because our bodies have trillions of bacteria living on or in us. Food handlers therefore must maintain the highest possible standards of personal hygiene. Your employer has a responsibility to ensure you are trained in the importance of personal hygiene and hygienic practices when working with food.

Cross-contamination can occur when harmful bacteria or viruses are transferred from one surface to another, or from one food item to another. This can happen during food preparation when food handlers touch their face, hair, or clothing and then touch food without washing their hands. It can also happen when food handlers touch raw foods and then do not wash their hands before touching cooked or ready-to-eat foods. Poor food handling practices can result in unsafe food leading to food poisoning. It is for this reason that hand washing is so important.

Effective and regular hand washing can prevent the spread of harmful bacteria and viruses, and cross-contamination and ultimately it can prevent food poisoning. It is essential that food handlers wash their hands regularly and effectively as part of safe food handling practices.

Assessment Criteria 1.4 might include:

Effective cleaning removes bacteria on hands, equipment and surfaces. This helps to stop harmful bacteria and viruses from spreading onto food.

Effective cleaning will:

- Remove disease causing organisms (pathogens), helping to prevent food poisoning.
- Help prevent infestation of pests, such as mice, rats, flies, cockroaches and birds.
- Remove food debris on which pests can live, as well as removing the pathogens pests can bring into the premises.
- Reduces the risk of cross-contamination by pathogens, for example the indirect transfer of bacteria from raw food to ready to eat food.
- Reduces the risk of food contamination from allergens, such as nuts and seeds.
- Reduces the risk of food contamination from other physical contaminates such as dirt, hair or remnants of packaging materials.
- Reduces the risk of accidents, such as trips caused by spillages.
- Creates a pleasant working environment.
- Ensures compliance with food hygiene laws.

Assessment Criteria 2.1 might include:

Preparing:

Knowing and using the right preparation methods can:

- Avoid cross-contamination:
    - Chopping boards should be colour coded so that raw meat is never cut on the same board as fruit and vegetables or ready to eat food.
    - Utensils should be washed after being in contact with raw meat.
    - Work surfaces should be kept clean and free of bacteria.
- Prevent the spread of harmful bacteria, such as E-Coli by:
    - Following defrosting guidelines when defrosting food, ensuring it is fully defrosted as partially defrosted food may cook unevenly which means bacteria may survive the cooking process.
    - Once food has been defrosted, cook it within 24 hours.

Cooking and Reheating:

- Foods that aren't cooked, stored and handled correctly can cause food poisoning and other conditions.
- Temperature control when cooking food:
    - All foods should be cooked for the correct amount of time at the correct temperature.
    - A food thermometer is the only safe way to check the core temperature of a food and ensure safety – especially when cooking meat, poultry and seafood.
    - The core temperature of a food should reach 75°C for an instant or 70°C for two minutes.
- When cooking food it is important to follow the cooking instructions on the label. This is especially important for foods cooking in the microwave, as stirring and standing times are vital to ensure that the core of the food has reached the required temperature.
- When reheating food, it should reach a core temperature of 70°C for two minutes. This destroys the pathogens that cause food-borne illness.
- Food should not be reheated more than once.
- Although cooking kills harmful bacteria, it is important to reheat food properly to kill and harmful bacteria that may have grown since the food was cooked.

Assessment Criteria 2.2 might include:

- Refrigerate or freeze perishables right away.
    - Foods that require refrigeration should be put in the refrigerator as soon as you them home.
    - Stick to the "two-hour rule" for leaving items that need refrigeration. This means not allowing meat, poultry seafood or any other produce that requires refrigeration, to sit at room temperature for more than two hours.
    - The "two-hour rule" also applies to leftovers and takeaway food.
    - When putting food away, don't crowd the refrigerator so that air can't circulate.
- Keep your appliances at the proper temperatures.
    - Keep the refrigerator temperature at or below 40° F (4° C).
    - The freezer temperature should be 0° F (-18° C).
    - Check temperatures periodically.
    - Appliance thermometers are the best way of knowing these temperatures and are generally inexpensive.
- Check storage directions on labels.
    - Many items other than meats, vegetables, and dairy products need to be kept cold.
    - If you've neglected to properly refrigerate something, it's usually best to throw it out.

- Use ready-to-eat foods as soon as possible.
    - Refrigerated ready-to-eat foods such as luncheon meats should be used as soon as possible.
    - The longer they're stored in the refrigerator, the more chance Listeria, a bacterium that causes foodborne illness, can grow, especially if the refrigerator temperature is above 40° F (4° C).
- Be alert for spoiled food.
    - Anything that looks or smells suspicious should be thrown out.
    - Mold is a sign of spoilage. It can grow even under refrigeration. Mold is not a major health threat, but it can make food unappetizing.
    - The safest practice is to discard food that is mouldy.
    - Be aware that food can make you very sick even when it doesn't look, smell, or taste spoiled. That's because foodborne illnesses are caused by pathogenic bacteria, which are different from the spoilage bacteria that make foods "go bad."
    - Many pathogenic organisms are present in raw or undercooked meat, poultry, seafood, milk, and eggs; unclean water; and on fruits and vegetables. Keeping these foods properly chilled will slow the growth of bacteria.
- Marinate food in the refrigerator.
    - Bacteria can multiply rapidly in foods left to marinate at room temperature.
    - Never reuse marinating liquid as a sauce unless you bring it to a rapid boil first.
- Clean the refrigerator regularly and wipe spills immediately.
    - This helps reduce the growth of Listeria bacteria and prevents drips from thawing meat that can allow bacteria from one food to spread to another.
    - Clean the fridge out frequently.
- Keep foods covered.
    - Store refrigerated foods in covered containers or sealed storage bags, and check leftovers daily for spoilage.
    - Store eggs in their carton in the refrigerator itself rather than on the door, where the temperature is warmer.
- Check use by dates.
    - A "best before" date means that the manufacturer recommends using the product by this date for the best flavour or quality. The date is not a food safety date.
    - At some point after the best before date, a product may change in taste, colour, texture, or nutrient content, but the product may be wholesome and safe long after that date.
    - If you're not sure or if the food looks questionable, throw it out.

- Food that is properly frozen and cooked is safe.
    - Food that is properly handled and stored in the freezer at 0° F (-18° C) will remain safe.
    - While freezing does not kill most bacteria, it does stop bacteria from growing.
      Though food will be safe indefinitely at 0° F, quality will decrease the longer the food is in the freezer. Tenderness, flavour, aroma, juiciness, and colour can all be affected.
    - Leftovers should be stored in tight containers.
    - With commercially frozen foods, it's important to follow the cooking instructions on the package to assure safety.
- Freezer burn does not mean food is unsafe.
    - Freezer burn is a food-quality issue, not a food safety issue.
    - It appears as greyish-brown leathery spots on frozen food. It can occur when food is not securely wrapped in air-tight packaging, and causes dry spots in foods.
- Refrigerator/freezer thermometers should be monitored.
    - Refrigerator/freezer thermometers may be purchased in the housewares section of department, appliance, culinary, and grocery stores.
    - Place one in your refrigerator and one in your freezer, in the front in an easy-to-read location.
    - Check the temperature regularly—at least once a week.
- Check canned goods for damage.
    - Can damage is shown by swelling, leakage, punctures, holes, fractures, extensive deep rusting, or crushing or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener.
    - Stickiness on the outside of cans may indicate a leak.
    - Newly purchased cans that appear to be leaking should be returned to the store for a refund or exchange. Otherwise, throw the cans away.
- Keep food away from poisons.
    - Don't store non-perishable foods near household cleaning products and chemicals.

Assessment Criteria 2.3 might include:

Poorly managed waste can lead to contamination incidents and pose a risk to food safety it can create the perfect environment for bacterial growth. While this alone can be harmful to health, the waste also attracts vermin and rodents. These contract and spread disease and infections far beyond the disposal zone.

Similarly, the re-entry of food waste into the supply chain, such as using food waste as farm animal feed, can cause disease among livestock. This includes foot and mouth disease, classical swine fever and avian influenza. As well as disrupting the supply chain, contamination puts the food industry workers and end consumers at serious risk of fatal infection.

Some companies try to reduce their disposal costs by sending food waste to a landfill. But as food waste decomposes, it releases methane gas into the atmosphere and contributes to global warming. This in turn drives extreme weather, rising sea levels, environmental degradation, and food and water insecurity that threaten lives and communities across the planet.

How to safely dispose of food waste:

- You must remove food waste and other rubbish from rooms where food is present as quickly as possible, to avoid them building up.
- Food waste and other rubbish must be put into sealable containers. You can use other types of containers or systems to throw out your food waste if your local authority is satisfied with it.
- These containers must be:
    - Solid and strong.
    - Kept in sound condition.
    - Easy to clean and to disinfect.

Assessment Criteria 2.4 might include:

Food poisoning is the one of the key consequences that comes from improper food handling. It could be:

- The food not being properly cooked (or at the right serving temperature).
- Food left to defrost too long.
- Food being handled with unclean hands.
- Cross contamination, and so on.

As mentioned, many of the poor food handling practices that allow for bacterial growth and cross contamination will also be the same practices that lead to food poisoning.

There are many variants of food poisoning, from nausea and vomiting to far more severe outcomes such as seizures, brain damage or even death. Different people respond to food poisoning in different ways, and certain types of foods can be tied to specific forms of food poisoning such as Salmonella and E. coli. But regardless of the form of food poisoning or how it affects different individuals, it is still the most common and concerning consequence of poor food handling. Other consequences include:

- A black mark on reputation.
- Fines for breaches of proper health and safety practices.
- Legal proceedings.
- Loss of business.

Assessment Criteria 3.1 might include:

Dysphagia is where you have problems swallowing. It's usually caused by certain medicines or another condition, such as acid reflux or a stroke.

Assessment Criteria 3.2 might include:

Some people with dysphagia have problems swallowing certain foods or drinks, while others cannot swallow at all. Signs of dysphagia include:

- Coughing or choking when eating or drinking.
- Bringing food back up, sometimes through the nose.
- A feeling that food is stuck in your throat or chest.
- A gurgly, wet-sounding voice when eating or drinking.
- You may also drool and have problems chewing your food.
- Over time, dysphagia can also cause symptoms such as weight loss, dehydration and repeated chest infections.

Assessment Criteria 3.3 might include:

Complications of dysphagia:

- The main complication of dysphagia is coughing and choking, which can lead to pneumonia.
- Coughing and choking.
    - If an individual has dysphagia, there's a risk of food, drink or saliva going down the 'wrong way'. It can block airways, making it difficult to breathe and causing an individual to cough or choke.
- If an individual has dysphagia, they may also develop a fear of choking. However, it's very important they don't avoid eating and drinking, as it could cause dehydration and malnutrition.
- If they often choke on food because of dysphagia, they may also be at an increased risk of developing a condition called aspiration pneumonia.
    - Aspiration pneumonia is a chest infection that can develop after accidentally inhaling something, such as a small piece of food. It causes irritation in the lungs or damages them. Older people are particularly at risk of developing aspiration pneumonia. The symptoms of aspiration pneumonia include:
        - A cough – this may be a dry cough, or you may produce phlegm that's yellow, green, brown, or bloodstained.
        - A high temperature of 38C (100.4F) or over.
        - Chest pain.
        - Difficulty breathing – breathing may be rapid and shallow, and they may feel breathless, even at rest.

Assessment Criteria 3.4 might include:

Dysphagia is usually caused by another health condition and can happen at any age. Common causes of swallowing problems include:

- Some medicines, such as antipsychotics.
- Having a learning disability.
- A cleft lip and palate in babies.
- Heartburn and acid reflux, especially in children or people who have gastro-oesophageal reflux disease.
- Problems with your breathing caused by conditions like chronic obstructive pulmonary disease (COPD).
- A condition that affects the nervous system or brain, such as cerebral palsy, a stroke, dementia or multiple sclerosis.
- Cancer, such as mouth cancer or oesophageal cancer.

Assessment Criteria 4.1 might include:

Key aspects of each of the levels are found on the following pages.

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org

Description/ Characteristics	• **Flows like water** • **Fast flow** • **Can drink through any type of teat/nipple, cup or straw as appropriate for age and skills**
Physiological rationale for this level of thickness	• Functional ability to safely manage liquids of all types

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org

Description/ Characteristics	• **Thicker than water** • **Requires a little more effort to drink than thin liquids** • **Flows through a straw, syringe, teat/nipple** • **Similar to the thickness of most commercially available 'Anti-regurgitation' (AR) infant formulas**
Physiological rationale for this level of thickness	• Often used in the paediatric population as a thickened drink that reduces speed of flow yet is still able to flow through an infant teat/nipple. Consideration to flow through a teat/nipple should be determined on a case-by-case basis. • Also used in adult populations where thin drinks flow too fast to be controlled safely. These slightly thick liquids will flow at a slightly slower rate.

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org

Description/ Characteristics	• **Flows off a spoon** • **Sippable, pours quickly from a spoon, but slower than thin drinks** • **Mild effort is required to drink this thickness through standard bore straw (standard bore straw = 0.209 inch or 5.3 mm diameter)**
Physiological rationale for this level of thickness	• If thin drinks flow too fast to be controlled safely, these Mildly Thick liquids will flow at a slightly slower rate • May be suitable if tongue control is slightly reduced.

3 LIQUIDISED

IDDSI International Dysphagia Diet Standardisation Initiative www.iddsi.org

3 MODERATELY THICK

Description/characteristics	• **Can be drunk from a cup** • **Moderate effort is required to suck through a standard bore or wide bore straw (wide bore straw = 0.275 inch or 6.9 mm)** • **Cannot be piped, layered or molded on a plate because it will not retain its shape** • **Cannot be eaten with a fork because it drips slowly in dollops through the prongs** • **Can be eaten with a spoon** • **No oral processing or chewing required – can be swallowed directly** • **Smooth texture with no 'bits' (lumps, fibers, bits of shell or skin, husk, particles of gristle or bone)**
Physiological rationale for this level of thickness	• If tongue control is insufficient to manage Mildly Thick drinks (Level 2), this Liquidised/Moderately thick level may be suitable • Allows more time for oral control • Needs some tongue propulsion effort • Pain on swallowing

4 PUREED

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4 EXTREMELY THICK

Description/characteristics	• **Usually eaten with a spoon (a fork is possible)** • **Cannot be drunk from a cup because it does not flow easily** • **Cannot be sucked through a straw** • **Does not require chewing** • **Can be piped, layered or molded because it retains its shape, but should *not* require chewing if presented in this form** • **Shows some very slow movement under gravity but cannot be poured** • **Falls off spoon in a single spoonful when tilted and continues to hold shape on a plate** • **No lumps** • **Not sticky** • **Liquid must not separate from solid**
Physiological rationale for this level of thickness	• If tongue control is significantly reduced, this category may be easiest to control • Requires less propulsion effort than Minced & Moist (level 5), Soft & Bite-Sized (Level 6) and Regular and Regular Easy to Chew (Level 7) but more than Liquidised/Moderately thick (Level 3) • No biting or chewing is required • Increased oral and/or pharyngeal residue is a risk if too sticky • Any food that requires chewing, controlled manipulation or bolus formation are not suitable • Pain on chewing or swallowing • Missing teeth, poorly fitting dentures

5 MINCED & MOIST

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Description/characteristics	• Can be eaten with a fork or spoon • Could be eaten with chopsticks in some cases, if the individual has very good hand control • Can be scooped and shaped (e.g. into a ball shape) on a plate • Soft and moist with no separate thin liquid • Small lumps visible within the food ➢ ***Paediatric, equal to or less than 2 mm width and no longer than 8mm in length*** ➢ ***Adult, equal to or less than 4mm width and no longer than 15mm in length*** • Lumps are easy to squash with tongue
Physiological rationale for this level of thickness	• Biting is not required • Minimal chewing is required • Tongue force alone can be used to separate the soft small particles in this texture • Tongue force is required to move the bolus • Pain or fatigue on chewing • Missing teeth, poorly fitting dentures

6 SOFT & BITE-SIZED

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Description/characteristics	• Can be eaten with a fork, spoon or chopsticks • Can be mashed/broken down with pressure from fork, spoon or chopsticks • A knife is not required to cut this food, but may be used to help load a fork or spoon • Soft, tender and moist throughout but with no separate thin liquid • Chewing is required before swallowing • 'Bite-sized' pieces as appropriate for size and oral processing skills ➢ ***Paediatric, 8mm pieces (no larger than)*** ➢ ***Adults, 15 mm = 1.5 cm pieces (no larger than)***
Physiological rationale for this level of thickness	• Biting is not required • Chewing is required • Food piece sizes designed to minimize choking risk • Tongue force and control is required to move the food and keep it within the mouth for chewing and oral processing • Tongue force is required to move the bolus for swallowing • Pain or fatigue on chewing • Missing teeth, poorly fitting dentures

7 EASY TO CHEW

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Description/characteristics	• Normal, everyday foods of ***soft/tender textures*** that are developmentally and age appropriate • Any method may be used to eat these foods • Sample size is not restricted at Level 7, therefore, foods may be of a ***range of sizes*** ➢ Smaller or greater than 8mm pieces (Paediatric) ➢ Smaller or greater than 15 mm = 1.5 cm pieces (Adults) • Does not include: hard, tough, chewy, fibrous, stringy, crunchy, or crumbly bits, pips, seeds, fibrous parts of fruit, husks or bones • May include 'dual consistency' or 'mixed consistency' foods and liquids if also safe for Level 0, and at clinician discretion. If unsafe for Level 0 Thin, liquid portion can be thickened to clinician's recommended thickness level
Physiological rationale for this level of thickness	• Requires the ability to bite soft foods and chew and orally process food for long enough that the person forms a soft cohesive ball/bolus that is 'swallow ready'. Does not necessarily require teeth. • Requires the ability to chew and orally process soft/tender foods without tiring easily • May be suitable for people who find hard and/or chewy foods difficult or painful to chew and swallow • This level could present a choking risk for people with clinically identified increased risk of choking, because food pieces can be of *any* size. Restricting food piece sizes aims to minimize choking risk (e.g. Level 4 Pureed, Level 5 Minced & Moist, Level 6 Soft & Bite-sized have food piece size restrictions to minimize choking risk) • This level may be used by qualified clinicians for developmental teaching, or progression to foods that need more advanced chewing skills • **If the person needs supervision to eat safely, before using this texture level consult a qualified clinician to determine the person's food texture needs, and meal time plan for safety** • People can be unsafe to eat without supervision due to chewing and swallowing problems and/or unsafe mealtime behaviours. Examples of unsafe mealtime behaviors include: not chewing very well, putting too much food into the mouth, eating too fast or swallowing large mouthfuls of food, inability to self-monitor chewing ability. • Clinicians should be consulted for specific advice for patient needs, requests and requirements for supervision. • **Where mealtime supervision is needed, this level should only be used under the strict recommendation and written guidance of a qualified clinician**

7 REGULAR

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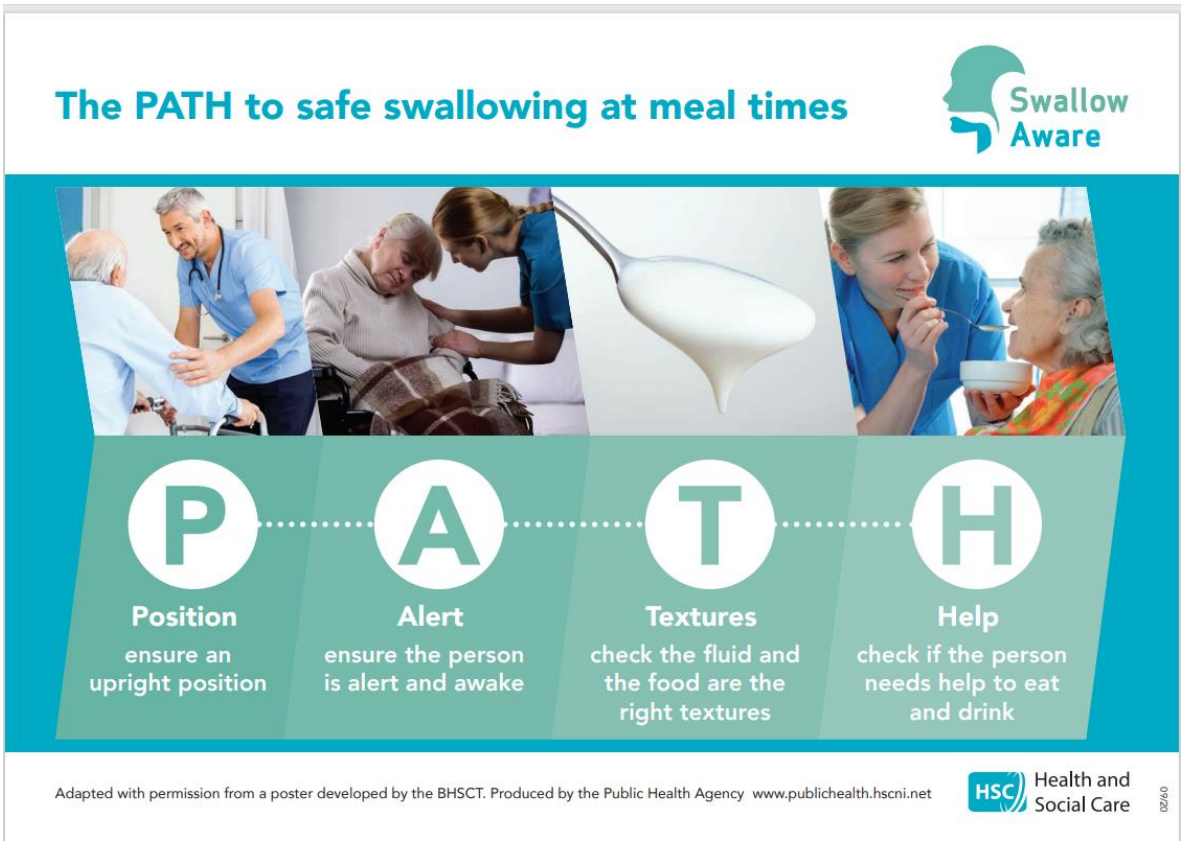
Description/characteristics There are NO texture restrictions at this level	• Normal, everyday foods of various textures that are developmentally and age appropriate • Any method may be used to eat these foods • Foods may be hard and crunchy or naturally soft • Sample size is not restricted at Level 7, therefore, foods may be of a *range of sizes* ➢ Smaller or greater than 8mm pieces (Paediatric) ➢ Smaller or greater than 15 mm = 1.5 cm pieces (Adults) • Includes hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy, or crumbly bits • Includes food that contains pips, seeds, pith inside skin, husks or bones • Includes 'dual consistency' or 'mixed consistency' foods and liquids
Physiological rationale for this level of thickness	• Ability to bite hard or soft foods and chew them for long enough that they form a soft cohesive ball/bolus that is 'swallow ready' • An ability to chew all food textures without tiring easily • An ability to remove bone or gristle that cannot be swallowed safely from the mouth

Assessment Criteria 4.2 might include:



Assessment Criteria 4.3 might include:

Assessment Criteria 4.4 might include:

Useful Resources

Food Safety:

- Food Standards Agency:
  - Better Food, Better Business
  - Supplement for Residential Care Homes
- NISCC Learning Zone

Dysphagia Awareness:

- NISCC Learning Zone
- HSCNI Dysphagia care and training guidance.
- Learn HSCNI (For HSC Trust Staff)
- NHSE Training Hub

Additional Assessment Information

This unit is **knowledge based.**

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Title:	Emergency First Aid in Social Care Services			**Level:**	2
Unit Number:	Y/651/1922	**TQT:**	20	**GLH:**	16
Unit Purpose and Aims:	This unit will enable the learner to understand their responsibilities in relation to delivering Emergency First Aid. This unit is linked to the following NOS: • SFHCHS35 Provide First Aid to an Individual Needing Emergency Assistance				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the role and responsibilities of an emergency first aider.	1.1	Outline the role and responsibilities of an emergency first aider.
		1.2	Outline the need for consent to provide emergency first aid.
		1.3	Describe the first aid equipment available within a social care work setting.
		1.4	Describe how to minimize the risk of infection & injury to self and others.
2	Know how to assess an incident.	2.1	Outline how to conduct a scene survey to ensure the safety of self & others.
		2.2	Describe how to make a primary survey of an individual.
		2.3	Outline when and how to call for appropriate assistance.
3	Be able to provide first aid to an unresponsive individual who is breathing normally.	3.1	Demonstrate how to assess a casualty's level of consciousness.
		3.2	Demonstrate how to check a casualty's airway and breathing.
		3.3	Explain why it is important to place an individual casualty into the recovery position that maintains an open airway.

3	*Continued*	3.4	Demonstrate placing an unconscious individual into the recovery position that maintains an open airway.
		3.5	Outline how to treat a casualty who is having a seizure.
4	Be able to provide first aid to an unresponsive individual who is not breathing normally.	4.1	Demonstrate how to administer effective Cardiopulmonary Resuscitation (CPR) using a mannequin.
		4.2	Describe how to apply and use automated external defibrillation equipment.
5	Be able to provide first aid to an individual who is choking.	5.1	Identify when choking is: • Mild. • Severe.
		5.2	Demonstrate how to assist an individual who is choking.
		5.3	Outline the aftercare necessary for an individual post choking.
6	Be able to provide first aid to an individual who is displaying signs and symptoms of a potential stroke.	6.1	Identify signs and symptoms of a stroke.
		6.2	Demonstrate how to assist an individual who is having a potential stroke.
7	Be able to provide first aid to an individual who has chest pain.	7.1	Identify potential causes of chest pain.
		7.2	Demonstrate how to assist an individual who is experiencing chest pain.
		7.3	Outline the importance of establishing if the individual with chest pain has prescribed angina medication.
8	Be able to provide first aid to an individual who is bleeding externally.	8.1	Demonstrate how to control both mild & severe external bleeding.
		8.2	Outline when and how to call for appropriate assistance.

9	Be able to provide first aid to an individual who is potentially in shock.	9.1	Describe signs, symptoms and the potential impact of shock.
		9.2	Demonstrate how to administer emergency first aid to an individual who is potentially in shock.
10	Be able to care for an individual with a minor injury.	10.1	Demonstrate how to care for an individual with each of the following: • Small cuts, grazes and bruises. • Minor burns and scalds. • Small splinters & minor irritations.
		10.2	Outline when and how to seek further appropriate assistance.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for the candidate to show understanding.

Centres may use written or verbal questions, with accompanying assessor records or centre devised assignments or workbooks when assessing learning outcomes 1, 2, 3, 5, 6 and 8.

For the practical elements of learning outcomes 3, 4, 5, 6, 7, 8 and 9, simulation should be used in relation to Cardio Pulmonary Resuscitation, blocked airways, controlling external bleeding and dealing with shock.

When examples are asked for, candidates should give **at least two** examples. When answering questions, candidates should reflect on their own service user group and organisation context.

Centres will need to demonstrate that class size is appropriate. This will typically be 12 or less learners. Where first aid training is offered in class sizes greater than 12, centres will be expected to provide additional trainers and/or assessors to ensure that the training needs of individual candidates and/or the ability to adequately assess their competence is met.

Tutors and Assessors

Tutors and assessors delivering or assessing this unit **must** meet **all** the following occupational expertise requirements:

- Hold a current, valid First Aid at work certificate.
- **One** of the following:
  - Hold a First Aid Instructor Certificate **and** a recognised assessor award.
  - Registered and licensed as a doctor with the General Medical Council.
  - Current registration as a nurse with the Nursing and Midwifery Council.
  - Current registration as a paramedic with the Health and Care Professions Council.
- An in-depth knowledge of the subject of first- aid and first-aid training.

Resource Requirements

Centres should use specially designated areas within a centre to assess a learner, where the use of particular equipment is required, for example, using a resuscitation mannequin.

The equipment and materials must meet industry standards and be capable of being used under normal working conditions to allow a learner to demonstrate their ability to act safely, promptly and effectively when an emergency occurs at work.

Centres should teach the first-aid management of injuries and illness, in relation to the topics covered in the qualification, in accordance with:

- Current guidelines published by the Resuscitation Council (UK); **and**
- The current edition of the first-aid manual of the Voluntary Aid Societies, such as St John Ambulance/Red Cross: **or**
- Other published guidelines, provided they are in line with the two above or supported by a responsible body of medical opinion.

Centres will need to have access to the following equipment:

- An appropriate resuscitation mannequin, based on the age of resuscitation taught.
- Triangular bandages.
- Adhesive bandages.
- Roller bandages.

Useful Resources

- Guidance from the HSE on First Aid at work
- Red Cross Resources.

This unit is referenced to unit Y/600/1250, Emergency First Aid Skills, from the ProQual Level 2 Award/Certificate/Diploma in Healthcare and Social Care Support Skills.

Title:	Understand Communication, Recording and Information Sharing in Health and Social Care Services			**Level:**	2
Unit Number:	J/651/5392	**TQT:**	30	**GLH:**	24
Unit Purpose and Aims:	This unit will enable the learner to understand their responsibilities in relation to effective communication, recording and information sharing. This unit is linked to the following NOS: • SCDHSC0021 Support effective communication • SCDHSC0031 Promote effective communication				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the importance of effective communication.	1.1	Explain the importance of effective communication with: • Individuals. • Colleagues. • Others.
		1.2	Explain how effective communication supports partnership working.
		1.3	Identify at least one barrier to communication from each of the following categories and describe how to overcome each of the identified barriers: • Personal. • Linguistic. • Cultural. • Environmental.

2	Understand the legal and organisational requirements for recording and sharing information.	2.1	Identify legislation and organisational policies and procedures that govern recording and sharing information.
		2.2	Explain the terms: • Data Protection. • Confidentiality.
		2.3	Describe your responsibilities in order to adhere to agreed ways of working in relation to: • Data protection. • Confidentiality.
		2.4	Explain the principles of good record keeping in health and social care.
		2.5	Describe two examples of when and how to seek advice or guidance in relation to confidentiality and/or record keeping.
		2.6	Explain own responsibilities in relation to an individual or others making a complaint.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for the learner to show understanding. Centres may use written or verbal questions, with accompanying assessor records, or centre devised assignments or workbooks.

When answering, learners should reflect on own service user group and organisational context.

Assessment Criteria 1.1 might include:

- 'Individuals' refers to people in receipt of care / support services (usually meaning the person / people supported by the learner).
- 'Others' include carers / family / advocates / other professionals / community services etc.

Assessment Criteria 1.3 might include:

- 'Personal barriers' may include psychological e.g. lack of confidence or fear; lack of understanding or knowledge; physical or cognitive impairment
- 'Linguistic barriers' may include poor literacy skills; use of jargon or unfamiliar words / vocabulary
- 'Cultural barriers' may include differences in cultural norms, values, language and non-verbal cues; preconceptions about other cultures
- 'Environmental barriers' may include physical barriers e.g. time, place, space, climate, noise; busyness; technological barriers e.g. poor connections; lack of accessible tools e.g. loop system.

Assessment Criteria 2.3 might include:

Responsibilities' include those specified within the NISCC Standards of Conduct and Practice relevant to data protection and confidentiality.

Assessment Criteria 2.4 might include:

'Principles of good record keeping' may include full, clear, and accurate records; completed promptly and kept up to date; signed/ dated for accountability (paper or electronic); kept securely and accessible only to those with authorised access; easily retrievable when needed; retained for the appropriate period.

Assessment Criteria 2.3 might include:

'Responsibilities' may include the required actions or signposting, in accordance with organisational policy and procedures.

Additional Assessment Information

This unit is **knowledge based.**

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Title:	Implementing Values-led Practice in a Health and Social Care Context			**Level:**	2
Unit Number:	M/651/5395	**TQT:**	60	**GLH:**	40
Unit Purpose and Aims:	This unit will enable the learner to demonstrate their communication skills and social care values, when providing care / support to individuals in accordance with care / support plans and agreed ways of working. This unit is linked to the following NOS: • SCDHSC0025 Contribute to implementation of care or support plan activities • SCDHSC0233 Develop effective relationships with individuals • SCDHSC0234 Uphold the rights of individuals				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Be able to establish the support required by an individual, in accordance with their care/support plan and own role and responsibilities.	1.1	Demonstrate how to access information about an individual's care/support, using their care/ support plan, risk assessment(s) and agreed ways of working.
		1.2	Establish with the individual the appropriate level and type of support/care, in accordance with their needs and wishes.
		1.3	Demonstrate how to obtain consent for an activity or action, in accordance with the individual's care/support plan.
		1.4	Explain actions to take if consent cannot be readily secured.
		1.5	Explain how and when to access support and guidance in order to deal with conflicts that may arise when providing care/support for individuals.

2	Be able to work in a person-centred way.	2.1	Demonstrate person-centred values when implementing an individual's care / support plan.
		2.2	Interact with the individual in ways that respect their equality and diversity.
		2.3	Demonstrate interactions with the individual that are empathetic and support a positive sense of identity and self-esteem.
3	Be able to meet the communication and language needs, wishes and preferences of individuals.	3.1	Demonstrate the use of appropriate verbal and non-verbal communication when communicating with individuals, in accordance with their needs, wishes and preferences.
		3.2	Demonstrate how to reduce barriers to communication.
		3.3	Demonstrate ways to check that communication has been understood.
4	Be able to apply principles and practices relating to record keeping and handling information.	4.1	Ensure that records comply with legal and organisational requirements.
		4.2	Maintain accurate, complete, retrievable and up to date records, in accordance with agreed ways of working.
		4.3	Demonstrate confidentiality in day-to-day communication and record keeping, in line with agreed ways of working.
		4.4	Contribute to the ongoing monitoring and review of the care / support plan.
		4.5	Demonstrate the appropriate and safe use of digital communication systems.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.

Primary assessment method(s) for LO 1, 2, 3 and 4:

- Direct Observation of the learner in their work setting; review of work products and associated questioning.
- **All ACs in this unit must be assessed and evidenced on at least two separate occasions.**
- Skills based assessment must include direct observation as the main source of evidence and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who are in receipt of care / support, their families and carers.

When answering, learners should reflect on own service user group and organisational context.

Assessment Criteria 1.4 might include:

'Actions' may include providing explanation; discussing options and implications; negotiation; rescheduling; seeking support; involving third parties, etc.

Assessment Criteria 2.1 might include:

'Demonstrate person-centred values' may include supporting the individual to engage in activities or actions that are meaningful to them; supporting the individual to maximise their decision making, choice and control; developing trust and rapport with the individual; maintaining the privacy and dignity of the individual.

Note: developing rapport may be evidenced through appropriate introduction to the individual, establishing and using the individual's preferred name / salutation; use of appropriate conversation, etc.

Assessment Criteria 2.2 might include:

Areas of equality/diversity may include lifestyle choices, beliefs, cultures, values and preferences.

Assessment Criteria 3.1 might include:

Non-verbal communication' may include appropriate use of silence, proximity; body language, eye contact, facial expressions; gestures, nods etc.

Assessment Criteria 4.5 might include:

'Digital communication systems' may include the use of mobile or other permitted devices for work purposes such as phone calls, emails; access to workplace apps, digital documents, information management systems or collaboration tools e.g. MS Teams/Zoom etc.

Additional Assessment Information

The following assessment criteria are **knowledge based:**

- 1.4 and 1.5.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The remaining assessment criteria are competency based.

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

Photo/Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

Title:	Adhering to Health and Safety Requirements in a Health and Social Care Setting			**Level:**	2
Unit Number:	A/651/5399	**TQT:**	50	**GLH:**	30
Unit Purpose and Aims:	This unit will enable the learner to demonstrate their implementation of health and safety requirements, when providing care/support to individuals in accordance with care/support plans, risk assessments and agreed ways of working. This unit is linked to the following NOS: • SCDHSC0022 Support the health and safety of yourself and individuals • SCDHSC0032 Promote health, safety and security in the work setting				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Be able to contribute to preparing the environment for an activity or action, in accordance with the individual's support plan, risk assessment(s) and agreed ways of working.	1.1	Demonstrate how to identify risks or difficulties in the environment that may be associated with an agreed activity or action.
		1.2	Demonstrate how to prepare the environment, equipment or resources to be used during an agreed activity or action, in order to minimise risk and maximise the individual's active participation and independence.
2	Be able to apply health and safety measures relevant to a specific health and social care setting and an agreed activity or action.	2.1	Implement measures to protect own safety and security and the safety and security of others, in own work environment.
		2.2	Adhere to fire safety requirements in own work environment.

2	*Continued*	2.3	Move and handle equipment, objects or loads safely and in accordance with agreed ways of working.
		2.4	Demonstrate safe practices for storing, using and disposing of hazardous substances.
3	Be able to follow infection prevention and control procedures.	3.1	Demonstrate effective hand hygiene using appropriate products and methods.
		3.2	Demonstrate good hygiene practice in relation to own role and responsibilities.
		3.3	Use personal and protective equipment, as appropriate for an agreed activity or action.
		3.4	Demonstrate how to ensure the safe disposal of waste materials, in order to avoid the spread of infection or cross-contamination.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.

Primary assessment method(s) for LO 1, 2, and 3:

- Direct Observation of the learner in their work setting; review of work products and associated questioning.
- **All ACs in this unit must be assessed and evidenced on at least two separate occasions.**
- Skills based assessment must include direct observation as the main source of evidence and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who are in receipt of care / support, their families and carers.

When answering, learners should reflect on own service user group and organisational context.

Assessment Criteria 2.1 might include:

Measures' may include ensuring own whereabouts are clearly communicated and in line with agreed ways of working; use of ID; use of mobile devices; visibility, etc.

'Work environment' may include the individual's own home; health and social care settings; places visited when supporting individuals e.g. community-based services and facilities.

Assessment Criteria 3.2 might include:

'Good hygiene practice' may include adhering to workplace expectations in relation to dress code, hair, nails, jewellery, etc.

Additional Assessment Information

This unit is **competency based.**

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

Photo/Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

Title:	Continuing Professional Development and Reflective Practice in Health and Social Care			**Level:**	2
Unit Number:	K/651/5400	**TQT:**	50	**GLH:**	30
Unit Purpose and Aims:	This unit will enable the learner to demonstrate their engagement in continuing professional development and reflective practice, in order to improve social care practice. .This unit is linked to the following NOS: • SCDHSC0023 Develop your own knowledge and practice • SCDHSC0033 Develop your practice through reflection and learning				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Be able to work in ways that are agreed with the employer.	1.1	Explain why it is important to adhere to the agreed scope of own job role.
		1.2	Access full and up to date details of agreed ways of working.
		1.3	Outline own responsibilities when you become aware of changes in an individual's needs or risks that may require support beyond the agreed scope of own job role.
2	Understand the importance of reflective practice and continuing professional development (CPD) for social care workers.	2.1	Define the term 'reflective practice'.
		2.2	Explain the importance of reflective practice and CPD.
		2.3	Identify ways to engage in reflective practice in order to support own development.
3	Be able to participate in CPD in accordance with job role and organisational requirements.	3.1	Provide access to records that demonstrate engagement in CPD in order to meet organisational and job role requirements.

3	*Continued*	3.2	Provide access to a record of a current development plan to support own CPD.
4	Be able to participate in reflective practice in order to improve health and social care practice.	4.1	Reflect on an aspect of recent learning in order to describe its impact on: • Your own development • Individuals or others.
		4.2	Use examples from your work environment in order to reflect on how your own practice: • Has improved. • May need to improve.

Guidance for Assessors

General Guidance

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.

Primary assessment method(s) for LO 1:

- Direct Observation of the learner in their work setting; review of work products and associated questioning.
- Skills based assessment must include direct observation as the main source of evidence and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who are in receipt of care/support, their families and carers.

Primary assessment method(s) for LO 3:

- Review of work products and associated questioning.

Primary assessment method(s) for LO 2 and LO4, determined by the requirement for a learner to show understanding – including;

- Written or verbal questions, with accompanying assessor records, or
- Centre devised assignments or workbooks.

When answering, learners should reflect on own service user group and organisational context.

Assessment Criteria 1.2 might include:

Agreed ways of working' must be in line with policies and procedures of the setting.

Assessment Criteria 1.3 might include:

'Responsibilities' may include escalation to family/carers/line manager; referral; specialist or emergency intervention, etc.

Assessment Criteria 3.1 might include:

'Records' may include supervision documentation; appraisal documentation; competence assessments; training records/certificates; NISCC PRTL records, etc.

Assessment Criteria 3.2 might include:

'Development plan' may be documented as part of induction, supervision, appraisal or other performance management processes.

Assessment Criteria 4.1 might include:

'Learning' may include mentoring; in-house training; learning from others at team meetings/case discussions; attending formal training or conferences; distance learning; use of NISCC Learning Zone; internet research; own reading and research.

Assessment Criteria 4.2 might include:

'Improved Practice' may include areas of understanding, skills or values that underpin best practice; and align with sectoral standards and agreed ways of working.

Additional Assessment Information

Where an assessment criteria is knowledge **based,** this means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Where an assessment criteria is competency based, This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

Photo/Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

Appendix One – Command Verb Definitions

The table below explains what is expected from each **command verb** used in an assessment objective. Not all verbs are used in this specification

Apply	Use existing knowledge or skills in a new or different context.
Analyse	Break a larger subject into smaller parts, examine them in detail and show how these parts are related to each other. This may be supported by reference to current research or theories.
Classify	Organise information according to specific criteria.
Compare	Examine subjects in detail, giving the similarities and differences.
Critically Compare	As with compare, but extended to include pros and cons of the subject. There may or may not be a conclusion or recommendation as appropriate.
Describe	Provide detailed, factual information about a subject.
Discuss	Give a detailed account of a subject, including a range of contrasting views and opinions.
Explain	As with describe, but extended to include causation and reasoning.
Identify	Select or ascertain appropriate information and details from a broader range of information or data.
Interpret	Use information or data to clarify or explain something.
Produce	Make or create something.
State	Give short, factual information about something.
Specify	State a fact or requirement clearly and in precise detail.

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