

Approved by



# Level 5

## Diploma in Leading & Managing an Adult Care Service

(610/7106/7)

nqual.

SPECIFICATION  
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## ABOUT NQUAL

NQual provides high-quality vocational and occupational qualifications designed to meet the needs of learners and employers.

At NQual we are committed to certificating current and relevant qualifications that meet the demands of today's ever-changing industries. Our dedication to staying at the forefront of knowledge ensures that our qualifications reflect the latest trends in your field of interest.

## QUALIFICATION SPECIFICATION

Qualification Specifications are used to inform and guide centres to deliver the qualification set out within this document. Information within this specification includes a qualification overview, unit breakdowns, assessment guidance and learning outcomes.

Alongside the specification, you will also find a qualification 'Fact Sheet'. These are used as handy tools to provide an overview of the qualifications.

## QUALIFICATION INFORMATION

The NQual Level 5 Diploma in Leading and Managing an Adult Care Service is regulated by Ofqual.

Qualification number: 610/7106/7

### Overview

The NQual Level 5 Diploma in Leading and Managing an Adult Care Setting is designed to provide learners with knowledge and skills relating to leadership and management in care settings. It will provide individuals with the chance to develop knowledge and gain skills to seek employment or progression onto higher level qualifications.

The purpose of this qualification is to prepare individuals for progression in the care sector. The units specified within this document cover a variety of areas and topics relevant to the sector, including leadership and management in health care.

Primarily, the qualification aims to support the development of registered managers of adult social care services. Specifically, those new to their role.

This qualification is supported by Skills for Care and developed using the Development Assessment Principles. This qualification is approved by Skills for Care.

### Learner Profile

Learners will work in adult social care and have responsibility for leading and managing a service. This will include managing and improving care and support for those accessing the service; supporting and developing the workforce; and drinking the vision for their service or organisation.

Primarily, the qualification aims to support the development of registered managers of adult social care services. Specifically, those new to their role.

## Entry Requirements

- Minimum age: 19

Learners should have or be working towards a minimum of level 2 in literacy and numeracy or equivalent.

Learners will work in adult social care and have the responsibility for leading and managing a service. This will include managing and improving care and support for those accessing the service; supporting and developing the workforce, and driving the vision for their service or organisation.

## Unit Guidance

Learners must achieve all mandatory units and a minimum of 15 optional unit credits. The total credit value for this qualification is 90.

## Mandatory Units

Learners must achieve all of the mandatory units totalling 75 credits.

Unit Reference	Title	Level	GLH	Credit Value
Y/651/9655	Leadership and Management	5	32	4
A/651/9656	Governance and Regulatory Processes	5	24	3
D/651/9657	Decision Making	5	16	2
F/651/9658	Business and Resource Management	5	32	4
H/651/9659	Team Leadership	5	32	4
L/651/9660	Team Learning and Development	5	16	2
M/651/9661	Supervising Others	5	16	2
R/651/9662	Safeguarding	5	32	4
T/651/9663	Mental Capacity	5	32	4
Y/651/9664	Partnerships	5	32	4
A/651/9665	Comments and Complaints	5	24	3
D/651/9666	Leading the Vision	5	24	3
F/651/9667	Continuous Improvement	5	32	4
H/651/9668	Effective Communication	5	32	4
J/651/9669	Handling Information	5	32	4
M/651/9670	Leading a Person-Centred Practice	5	40	5

R/651/9671	Health and Well-being	5	32	4
T/651/9672	Equality, Diversity, Inclusion and Human Rights	5	40	5
Y/651/9673	Health and Safety	5	40	5
A/651/9674	Continuous Professional Development	5	24	3
D/651/9675	Personal Well-being	4	16	3

### Optional Units

Optional units are designed to ensure flexibility in different care pathways for individuals who want to undergo the qualification. Learners must achieve a minimum of 15 credits from the optional units.

Unit Reference	Title	Level	GLH	Credit Value
F/651/9676	Leading Compassionate and Person-Led End-of-Life Care Services	5	32	4
H/651/9677	Leading Independent Advocacy and Rights-Based Practice in Adult Care	5	32	4
J/651/9678	Leading Safe, Ethical and Person-Led Financial Support in Adult Care	4	16	2
K/651/9679	Leading Supervision, Appraisal and Reflective Practice	4	16	2
R/651/9680	Mentoring and Developing Others in Adult Care	4	24	3
T/651/9681	Effective Induction and Workforce Integration in Adult Care	5	40	5
Y/651/9682	Lead Safe, Person-Led Transitions Across Care Services	5	24	3
A/651/9683	Organisational Finance, Budgeting and Resource Stewardship in Adult Care	5	40	5
D/651/9684	Fair, Lawful and Transparent Disciplinary & Grievance Procedures in Adult Care	5	32	4
F/651/9685	Fair and Values-Based Recruitment & Selection in Adult Care	5	32	4
H/651/9686	Performance Monitoring and Workforce Development in Adult Care	5	32	4
J/651/9687	Management and Optimisation of Physical Resources in Adult Care Settings	5	24	3
K/651/9688	Leading Collaborative Care Management Planning for Individuals with Long-Term Conditions	5	32	4

L/651/9689	Infection Prevention and Control Systems in Adult Care Services	5	40	5
T/651/9690	Digital Skills, Technology Integration and Data-Safe Practice in Adult Care	5	16	2
Y/651/9691	Leading Traum-Informed Practice and Compassionate Care in Adult Services	5	32	4
A/651/9692	Leading Neurodiversity-Affirming Practice in Adult Care Services	5	32	4
D/651/9693	Positive Behaviour Support (PBS) and Rights-Based Behavioural Practice	5	32	4
F/651/9694	Organisational Change and Transformational Improvement in Adult Care	5	16	2
H/651/9695	Sustainability and Environmental Management in Adult Care	5	24	3
J/651/9696	Managing Complaints, Concerns and Whistleblowing in Adult Care	5	40	5
K/651/9697	Leading Strengths-Based and Outcomes-Focused Practice in Adult Care	5	32	4

### Guided Learning Hours

These hours are made up of contact time, guidance or supervision from course tutors, trainers, or training providers. The Guided Learning Hours for this qualification is 720.

### Total Qualification Time

This is an estimate of the total length of time it is expected that a learner will typically take to achieve and demonstrate the level of understanding required for the award of this qualification. This includes the Guided Learning Hours and time spent completing the independent study.

The Total Qualification Time for this qualification is 900.

### Delivery Options

NQual allows qualifications to be delivered both online and face-to-face. Please check the additional requirements with your Centre EQA if delivering qualifications online.

### Grading and Assessment

Assessment is used to measure a learner's skill or knowledge against the standards set in this qualification. This qualification is internally assessed and externally quality assured.

The assessment consists of:

- An internally assessed Portfolio of Evidence externally quality assured by NQual.

A Portfolio of Evidence can contain:

- Observation Records
- Professional Discussion and/or Q&A records
- Written answers
- Appraisals
- PowerPoint Presentations
- Witness Statements
- Reflective Accounts
- Story Boards

Please note this is not an exhaustive list. Competency-based units **must** include direct observation in the workplace as a primary source of evidence.

This qualification is assessed in accordance with the assessment principles and guidance developed by Skills for Care & Development.

Please see direct link to the most recent version of Skills for Care and Development Assessment Principles: [HERE](#)

## Approved Centre

To deliver any NQual qualification, each centre must be approved by NQual and meet the qualification approval criteria. The recognition process requires centres to implement policies and procedures to protect learners when undergoing NQual qualifications.

Approved centres must seek approval for each qualification they wish to offer.

The approval process requires centres to demonstrate that they have the resources, including staff, and processes in place to deliver and assess the qualification.

Once approved to offer this qualification, centres must register learners before any assessment takes place. Centres must follow NQuals procedures for registering learners.

## Support From NQual

NQual support all new and existing approved centres. We respond to all communication within 48 hours and hold regular information webinars. If you would like to book our next webinar, please visit the 'News & Events' section on our website.

## Initial Assessment

It is part of the enrolment process by the approved centre to complete an initial assessment. Approved centres must ensure everyone undertaking an NQual qualification complete some form of initial assessment. This will be used to inform the tutor/trainer of current knowledge and understanding.

## Reasonable Adjustment

NQual is committed to providing fair and reasonable adjustments for learners to help reduce the effect of a disability or difficulty that places the learners at a disadvantage during an assessment. For more information on Reasonable Adjustments, please see our Reasonable Adjustments and Fair Access Policy.

## Responsibilities

### Assessor

It is important to note, that to assess qualification content, the assessor must be occupationally competent to assess skills-based competence and/or occupationally knowledgeable to assess knowledge-based content.

Assessors who deliver NQual qualifications must possess a qualification appropriate for the level they are delivering. Examples of these can include at least one of the following:

- D32 Assess Candidate Performance and D33 Assess Candidate Using Differing Sources of Evidence
- A1 Assess Candidate Performance Using a Range of Methods and A2 Assessing Candidates' Performance through Observation
- Level 3 Award in Assessing Competence in the Work Environment (for competence/skills learning outcomes only)
- Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only)
- Level 3 Certificate in Assessing Vocational Achievement
- HEI Certificate in Education
- Qualified Teacher Status Certificate in Education in Post Compulsory Education (PCE)
- Post Graduate Certificate in Education
- Teaching Certificate in Teaching in the Lifelong Learning Sector (CTLTS)
- Diploma in Teaching in the Lifelong Learning Sector (DTLLS)
- L&D9DI - Assessing workplace competence using Direct and Indirect methods (Scotland)
- L&D9D - Assessing workplace competence using Direct methods (Scotland)
- Level 4 Certificate in Education and Training
- Level 5 Diploma in Education and Training
- Level 3 Learning and Skills Assessor Apprenticeship
- Level 5 Learning and Skills Teacher Apprenticeship

Examples of evidence for subject knowledge can include:

- Qualification at the same level or above, the qualification you are delivering
- Extensive experience at the same level or above, the qualification you are delivering

### Internal Quality Assurer

Centre staff who complete Internal Quality Assurance for NQual qualification must possess or be working towards a relevant qualification. Examples of these can include at least one of the following:

- D34 Unit **Internally verify the assessment process**
- V1 Verifiers Award
- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice

Examples of evidence for subject knowledge must include at least one of the following:

- Qualification at the same level or above, the qualification you are quality assuring
- Extensive experience at the same level or above, the qualification you are quality assuring

## MANDATORY UNITS

### Unit Breakdown: NQual Level 5 Diploma in Leading and Managing an Adult Care Service

Learners must complete all mandatory units for this qualification.

#### Unit: Leadership and Management

Unit Code: Y/651/9655

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand leadership and management including regulatory, policy, legal requirements and management theories and styles	1.1 Evaluate the differences between leadership and management 1.2 Explain key regulatory, policy and legal requirements when leading and managing an adult care service 1.3 Analyse key theories of leadership and management 1.4 Explain how theoretical models can be used in your own leadership 1.5 Analyse a range of different leadership styles 1.6 Explain how <b>coaching and mentoring</b> can be used to complement leadership style
2. Understand leadership and management in adult care	2.1 Evaluate the impact of <b>internal and external</b> drivers on leadership and management in <b>adult care services</b> 2.2 Explain the role of leadership and management skills in adult care services 2.3 Explain how to adapt your own leadership and management style for: <ul style="list-style-type: none"> <li>• <b>different situations</b></li> <li>• <b>different teams</b></li> </ul> 2.4 Evaluate the interaction between the values and culture of an adult social care organisation and your own leadership behaviours

#### Guidance Notes

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

**Adult Care Services:** Refers to learner's own care setting/workplace

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

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

**Coaching and Mentoring:** Including styles and approaches, but not limited to:

- Self-awareness
- Situational leadership
- Directive approach
- Non-directive approach
- Blending approaches

## Assessment:

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

This is a knowledge only based unit.

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

## Unit: Governance and Regulatory Processes

Unit Code: A/651/9656

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand legislation and statutory guidance that underpins adult care provision	1.1 Explain current legislation and statutory guidance that applies to <b>all aspects</b> of service provision 1.2 Explain your own role, accountability, and responsibility in applying legislation and statutory guidance within service provision 1.3 Explain how duty of candour relates to own role and management of the service 1.4 Describe the key roles, remits, and responsibilities in registered services for, <ul style="list-style-type: none"> <li>• the registered manager</li> <li>• the nominated individual</li> <li>• the 'fit and proper person'</li> </ul>
2. Understand internal governance arrangements within own organisation	2.1 Analyse the internal governance procedures used within own organisation 2.2 Evaluate your role in applying, leading and evaluating your own service's governance procedures and agreed ways of working.
3. Understand systems and requirements for the regulation of adult care services	3.1 Summarise specific legislation and regulations underpinning the inspection system in England 3.2 Evaluate a range of legislation and statutory guidance that support and relate to the inspection process in England 3.3 Explain the different types of service provision which are subject to registration and inspection
4. Understand the inspection process in adult social care	4.1 Explain how services are inspected and the role of the regulator 4.2 Evaluate the purpose of the inspection system 4.3 Summarise the different types of <b>inspection</b> and <b>key themes</b> of the inspection process 4.4 Explain how the rating system is used 4.5 Explain when and how <b>enforcement</b> action can be used 4.6 Evaluate the ways in which information is collected about the service and used to inform inspection activities.

5. Understand the inspection process in own service

5.1 Explain how the requirements of the regulations are met within your own service

5.2 Identify who needs to be aware of, and involved in, the inspection process

5.3 Explain the range and types of evidence which can be used to demonstrate the service is meeting requirements

5.4 Explain ways to work with **others** before, during and after the inspection process

5.5 Explain ways to address the outcome and impact of an inspection in your own service

5.6 Evaluate how outcomes of inspection can be used to drive service improvements.

### Guidance Notes

**All Aspects:** Relating to all aspects of responsibilities held within own organisation. If the learner is not currently providing regulated activity, then they should explore the formal role of a registered manager.

**Enforcement:** Should include civil and criminal.

**Types of Inspection:** The different inspections carried out by the regulator within adult social care services.

**Key Themes:** The areas looked at during the inspection process.

**Others:** Not limited to the local authority teams, safeguarding teams, health professionals, family, relatives and the local integrated care systems.

### Assessment:

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

This is a knowledge only based unit.

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

## Unit: Decision Making

Unit Code: D/651/9657

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand effective decision-making	1.1 Assess the different <b>types of decisions</b> required in own role 1.2 Explain the role of data, information and intelligence in making evidence-based decisions to improve quality 1.3 Explain how your own and <b>others'</b> values and priorities influence the decision-making processes 1.4 Explain how to enable others to contribute to the decision making 1.5 Evaluate the importance of reviewing and evaluating decisions to improve quality
2. Be able to demonstrate effective decision-making	2.1 Identify when decisions need to be made 2.2 Gather data, information and intelligence to inform decision making 2.3 Identify a range of potential solutions 2.4 Evaluate potential solutions and draw conclusion 2.5 Involve <b>individuals</b> and <b>others</b> in the decision-making process and the implementation of the outcome 2.6 Evaluate the decision and the decision-making process used

### Guidance Notes

**Types of Decisions:** Must relate to own role and may include, but are not limited to strategic, tactical, operational, short term and long term

**Others:** In this context, others might include:

- Carers, loved ones, Family, Friends of those accessing care and support services
- Colleagues and peers
- Team members
- Managers and supervisor
- Professionals from other services, including delivery partners and senior leaders
- Visitors to the work setting
- Members of the community
- Volunteers

**Assessment:**

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

This is a knowledge and skills-based unit.

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

Learning outcome 2 is skills based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in person.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Business and Resource Management

Unit Code: F/651/9658

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand principles for effective resource management</p>	<p>1.1 Explain the impact of national and local strategies and priorities on resource planning and management in relation to:</p> <ul style="list-style-type: none"> <li>• Financial resources</li> <li>• physical resources</li> <li>• human resources</li> </ul> <p>1.2 Evaluate the importance of accurate forecasting for resource requirements</p> <p>1.3 Assess the value of using assets and resources outside traditional services and in the community</p> <p>1.4 Explain the place of technology as a resource in service delivery and service management</p> <p>1.5 Outline the meaning of sustainability in terms of resource management in adult care</p> <p>1.6 Explain the roles, responsibilities, and accountabilities for resource management within the organisation</p> <p>1.7 Evaluate the importance of business continuity planning and the processes available</p>
<p>2. Understand the principles of effective human resource management</p>	<p>2.1 Explain <b>legislation, policy and practices</b> underpinning safe and fair recruitment</p> <p>2.2 Explain the <b>approaches</b> known to improve recruitment and retention of adult care staff</p> <p>2.3 Assess <b>recruitment</b>, selection and induction processes in the organisation and own role in them</p> <p>2.4 Evaluate the importance of ensuring employment practices are free from discrimination and harassment</p> <p>2.5 Explain how to identify the numbers and patterns of staffing required to provide a person-centred, outcomes-based service</p> <p>2.6 Assess <b>factors</b> that could influence staffing requirements and patterns</p> <p>2.7 Explain how to manage staffing patterns and adjust them to meet changing circumstances</p> <p>2.8 Explain succession and contingency planning in relation to the workforce</p> <p>2.9 Assess the organisation's <b>performance management procedures</b>, and own role in these</p>

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

## Guidance Notes

**Legislation, Regulations and Guidance:** This may include, but is not limited to:

- Equality Act 2010
- Working Time Regulations 1998
- CQC regulations
- Disclosure and Barring Service checks confirming identity and seeking references
- Employment rights bill.

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

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

**Recruitment:** This may include, but not limited to:

- International recruitment – requiring compliance with Home Office rules
- Organisational policies and procedures
- Legal requirements e.g. Equality Act 2010, Employment Rights Bill and safeguarding/DBS checks
- Ethical recruitment standards

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

- Changing care and support needs of individuals

- Increases/decreases in demand for support services
- Holiday/festive periods
- Sickness
- Weather conditions

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

**Drivers:** May include, but not limited to national policy, local initiatives, prevention, integration and personalised care that can influence planned outcomes, priorities and day to day activities within the service.

**Wider Social Care Landscape and Local Population:** Essential in addressing the current and future needs of the local population. This involves recognising local and national priorities and may include but is not limited to:

- Prevention
- Community based support
- Reducing health inequalities
- Promotion of personalised care and support
- Responding to demographic trends
- Collaboration.

**Rationale:** Including:

- Providing person-centred, compassionate care and support in a way that makes sense to the individual accessing services to reflect their lives, needs and wishes
- The changing patterns of population needs e.g. ageing population, complex care and health needs, financial pressures, widening health inequalities, stalling improvements in life expectancy
- Prevention and early intervention
- Move to more community-based practices that break down traditional barriers
- Digital and technology approaches to enhance and improve practices and person-centred care

**Local and National Initiatives:** These may include, but are not limited to:

- Integrated Care Systems (ICS)
- Hospital to communities
- Prevention focused strategies
- Analogue to digital
- Primary Care Networks
- Enhanced Health in Care Homes Framework
- Ageing Well programme

**Working Practices and Relationships:** May include, but are not limited to:

- Discharge arrangements
- Integrated assessment and care planning
- Multi-disciplinary working arrangements
- Data governance
- Neighbourhood health agenda
- Digital data sharing



**Assessment:**

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

This is a knowledge only based unit.

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



## Unit: Team Leadership

Unit Code: H/651/9659

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Be able to provide leadership for a team</p>	<p>1.1 Adapt leadership styles to reflect different <b>stages and cycles</b> in the team's development</p> <p>1.2 Establish trust and accountability within the team</p> <p>1.3 Build and maintain the team's commitment to the service and its values</p> <p>1.4 Develop, implement and review strategies to support a positive <b>values-based</b> culture in the team</p> <p>1.5 Demonstrate values and behaviours which recognise and champion diversity, equality, and inclusion within the team</p>
<p>2. Be able to manage teamwork</p>	<p>2.1 Facilitate the participation of team members in agreeing on team objectives</p> <p>2.2 Encourage creativity and innovation in planning how to meet team objectives and agree on a team plan</p> <p>2.3 Agree on the team roles and responsibilities, taking into account the team's strengths and development needs</p> <p>2.4 Support the team to work towards team objectives</p> <p>2.5 Review team objectives and Facilitate an opportunity for the team to reflect on their progress</p> <p>2.6 Provide Feedback and recognise progress on team performance</p>

### Guidance Notes

**Professional Development Processes:** The different stages of team development, for instance, 'forming, storming, norming and performing'. The different cycles teams encounter in their work in adult social care e.g new team members and changes to working practices.

**Values-Based:** Workplace values are the guiding principles that are most important in the service. They help to define the right and wrong ways of working and help to inform decisions and choices.

**Assessment:**

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

This is a knowledge and skill-based unit.

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

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

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Team Learning and Development

Unit Code: L/651/9660

RQF Level: 5

Learning Outcomes <i>To achieve this unit a learner must be able to:</i>	Assessment Criteria. <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand principles of learning and professional development in adult care	1.1 Explain the range of required and recommended learning and development in adult care 1.2 Explain the differences between <b>learning requirements</b> and continuous professional development 1.3 Explain the purpose and benefits of <b>workforce planning and development</b> 1.4 Explain the importance of literacy, numeracy and digital skills in adult care and how to develop these skills in the workforce 1.5 Describe the benefits of a robust and supportive induction process 1.6 Describe the benefits of continually improving your own and the team's knowledge and practice and ways to achieve this 1.7 Outline the <b>factors</b> to consider when identifying, planning, selecting and commissioning activities for learning and professional development 1.8 Explain the importance of reflective practice in improving own and team's performance and different models that support this.
2. Be able to lead learning and professional development practices	2.1 Evaluate <b>available mechanisms and resources</b> that can support learning and professional development in adult care 2.2 Promote a <b>learning culture</b> within own team 2.3 Support team members to plan for, achieve, and review, their professional development goals 2.4 Facilitate the development of others to enable effective delegation

### Guidance Notes

**Learning Requirements:** May include but are not limited to induction, statutory, mandatory, and service specific specialist learning.

**Workforce Planning and Development:** Workforce planning is an essential part of ensuring that you have the right people with the right attitudes, skills, values and experience to provide the care and support your business offers.

**Factors:** Should include potential barriers and constraints.

**Available Mechanisms and Resources:** This will include traditional methods used for learning and development and should include advanced approaches with technology within learning and development e.g. remote learning, platforms, e-learning, electronic portfolios

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

#### Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Supervising Others

Unit Code: M/651/9661

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand the purpose and practice of professional supervision in adult care settings</p>	<p>1.1 Explain how requirements of <b>legislation</b>, codes of practice and agreed ways of working influence and structure professional supervision requirements in adult care</p> <p>1.2 Explain the <b>function</b> of professional supervision in adult care</p> <p>1.3 Analyse different <b>supervision activities and processes</b> which can be used in adult care</p> <p>1.4 Explain how effective supervision should be used to support and protect:</p> <ul style="list-style-type: none"> <li>• the supervisee</li> <li>• individuals, carers and families.</li> </ul> <p>1.5 Explain how effective supervision can protect:</p> <ul style="list-style-type: none"> <li>• the supervisor and organisation.</li> </ul> <p>1.6 Explain why the <b>well-being</b> of the supervisee should be included within effective supervision and supportive practices, and ways to enable and promote this</p> <p>1.7 Evaluate how <b>external and internal factors</b> influence practice and can be used within professional supervision objectives</p> <p>1.8 Explain how supervision can be used alongside appraisal and <b>professional development processes</b> to:</p> <ul style="list-style-type: none"> <li>• Develop, improve and enhance the performance of the supervisee</li> <li>• Support aspirations of the supervisee</li> </ul> <p>1.9 Analyse the factors which can result in a power imbalance in professional supervision and how to address them</p> <p>1.10 Analyse ways to address challenges arising during professional supervision.</p>
<p>2. Be able to provide regular professional supervision</p>	<p>2.1 Establish understanding and agreement with supervisee on key areas such as:</p> <ul style="list-style-type: none"> <li>• the purpose, frequency and location of supervision activities</li> <li>• actions which can support preparation for supervision</li> <li>• sources of data and evidence that can be used to inform supervision</li> </ul>

- confidentiality, boundaries, roles and accountability

- 2.2 Use information from a range of sources to build an understanding of the supervisee's performance
- 2.3 Support the supervisee to review their own well-being and the range of **strategies** and **support** available to them
- 2.4 Support supervisees to reflect on and explore methods of addressing **different situations** in their work
- 2.5 Provide constructive feedback to the supervisee that can be used to improve and develop performance
- 2.6 Support the supervisee to identify, plan and achieve their own learning and professional development needs
- 2.7 Agree, review and revise targets to meet **objectives of the work setting** and individual objectives of the supervisee
- 2.8 Record and store outcomes of supervision activities in line with agreed ways of working

### Guidance Notes

**Legislation:** Should include regulations where appropriate **Function:** should include the principles, scope and purpose of professional supervision

**Function:** Must include the principles, scope and purpose of professional supervision.

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

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

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

**Professional Development Processes:** May include personal development plans, learning logs, training and supporting the learner including embedding the Care Workforce Pathway

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

**Support Offers:** The range should include offers available inside and outside the workplace.

For example:

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

**Different Situations:** May include challenges the supervisee or team face in their work.

**Objectives of the Work Setting:** Should include the range of skills required to meet people's needs

#### Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Safeguarding

Unit Code: R/651/9662

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand requirements for safeguarding in adult care</p>	<p>1.1 Evaluate the current legislative framework and national guidance that underpins the safeguarding of adults</p> <p>1.2 Explain local systems, procedures and agencies relating to adult safeguarding and your own role within these</p> <p>1.3 Explain how national and local guidelines, policies and procedures for safeguarding affect:</p> <ul style="list-style-type: none"> <li>• day-to-day work with individuals,</li> <li>• own responsibilities towards individuals, their families and carers as well as team members</li> </ul> <p>1.4 Explain how investigations into serious failures to uphold individuals' rights to live free from abuse and neglect have impacted on national policy</p> <p>1.5 Explain the legal provisions in relation to whistle-blowing and information sharing</p> <p>1.6 Explain your own role in <b>leading a response</b> to suspected or disclosed abuse or neglect</p> <p>1.7 Explain how and when to engage others in relation to responding to safeguarding concerns</p> <p>1.8 Discuss issues relating to consent to share information and own responsibilities to share information about suspicions or disclosures of abuse or neglect</p> <p>1.9 Explain local systems, procedures and agencies relating to children's safeguarding and own role within these</p>
<p>2. Be able to lead the implementation of practices, policies and procedures to support safeguarding in adult care</p>	<p>2.1 Ensure that all policies, procedures, systems and processes used in the work setting comply with legal requirements and local and national guidance</p> <p>2.2 Embed safeguarding principles throughout all practices, policies and procedures</p> <p>2.3 Support team members to develop the knowledge and skills they need to safeguard adults at risk</p> <p>2.4 Ensure team members understand their role in responding to concerns about the safeguarding of adults</p> <p>2.5 Ensure team members understand their role in responding to concerns about the safeguarding of a child or young person</p> <p>2.6 Plan and implement the <b>review</b> and revision of person-centred practices, policies and procedures to ensure</p>

continuous improvement in safeguarding adults at risk of abuse or neglect

- 2.7 Embed practices that encourage and empower adults at risk, and those who are important to them, to share concerns
- 2.8 Follow agreed protocols to participate in inter-agency, joint or integrated working in order to achieve the best outcomes for adults at risk.

### Guidance Notes

**Leading a Response:** This would include, but is not limited to:

- Safety and well-being of the individual and others where applicable
- Own actions
- Own role in implementing, following, and engaging others in policies and procedures
- Own role in ensuring the individuals (and others where applicable) is kept informed and involved.

**Others:** In this context, this refers to those people who may need to be involved in a response, for instance:

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services
- Team members
- Managers and supervisors
- Professionals from other services.

**Review:** This might take into account:

- Outcomes from Safeguarding reviews and investigations
- Current guidance arising from serious case reviews and its relevance to own organisation
- Resolution and recovery of the adult at risk

And might include reviewing:

- Person-centred practices, policies and procedures
- When a response is required for external influences which impact internal practices, e.g. a pandemic or current reports published by CQC
- Communication and support systems for staff and others within own organisation
- How own team/service liaises with others and/or external organisations.

**Assessment:**

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

This is a knowledge and skill-based unit.

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

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

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Mental Capacity

Unit Code: T/651/9663

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understanding mental capacity and consent</p>	<p>1.1 Evaluate key provisions of the <b>legislation, codes of practice and policy</b> regarding mental capacity and how these relate to the service</p> <p>1.2 Explain your own role in applying and upholding key principles of mental capacity legislation and code of practice</p> <p>1.3 Explain the support available when mental capacity needs to be assessed, and how to access this support</p> <p>1.4 Explain your own role in the assessment of risk in situations where an individual's capacity is a concern</p> <p>1.5 Explain practices which support individuals' ability to provide valid consent</p> <p>1.6 Explain your own and team members' <b>development needs</b> relating to mental capacity and their practice</p>
<p>2. Understand the use and impact of restrictive practices</p>	<p>2.1 Explain what is meant by 'restrictive practices', '<b>restraint</b>' and 'deprivation of liberty' and how they apply to practices within your own work setting</p> <p>2.2 Explain the <b>legal and ethical</b> considerations of restricting an individual's rights and freedoms</p> <p>2.3 Explain your <b>own responsibilities</b> in relation to restrictive practices and deprivations of liberty</p> <p>2.4 Explain the <b>appropriate and proportionate</b> responses to restrictions on an individual's rights and freedoms</p> <p>2.5 Explain the potential impacts of 'restrictive practices' on <b>individuals</b> and <b>others</b></p> <p>2.6 Outline how person-centred, outcomes-based practices can mitigate the use of restrictive practices</p> <p>2.7 Explain your own and team members' <b>development needs</b> relating to the use of restrictive practices</p>

### Guidance Notes

**Legislation, Codes of Practice and Policy:** Including, but not limited to:

- Mental Capacity Act 2005
- Human Rights Act 1998
- Safeguarding Adults
- Dignity in Care
- Deprivation of Liberty Safeguards 2009
- Care Act 2014
- Making Safeguarding Personal

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

**Development Needs:** Including, but not limited to: best interest decisions, decision-maker responsibilities, maximising capacity and their role in assessment

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

**Legal and Ethical:** Including but not limited to:

- Statutory principles of the Mental Capacity Act 2005
- Duty of Care
- Deprivation of Liberty Safeguards
- Individuals' wishes
- Advanced decisions
- Decision-making authorities e.g. Lasting Power of Attorney, Court of Protection request
- Best Interest decisions

**Appropriate and Proportionate:** Appropriate- necessary and justified, proportionate- the least restrictive option possible to meet the intended outcome.

- Rights-based approach
- Proportionality
- Justification and evidence
- Review and monitoring
- Leadership
- Accountability
- Person-centred care

**Own Responsibilities:** To include how to apply for an authorisation

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

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

### Assessment:

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

This is a knowledge based unit.

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

## Unit: Partnerships

Unit Code: Y/651/9664

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand the context of relationships and partnership working</p>	<p>1.1 Analyse how <b>legislation</b> and <b>regulation</b> influence working relationships with <b>others</b></p> <p>1.2 Explain how relationships with <b>individuals</b> and <b>carers</b> underpin person-centred practice and affect the achievement of <b>positive outcomes</b> for individuals and their families</p> <p>1.3 Explain how networking and <b>working collaboratively</b> with other agencies and community groups brings benefits both for those using the service and for the sustainability and reach of the organisation</p> <p>1.4 Evaluate how integrated working with other agencies delivers better outcomes for individuals and the place of <b>systems leadership</b> in this</p> <p>1.5 Analyse the methods, protocols and limitations of using <b>different communication methods</b> used to forge relationships and partnerships with other professionals and agencies</p> <p>1.6 Explain the <b>features</b> of effective, <b>collaborative</b> partnership working across agencies and ways to overcome barriers</p> <p>1.7 Explain your <b>own</b> role and responsibilities in establishing positive relationships within and beyond the organisation.</p>
<p>2. Be able to lead effective relationships with individuals, carers and families</p>	<p>2.1 Model open, respectful and supportive relationships with individuals, carers and their families</p> <p>2.2 Embed <b>co-production</b> within the day-to-day practices of the team.</p>
<p>3. Be able to manage working relationships with colleagues in own setting to achieve positive outcomes for individuals</p>	<p>3.1 Develop systems and procedures to facilitate effective working relationships with colleagues in the organisation</p> <p>3.2 Develop and agree on common objectives when working with colleagues</p> <p>3.3 Implement systems and practices that allow colleagues to make appropriate contributions using their specific expertise</p> <p>3.4 Deal constructively with conflicts or dilemmas that arise</p> <p>3.5 Evaluate own working relationships with colleagues.</p>

<p>4. Be able to work in partnerships with professionals and other agencies</p>	<p>4.1 Negotiate with professionals in other agencies to agree on objectives, roles and responsibilities, procedures and ways of working for a specific task or area of work</p> <p>4.2 Use agreed ways of working to carry out own role and support others to carry out their responsibilities</p> <p>4.3 Deal constructively with any challenges in ways that promote change, any poor practice or failure to work in agreed ways</p> <p>4.4 Implement and use <b>communication and recording systems</b> that comply with current legislation for information sharing between agencies</p> <p>4.5 Evaluate the effectiveness of partnership work and the processes that underpin it and seek agreement for improvements</p>
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### Guidance Notes

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

- Care Act 2014
- Mental Capacity Act 2005
- Health and Social Care Act 2012
- General Data Protection Regulations
- Data Security and Protection
- Subject Access Requests
- Data Control
- Sharing information
- Safeguarding

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

**Others:** In this context, others may include agencies and other organisations.

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

**Carers:** Are people who provide unpaid support to a partner, family member, friend or neighbour who could not manage without this help. This is distinct from a care worker, who is paid to care for people.

**Positive Outcomes:** An 'outcome' refers to individuals' aims or objectives – the things individuals want to achieve or need to happen. For example; continuing to live at home or being able to go out and about

**Working Collaboratively/Collaborative:** Working together and focusing on building respectful and positive outcomes with other agencies, professionals and community groups to improve the quality and consistency of care, whilst remaining focused on own desired outcomes, needs and agenda

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

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

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

- Building transparency and sharing information openly and honestly (in line with regulations)

- A diversity of skills and perspectives
- Creating psychological safety within partnerships and teams which includes a willingness to cooperate and an ability to openly disagree`
- An ability to understand and prioritise the needs of other partners, without compromising on your own desired outcomes

**Co-production:** An equal relationship between individuals accessing a service and the people responsible for the service. They work together to decide the best way to design and deliver services and implement those decisions together.

Co-production recognises that people who use social care services (and their families) have knowledge and experiences that can be used to help make services better, not only for themselves but for other people who access social care

**Communication and Recording Systems:** Learners must consider legislation relating the communication and recording systems that complies with current information sharing between agencies and should include but is not limited to:

- General Data Protection Regulation (GDPR)
- Data Protection Act 2018
- Formal sharing agreements
- Caldicott principles

### Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Comments and Complaints

Unit Code: A/651/9665

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the management of comments and complaints	1.1 Evaluate the relationship between the management of comments and complaints, risk management and safeguarding 1.2 Explain regulatory requirements, codes of practice and guidance for managing comments and complaints 1.3 Explain why those using services and others may be reluctant to raise comments or make complaints 1.4 Explain attitudes and approaches that ensure comments and complaints can prompt continuous improvement of the service.
2. Be able to lead practice in listening and responding to comments and complaints	2.1 Support team members to understand systems and procedures that ensure individuals' comments and complaints are listened to and responded to 2.2 Ensure accessible information and support are in place to enable, empower and encourage individuals and others to raise and follow up on comments and complaints 2.3 Implement open and transparent systems and procedures that compassionately address and respond to comments and complaints within agreed time frames 2.4 Learn from comments and complaints to drive improvements to the service

### Guidance Notes

No guided notes included.

### Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Leading the Vision

Unit Code: D/651/9666

RQF Level: 5

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

### Guidance Notes

**Adult Care System:** The local and national systems which support and also integrate the provision of adult social care

### Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Continuous Improvement

Unit Code: F/651/9667

RQF Level: 5

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

4. Understand how to implement effective change

- 4.1 Assess the processes and models of best practice in 'change management'
- 4.2 Evaluate the tools available and skills needed to inspire change, development and innovation across the service
- 4.3 Analyse the range of external drivers for change and how these impact on service
- 4.4 Evaluate **success Factors** and barriers to implementing effective change.

### Guidance Notes

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

**Others:** In this context, others might include:

- Carers, loved ones, Family, Friends of those accessing care and support services
- Colleagues and peers
- Team members
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers

**Digital Approaches and Technology:** These technologies help ensure care is tailored, responsive and promotes choice, control and well-being for the individuals. Examples of digital technologies could include but are not limited to:

- Digital care plans
- Video calling for family involvement
- Medication management apps
- Voice activated technology
- Outcome tracking tools
- Accessible communication tools
- Technology to support independence

**Processes:** Governance, audit processes and compliance activity.

**Success Factors:** How outcomes are measured as a result of change.

### Assessment:

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

This is a knowledge and skill-based unit.

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

Learning Outcomes 2 and 3 are skills based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.



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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.



## Unit: Effective Communication

Unit Code: H/651/9668

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Know how to use communication skills to achieve positive interactions	1.1 Evaluate different <b>communication skills, methods and models</b> , and the circumstances they may be most appropriately used in  1.2 Explain how to achieve maximum impact by using a range of appropriate communication skills and methods  1.3 Analyse how communication skills underpin: <ul style="list-style-type: none"> <li>• achievement of positive outcomes for <b>individuals and others</b></li> <li>• the leadership and management of teams</li> <li>• sustainable <b>relationships and partnerships</b></li> </ul>
2. Know how to manage and resolve conflict	2.1 Analyse the models of conflict management and conflict resolution  2.2 Assess the factors that can cause friction and conflict within the workplace  2.3 Explain the skills that underpin conflict management and conflict resolution techniques
3. Be able to communicate effectively with others	3.1 Demonstrate a range of effective communication styles, methods and skills  3.2 Apply communication skills appropriately in relation to message and <b>audience</b> for maximum impact  3.3 Adapt communication style in response to the emotional context and communication style of others  3.4 Identify and overcome barriers to communication with a range of people
4. Be able to develop communication practices that promote positive outcomes	4.1 Monitor and evaluate the effectiveness of the <b>communication systems</b> and practices used in the workplace  4.2 Monitor and evaluate the effectiveness of the communication practices to support positive outcomes for individuals  4.3 Propose improvements to communication systems and practices and lead their implementation.

### Guidance Notes

**Communication Styles, Methods and Skills:** May include a range of skills, methods and models including digital. In context this may include but is not limited to:

- Skills- Active listening, open questions and empathy
- Methods- verbal, non-verbal, written, digital
- Models – Tuckman's stages of group development, transactional analysis, the Shannon-Weaver model

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

**Others:** In this context, others may include:

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services
- Team members
- Colleagues and peers
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers

**Relationships and Partnerships:** May include those involved in care service provisions e.g. networks, communities and other professionals and organisations.

**Communication Systems:** Learners must include manual and electronic systems.

### Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Handling Information

Unit Code: J/651/9669

RQF Level: 5

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

### Guidance Notes

**Supporting Others:** In this context: supporting others to understand, apply and maintain high standards when handling data, particularly sensitive and confidential information. May include but is not limited to:

- Modelling best practice
- Supporting and developing others
- Meeting requirements of the Data Security and Protection Toolkit (DSPT)
- Digital leadership
- Preventative approaches

**Effective Information Management:** Effective information management will include consideration of:

- Privacy notices
- Transparency information
- Data and cyber security
- How devices are secured
- Confidentiality, availability and integrity of records/information
- Reducing the risk of data breaches.

**Legal and Ethical:**

- General Data Protection Regulation
- Data Security and Protection
- Ethical and secure use of monitoring of Artificial Intelligence (AI)
- Subject Access Requests
- CQC Regulations

- Data Control
- Sharing information
- Safeguarding

**Assessment:**

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

This is a knowledge and skill-based unit.

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

Learning Outcome 2 is skills based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Leading Person-Centred Practice

Unit Code: M/651/9670

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand person-centred, outcomes-based practice</p>	<p>1.1 Describe the features, principles, drivers, and values of:</p> <ul style="list-style-type: none"> <li>• <b>strength-based approaches</b></li> <li>• <b>co-production</b></li> <li>• <b>person-centred practice</b></li> <li>• <b>active participation</b></li> <li>• <b>outcomes-based practice.</b></li> </ul> <p>1.2 Discuss the relationship between strength-based approaches and person-centred practice on outcomes-based practices, and the individuals' health and well-being, independence, choice, and control</p>
<p>2. Understand the value of person-centred practice in partnership working to enable individuals to achieve their desired outcomes</p>	<p>2.1 Explain the role of <b>partnerships, collaboration</b> and <b>co-production</b> with <b>individuals</b> and <b>others</b> in enabling individuals to achieve their desired outcomes</p> <p>2.2 Describe your own service's role in enabling individuals to build and maintain <b>relationships</b> and connections to their <b>community</b></p> <p>2.3 Analyse how <b>integrated service provision</b> that crosses traditional boundaries achieves better outcomes for individuals.</p>
<p>3. Be able to lead practice to facilitate positive outcomes for individuals through person-centred practice</p>	<p>3.1 Develop and implement a plan to ensure team members have the training and development they need to support individuals in person-centred ways to achieve individuals desired outcomes</p> <p>3.2 Support and develop team members to work in partnership with individuals and others and to recognise and respond to individuals' changing strengths, needs and preferences</p> <p>3.3 Support and develop others to apply person-centred approaches in complex situations to ensure positive outcomes for individuals and those important to them</p> <p>3.4 Facilitate the development and review of individuals' care and support ensuring <b>individuals</b> and <b>others</b> are actively involved and that plans and activities reflect individuals' preferences, wishes, strengths and needs</p> <p>3.5 Manage resources in ways that:</p> <ul style="list-style-type: none"> <li>• supports individuals to make choices about their health and well-being, and achieve positive outcomes,</li> <li>• provide reasonable adjustments to enable individuals to access care and support</li> </ul>

	<p>3.6 Implement systems and processes for recording:</p> <ul style="list-style-type: none"> <li>• identification, progress towards and achievement of individual desired outcomes</li> <li>• The implementation of person-centred practice</li> </ul>
<p>4. Understand the role of relationships in promoting health and well-being</p>	<p>4.1 Explain the importance of proactive approaches in supporting individuals to build and maintain relationships</p> <p>4.2 Explain how open, proactive cultures that support individuals' rights to have the relationships they choose can reduce or minimise risks</p> <p>4.3 Analyse the range and types of support an individual may need to maintain and build relationships, and when external services may be required</p>
<p>5. Be able to lead practice in recognising individuals' relationships</p>	<p>5.1 Develop approaches which recognise individuals' sexuality and relationship needs</p> <p>5.2 Promote an open, proactive culture where individuals and others feel confident to discuss sexuality, relationships and protection</p> <p>5.3 Ensure individuals and others have access to support, information and advice about relationships and sexuality</p>
<p>6. Understand positive risk-taking in the context of supporting individuals</p>	<p>6.1 Explain how positive risk-taking can contribute to the achievement of positive outcomes for individuals</p> <p>6.2 Explain the impact of a risk-averse culture on person-centred practice and the well-being of individuals</p> <p>6.3 Identify the <b>considerations</b> which need to be applied in the management of positive risk-taking</p> <p>6.4 Explain how supporting <b>others</b> to balance risks and rights promotes person-centred practices</p>
<p>7. Be able to lead the implementation of practices, policies, and procedures to manage risk and positive risk-taking</p>	<p>7.1 Lead a culture which recognises the benefits of positive risk-taking in a person-centred practice and the well-being of individuals</p> <p>7.2 Facilitate a person-centred approach in the management of risks</p> <p>7.3 Evaluate own and others' practice in leading a balanced approach to risk-taking.</p>

## Guidance Notes

**Strength-Based Approaches:** Also referred to as 'asset-based approaches'. This approach focuses on individuals' strengths, resources and what they are able to do themselves to keep well and maintain independence

**Person-Centred Practice:** An approach that sees the individual accessing social care services as an equal partner in their care and support who is at the centre of all decisions relevant to them

**Active Participation:** A way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient

**Outcome-Based Practice:** An 'outcome' refers to individuals' aims or objectives –the things individuals want to achieve or need to happen. The outcomes-based practice focuses on supporting individuals to achieve the outcomes most important to them and offers innovative approaches to enable this

**Partnerships:** Working with the individual, networks, communities and other professionals and organisations

**Collaboration:** Working with other partners, understanding and prioritising their needs and establishing mutually beneficial and respectful relationships, whilst remaining focused on own desired outcomes, needs and agenda

**Co-production:** An equal relationship between individuals accessing a service and the people responsible for the service. They work together to decide the best way to design and deliver services and implement those decisions together. Co-production recognises that people who use social care services (and their families) have knowledge and experiences that can be used to help make services better, not only for themselves but for other people who access social care

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

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

- Carers, loved ones, family, friends of those accessing care and support services
- Colleagues and peers
- Team members
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers

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

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

**Integrated Service Provision:** Joined up, coordinated care and support that is planned and organised around the individual's needs, preferences and aspirations. It focuses on early intervention and preventative care. Bringing together health, social care, housing, education and other community services.

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

**Assessment:**

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

This is a knowledge and skill-based unit.

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

Learning Outcomes 3, 5 and 7 are skills based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Health and Well-being

Unit Code: R/651/9671

RQF Level: 5

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

### Guidance Notes

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

**Those Important to Them:** May include but are not limited to those the individual chooses to be involved in their life, e.g. Families, carers and advocates

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

**Others:** In this context, others could refer to

- Individuals accessing care and support services
- Carers, loved ones, Family, Friends of those accessing care and support services
- Team members
- Colleagues and peers
- Advocates
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers

**Monitoring:** May include but not limited to:

- Staff training to recognise the early signs of change
- Oversee appropriate monitoring tools
- Up to date assessments
- Referrals to health care professionals
- Maintain a culture of person-centred care
- Proactive support
- Access to social prescribing

**Assessing:** Involves using structured tools to evaluate an individual's current health and risks. Assessment must also include the individual's own views and preferences, involving families or advocates where appropriate.

**Promoting:** Involves being a key role in shaping a culture where well-being is actively supported- through appropriate activities, healthy routines, emotional support, good nutrition and safe environments.

**Factors:** Factors affecting health and well-being will be different for different people and the local population, health and care needs should also be considered. Learners should show consideration for environmental, physical, social and psychological factors.

**Prevention:** In this context it involves leading a proactive, preventative approach to health and care.

**Appropriate Tools:** This involves using a range of tools that support evidence-based, decision making and early intervention. This could include but is not limited to:

- Water low score
- Malnutrition Universal Screening Tool (MUST)
- Mood and well-being charts
- Behaviour monitoring tools
- AI-driven monitoring systems
- Lifestyle monitoring technologies
- Early indicator monitoring tools
- SBARD (Situation, Background, Assessment, Recommendation, Decision)
- RESTORE2

- Digital Social Care Records (DSCRs)
- Quality and outcomes Frameworks
- Multidisciplinary meeting notes and communication logs

**Partnership:** Could include but is not limited to national and local support and initiatives e.g. integrated care systems and neighbourhood health agendas and services.

#### Assessment:

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

This is a knowledge and skill-based unit.

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

Learning Outcomes 1 and 3 are skills based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

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

Unit Code: T/651/9672

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand equality, diversity, inclusion, and human rights</p>	<p>1.1 Describe the legislation underpinning equality, diversity, inclusion and human rights</p> <p>1.2 Assess the societal, and historical influences underpinning equality, diversity, inclusion and human rights</p> <p>1.3 Evaluate the impact of legal, societal and historical influencers on own role in promoting a culture that values equality, diversity, inclusion and human rights</p> <p>1.4 Evaluate the impact of discriminatory or <b>closed cultures</b> on <b>individuals</b> and <b>others</b></p> <p>1.5 Explain how own and others' values, beliefs and experience can impact practices and behaviours relating to equality, diversity, inclusion, and human rights</p>
<p>2. Be able to lead a <b>culture</b> that promotes, values and celebrates equality, diversity, inclusion, and human rights</p>	<p>2.1 Evaluate own and others' ability to positively respond to people's differences to meet a wide range of <b>individual needs</b> to achieve better outcomes</p> <p>2.2 Evaluate how the service supports equity and <b>promotes</b>, values and celebrates equality, diversity, inclusion, and human rights</p> <p>2.3 Implement changes to practices, policy or procedures to improve how the service promotes, values, and celebrates equality, diversity, inclusion, and human rights</p> <p>2.4 Monitor and review changes and improvements being made to lead to better outcomes for <b>individuals</b> and <b>others</b></p> <p>2.5 Challenge, and support <b>others</b> to challenge, discrimination, harassment and exclusion in ways that are likely to achieve change and promote positive outcomes.</p>

### Guidance Notes

**Closed Cultures:** A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way, it can cause unacceptable harm to a person and their loved ones. Learners should consider how such cultures may overlook the full range of communication, cognitive, or sensory needs associated with neurodiversity and how such cultures may not always reflect the full diversity of communication, cognitive, or sensory profiles.

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

**Others:** In this context, others may include:

- Individuals accessing care and support services
- Carers, loved ones, family, Friends of those accessing care and support services
- Team members
- Colleagues and peers
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers

**Culture:** When considering the culture, learners should consider how they lead this for individuals accessing services and for the workforce.

**Promotes:** Can include but is not limited to: how the workforce facilitates, advocates and challenges

**Individual's Needs:** In this context, individual needs may include, but not inclusive of:

- Physical
- Emotional
- Cognitive
- Cultural

### Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

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## Unit: Health and Safety

Unit Code: Y/651/9673

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand health and safety requirements in adult social care	1.1 Outline the <b>legislative framework</b> for health and safety in adult care settings 1.2 Explain <b>key sources of information and guidance</b> for health and safety in the workplace.
2. Be able to lead the implementation of health and safety requirements in adult social care	2.1 Interpret <b>legislation and guidance</b> and apply it to organisational health and safety policies and working practices 2.2 Support <b>others</b> to comply with relevant organisational health and safety practices, policies, and procedures to help keep them safe 2.3 Monitor compliance with safe working, practices and provide appropriate intervention where procedures are not adhered to 2.4 Evaluate working practices and make improvements to health and safety practices, policies and procedures 2.5 Complete records and reports on health and safety issues according to legislative and organisational requirements.
3. Understand effective risk management	3.1 Explain the range of risk management requirements in adult care 3.2 Explain your own responsibilities to identify, assess and manage risk 3.3 Analyse a range of mechanisms and tools available to inform and carry out risk management activities.
4. Be able to lead the implementation of policies, procedures and practices to effectively manage risk	4.1 Contribute to the development of policies, procedures and practices to identify, assess and manage risk 4.2 Work with <b>others</b> to identify, assess and manage risks and issues 4.3 Support team members to understand risk management and adhere to guidance which promotes safe practices.

### Guidance Notes

**Legislative Framework:** This should include the range of Health and Safety legislation and specific regulations applicable to the environment and care service being provided

**Key Sources of Information and Guidance:** Should include the role of government agencies and advisory bodies e.g. Health and Safety Executive, UK Health Security Agency, may also include other internal and external support mechanisms

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

**Others:** In this context, others might include, but are not limited to:

- Carers, loved ones, Family, Friends of those accessing care and support services
- Team members
- Professionals from other services
- Visitors to the work setting
- Volunteers

### Assessment:

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

This is a knowledge and skill-based unit.

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

Learning Outcome 2 and 4 are skills based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Continuous Development

Unit Code: A/651/9674

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Be able to demonstrate commitment to own development</p>	<p>1.1 Evaluate own knowledge and performance using <b>standards</b> and <b>benchmarks</b></p> <p>1.2 Identify and prioritise own professional development needs and aspirations and implement plans to meet these</p> <p>1.3 Create and engage with opportunities for <b>others</b> to provide feedback on own performance across all aspects of the role</p> <p>1.4 Identify a <b>range of opportunities</b> to support own professional development that reflect own learning style and needs</p> <p>1.5 Evaluate how own practice has been improved through:</p> <ul style="list-style-type: none"> <li>• the implementation of the professional development plan</li> <li>• reflection on feedback from others</li> <li>• learning from achievements and <b>adverse events</b>.</li> </ul>
<p>2. Be able to demonstrate commitment to self-awareness</p>	<p>2.1 Use feedback and reflective practice to increase own self-awareness</p> <p>2.2 Analyse how own values, belief systems and experiences impact own practices</p> <p>2.3 Analyse how own emotions affect behaviour and the impact this has on others</p>
<p>3. Be able to manage own workload effectively</p>	<p>3.1 Use strategies and tools to plan and identify priorities for work and revise plans when priorities change</p> <p>3.2 Use digital technology to enhance own and others' efficiency</p> <p>3.3 Facilitate the development of others to enable effective delegation</p> <p>3.4 Consider the impact on own well-being when planning and responding to organisation priorities</p> <p>3.5 Plan strategies and support mechanisms to access when the workload is difficult to manage.</p>

### Guidance Notes

**Standards:** May include Codes of Practice, regulations, minimum standards, and national occupational standards.

**Benchmarks:** May include but not limited to:

- Regulatory standards
- Organisation benchmarks
- Sector and specialist specific Frameworks
- Own development plan

**Others:** In this context, others might include:

- Carers, loved ones, Family, Friends of those accessing care and support services
- Colleagues and peers
- Team members
- Managers and supervisors
- Professionals from other services
- Volunteers

**Range of Opportunities:** May include:

- Formal or informal support
- Supervision, appraisal, mentoring, peer support
- Opportunities within and outside the organisation
- Different types of learning and ways to achieve
- Self-led and directed learning opportunities

**Adverse Events:** An incident or disruption with associated risks which could lead to unexpected, unintended, and preventable harm to others

### Assessment:

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

This is a skill-based unit.

Learning Outcome 1, 2 and 3 are skills based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

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

Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

## Unit: Personal Well-being

Unit Code: D/651/9675

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand <b>own well-being</b>	1.1 Explain what is meant by 'personal well-being', 'self-care' and 'resilience' 1.2 Explain the <b>factors</b> that positively and negatively influence own well-being 1.3 Outline <b>indicators</b> of own well-being and well-being deterioration
2. Understand the importance of maintaining and improving own well-being	2.1 Evaluate how own well-being impacts role and behaviour 2.2 Evaluate how own well-being impacts <b>others</b>
3. Know how to prevent, maintain and improve own well-being	3.1 Identify prevention and monitoring <b>strategies</b> which can be used to support positive outcomes in own well-being 3.2 Assess a range of well-being <b>support offers</b> available and how to access them 3.3 Explain how to access professional help if needed
4. Know how to manage own stress and anxiety	4.1 Explain what is meant by 'stress' and 'anxiety' 4.2 Outline indicators of stress and anxiety in oneself 4.3 Evaluate the <b>factors</b> that can trigger stress and anxiety in oneself 4.4 Explain how stress and anxiety may affect own reactions and behaviours towards others 4.5 Identify <b>strategies</b> for managing own stress and anxiety 4.6 Identify how to access a range of <b>support offers</b>

### Guidance Notes

**Own Well-being:** In this context, well-being refers to that of the learner. Well-being is a broad concept referring to a person's quality of life taking into account health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being

**Factors:** These should be specific to the learner. The learner should show consideration of environmental, physical, social and psychological factors inside and outside the workplace

**Indicators:** These should be specific to the learner

**Others:** May include team members, other colleagues, individuals accessing care and support services, families, carers and other professionals. Learners may also wish to consider their personal relationships

**Strategies:** Learners should develop personal strategies that support their own well-being and help prevent issues before they arise. In addition, learners should have strategies for recognising early indicators of deterioration. A proactive preventative approach is key to sustaining well-being in demanding job roles.

**Stress:** Is a natural response to pressure or challenging situations and can have positive as well as negative effects on a person. In this context, we refer to the negative impacts of stress.

**Support Offers:** The range should include offers available inside and outside the learners' workplace. Learners should consider the offers they use as well as those they currently choose not to.

For example:

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

### Assessment:

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

This is a knowledge-based unit.

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

## OPTIONAL UNITS

Learners must achieve a minimum of 15 credits from the optional units:

### Unit: Leading Compassionate and Person-Led End-of-Life Care Services

Unit Code: F/651/9676

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the principles and national frameworks that underpin high-quality end-of-life care	1.1 Explain the principles of person-led, holistic and compassionate end-of-life care 1.2 Analyse how national frameworks (e.g., NICE, CQC, Six Ambitions) influence service expectations and outcomes 1.3 Explain the legal and ethical considerations relevant to end-of-life care, including the Mental Capacity Act and best-interest decision-making 1.4 Evaluate the importance of dignity, comfort, cultural sensitivity and human rights in end-of-life care
2. Understand the processes and challenges of advance care planning (ACP)	2.1 Explain the purpose and components of advance care planning 2.2 Analyse the role of the Mental Capacity Act in ACP, including fluctuating capacity and consent 2.3 Evaluate barriers to effective ACP and strategies to overcome them 2.4 Explain the use and significance of documentation such as DNACPR and ReSPECT forms
3. Be able to lead person-led end-of-life care planning and decision-making	3.1 Facilitate personalised end-of-life care planning that reflects individual wishes, beliefs, values and cultural needs 3.2 Support individuals and families to participate in decision-making at every stage 3.3 Ensure systems are in place to record, share and review ACP and end-of-life care plans 3.4 Apply the Mental Capacity Act when leading best-interest decisions
4. Be able to lead multidisciplinary and inter-agency collaboration in end-of-life care	4.1 Coordinate effective communication and partnership working with relevant professionals and agencies 4.2 Ensure timely referrals to specialist palliative care services when required 4.3 Lead multidisciplinary meetings to review care plans and ensure continuity of care

	4.4 Evaluate the effectiveness of inter-agency collaboration and implement improvements
5. Understand evidence-based approaches to safe and effective end-of-life care practice	<p>5.1 Explain evidence-based approaches to symptom management and comfort care</p> <p>5.2 Analyse the importance of safe medication management, infection prevention and clinical monitoring in end-of-life care</p> <p>5.3 Explain how risk assessments support safe and dignified end-of-life care</p> <p>5.4 Evaluate the role of reflective practice in improving end-of-life care quality</p>
6. Be able to lead safe, effective and compassionate end-of-life care practice	<p>6.1 Monitor staff practice to ensure compliance with organisational policies and national standards</p> <p>6.2 Lead reflective practice sessions to support learning and improvement</p> <p>6.3 Implement actions to improve the quality, safety and consistency of end-of-life care</p> <p>6.4 Lead the development of a compassionate culture that promotes dignity, empathy and emotional intelligence</p>
7. Be able to support families, carers and staff through end-of-life and bereavement processes	<p>7.1 Provide leadership that ensures families and carers receive emotional, psychological and practical support</p> <p>7.2 Support staff to recognise and respond to grief, loss and anticipatory grief</p> <p>7.3 Evaluate the effectiveness of bereavement support pathways and implement improvements</p> <p>7.4 Lead strategies that promote staff wellbeing and resilience when working with death and dying</p>
8. Be able to lead service development and quality improvement in end-of-life care	<p>8.1 Use audits, feedback, incident reviews and quality indicators to evaluate service performance</p> <p>8.2 Lead initiatives to improve end-of-life care outcomes and experiences</p> <p>8.3 Ensure learning from complaints, compliments and safeguarding concerns informs service development</p> <p>8.4 Develop and implement a service improvement plan aligned with national standards and organisational priorities</p>

**Unit Overview:**

This unit develops the advanced knowledge, skills and leadership behaviours required to lead, coordinate and improve end-of-life (EoL) care services within adult care settings in the UK. It reflects current national frameworks including the NICE Quality Standards For End-of-Life Care, the CQC Key Questions, the Six Ambitions For Palliative and End-of-Life Care, and the Mental Capacity Act 2005.

Learners will explore how to lead a culture of compassionate, person-led care; ensure legal and ethical compliance; work in partnership with multidisciplinary teams; support advance care planning; and embed high-quality communication, symptom management, and family support. The unit emphasises reflective leadership, service improvement, and emotionally intelligent practice.

**Assessment:**

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for leadership activities such as meetings, supervision, or ACP discussions (with consent)

## Unit: Leading Independent Advocacy and Rights-Based Practice in Adult Care

Unit Code: H/651/9677

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the legal and ethical Foundations of independent advocacy	1.1 Explain the purpose and principles of independent advocacy in adult care 1.2 Analyse statutory duties relating to advocacy under the Care Act 2014 and Mental Capacity Act 2005 1.3 Explain the rights of individuals to access independent advocacy and the circumstances in which it must be provided 1.4 Evaluate how the Advocacy Charter, Human Rights Act and Equality Act influence advocacy practice 1.5 Explain the ethical principles of independence, empowerment, confidentiality and non-instructed advocacy
2. Understand the roles, responsibilities and boundaries of independent advocates	2.1 Explain the different types of advocacy (e.g., Care Act advocacy, IMCA, IMHA, non-instructed advocacy) 2.2 Analyse the responsibilities and limitations of independent advocates 2.3 Explain the boundaries between advocacy, care planning, decision-making and professional influence 2.4 Evaluate the importance of impartiality and avoiding conflicts of interest
3. Understand barriers to accessing independent advocacy and how to overcome them	3.1 Analyse barriers individuals may face when accessing advocacy (e.g., communication, cultural, cognitive, emotional, systemic) 3.2 Evaluate strategies to overcome barriers and ensure equitable access 3.3 Explain the role of reasonable adjustments in supporting advocacy access 3.4 Analyse the impact of failing to provide advocacy when legally required
4. Be able to identify when individuals require independent advocacy	4.1 Assess situations where individuals meet the legal criteria for independent advocacy 4.2 Recognise when individuals may benefit from non-statutory advocacy 4.3 Apply the Mental Capacity Act when determining the need for IMCA involvement 4.4 Identify when safeguarding concerns require advocacy involvement to uphold rights and voice

<p>5. Be able to coordinate and support independent advocacy within adult care services</p>	<p>5.1 Make timely and appropriate referrals to independent advocacy services</p> <p>5.2 Share relevant information with advocates in line with legislation and organisational policy</p> <p>5.3 Work in partnership with advocates to support person-led decision-making</p> <p>5.4 Support staff to understand their responsibilities in relation to advocacy and rights-based practice</p> <p>5.5 Monitor and evaluate the effectiveness of advocacy arrangements within the service</p>
<p>6. Be able to lead rights-based and person-led practice in complex decision-making situations</p>	<p>6.1 Support individuals to express their wishes, preferences and outcomes</p> <p>6.2 Facilitate best-interest decision-making in line with the Mental Capacity Act</p> <p>6.3 Challenge decisions or practices that compromise rights, dignity or autonomy</p> <p>6.4 Lead staff in applying trauma-informed, person-led and strengths-based approaches</p> <p>6.5 Support advocates to raise concerns or escalate issues when rights are not upheld</p>
<p>7. Be able to lead service improvement in independent advocacy provision</p>	<p>7.1 Use audits, feedback and quality indicators to evaluate advocacy processes</p> <p>7.2 Lead improvements to ensure advocacy provision meets national standards and organisational policy</p> <p>7.3 Support staff development in rights-based practice, communication and advocacy awareness</p> <p>7.4 Implement systems that promote transparency, empowerment and person-led decision-making across the service</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to lead, coordinate and quality-assure independent advocacy within adult care services. It reflects the statutory duties set out in the Care Act 2014, Mental Capacity Act 2005, Human Rights Act 1998, and the Advocacy Charter.

Learners will explore how to uphold rights, promote empowerment, ensure lawful access to advocacy, and lead staff in rights-based, person-led practice. The unit emphasises ethical leadership, partnership working, safeguarding, and supporting individuals in complex or contested decision-making situations.

**Assessment:**

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for leadership activities such as advocacy referrals, best-interest meetings and staff guidance

## Unit: Leading Safe, Ethical and Person-Led Financial Support in Adult Care

Unit Code: J/651/9678

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand the legal, ethical and organisational frameworks for supporting individuals to manage their finances</p>	<p>1.1 Explain the legal responsibilities relating to financial support under the Mental Capacity Act, Care Act and safeguarding legislation</p> <p>1.2 Analyse the ethical principles of autonomy, consent, transparency and accountability in financial support</p> <p>1.3 Explain the roles of external bodies such as the Court of Protection, DWP appointees and financial deputies</p> <p>1.4 Evaluate organisational policies and procedures for managing, recording and auditing financial transactions</p> <p>1.5 Explain the importance of preventing financial abuse and recognising early indicators</p>
<p>2. Understand factors that influence an individual's ability to manage their finances</p>	<p>2.1 Analyse how cognitive, emotional, cultural, social and economic factors affect financial capability</p> <p>2.2 Explain how fluctuating capacity impacts financial decision-making</p> <p>2.3 Evaluate the importance of accessible information and reasonable adjustments</p> <p>2.4 Explain how to balance empowerment with safeguarding when supporting financial decisions</p>
<p>3. Be able to assess and support an individual's capacity to manage their finances</p>	<p>3.1 Assess an individual's capacity to make financial decisions in line with the Mental Capacity Act</p> <p>3.2 Support individuals to understand financial information and make informed choices</p> <p>3.3 Apply best-interest decision-making when an individual lacks capacity</p> <p>3.4 Record capacity assessments and decisions in line with legal and organisational requirements</p>
<p>4. Be able to support individuals to manage their finances safely and independently</p>	<p>4.1 Provide support that promotes independence, choice and control over financial matters</p> <p>4.2 Assist individuals to budget, plan and manage income, benefits and expenditure</p> <p>4.3 Support individuals to understand financial documents such as bank statements, bills and contracts</p> <p>4.4 Ensure financial information is presented in accessible formats</p>

	4.5 Maintain accurate, transparent and auditable Financial records
5. Be able to lead safeguarding and risk management in relation to Financial support	5.1 Identify and respond to concerns about Financial abuse, exploitation or coercion 5.2 Lead staff in recognising early signs of Financial abuse and reporting concerns 5.3 Implement risk assessments and risk-management plans for Financial support 5.4 Ensure compliance with safeguarding procedures and multi-agency protocols 5.5 Challenge poor practice or unethical behaviour relating to Financial matters
6. Be able to lead service improvement in Financial support practices	6.1 Use audits, feedback and incident reviews to evaluate Financial support systems 6.2 Lead improvements to ensure Financial practices meet legal, ethical and organisational standards 6.3 Support staff development in financial literacy, safeguarding and rights-based practice 6.4 Implement systems that promote transparency, accountability and person-led Financial support

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to support individuals to manage their finances safely, ethically and in line with UK legislation. It covers assessing capacity, supporting informed decision-making, preventing financial abuse, managing risk, and ensuring transparent, accountable financial practices within adult care settings.

Learners will explore how to lead staff in rights-based financial support, uphold autonomy, work with external agencies (e.g., appointees, Court of Protection, DWP), and ensure robust systems for recording, monitoring and auditing financial transactions.

### Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting

- Direct observation is recommended for activities such as supporting financial decision, capacity assessment or staff guidance

## Unit: Leading Supervision, Appraisal and Reflective Practice

Unit Code: K/651/9679

RQF Level: 4

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the purpose and principles of supervision and appraisal in adult care	1.1 Explain the purpose of supervision and appraisal in adult care settings 1.2 Analyse how supervision and appraisal contribute to staff development, accountability, and service quality 1.3 Explain the principles of effective supervision, including confidentiality, trust, and professional boundaries 1.4 Describe the legal, regulatory, and organisational requirements relating to supervision and appraisal 1.5 Evaluate the impact of poor or ineffective supervision on individuals, teams, and services
2. Understand models and approaches used in supervision and appraisal	2.1 Compare different models of supervision used in adult care 2.2 Explain the stages and structure of an effective appraisal process 2.3 Analyse the role of goal-setting, performance indicators, and development planning 2.4 Describe the importance of constructive feedback and active listening 2.5 Evaluate how supervision and appraisal support continuous improvement and reflective practice
3. Be able to prepare for and participate in supervision and appraisal	3.1 Prepare for supervision or appraisal by gathering relevant evidence and reflections 3.2 Participate in supervision or appraisal in ways that promote openness, professionalism, and accountability 3.3 Use feedback from supervision or appraisal to identify strengths and development needs 3.4 Contribute to setting goals or actions that support professional growth 3.5 Record supervision or appraisal outcomes accurately and in line with organisational procedures
4. Understand reflective practice and its role in professional development	4.1 Explain what is meant by reflective practice and why it is important in adult care 4.2 Compare different models of reflection used in professional practice 4.3 Analyse how reflective practice supports learning, resilience, and improved care

	<p>4.4 Describe barriers to effective reflection and how they can be overcome</p> <p>4.5 Evaluate the role of leaders in promoting a reflective learning culture</p>
5. Be able to use reflective practice to improve own work and leadership	<p>5.1 Use a recognised reflective model to review own practice</p> <p>5.2 Identify areas for improvement based on reflection and feedback</p> <p>5.3 Implement changes to practice that support personal and professional development</p> <p>5.4 Monitor the impact of changes on own performance and service quality</p> <p>5.5 Seek support, supervision, or learning opportunities to enhance reflective practice</p>
6. understand the role of supervision and appraisal in supporting staff wellbeing and performance	<p>6.1 Explain how supervision and appraisal contribute to staff wellbeing and morale</p> <p>6.2 Analyse the relationship between supportive supervision and staff retention</p> <p>6.3 Describe how leaders can identify early signs of stress, burnout, or performance concerns</p> <p>6.4 Explain the importance of creating psychologically safe supervision environments</p> <p>6.5 Evaluate how supervision can be used to address concerns and promote positive performance</p>

### Unit Overview:

This unit develops the learner's advanced understanding of supervision, appraisal, and reflective practice as essential components of leadership and quality improvement in adult care settings. It explores the purpose, principles, and processes of effective supervision and appraisal, and how these contribute to staff development, accountability, and high-quality care.

Learners examine models of reflection, the role of feedback, and the responsibilities of leaders in creating a supportive learning culture. The unit also includes practical skills in preparing for, participating in, and contributing to supervision and appraisal processes.

By the end of the unit, learners will be able to apply Level-4 analytical thinking and leadership behaviours to support effective supervision, appraisal, and reflective practice within their organisation.

**Assessment:**

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Level 4 analytical and evaluative thinking
- Leadership responsibilities in supervision and appraisal
- The ability to apply theory to practice

## Unit: Mentoring and Developing Others in Adult Care

Unit Code: R/651/9680

RQF Level: 4

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the purpose and principles of mentoring in adult care	1.1 Explain what is meant by mentoring and how it differs from supervision, coaching, and training 1.2 Analyse the purpose of mentoring in developing skills, confidence, and professional behaviours 1.3 Explain the principles of effective mentoring, including trust, respect, and confidentiality 1.4 Describe the responsibilities and boundaries of a mentor in adult care 1.5 Evaluate the benefits of mentoring for individuals, teams, and service quality
2. Understand the models and approaches used in mentoring and workplace support	2.1 Compare different mentoring and coaching models relevant to adult care 2.2 Analyse how learning styles and preferences influence mentoring approaches 2.3 Explain the importance of goal-setting, action planning, and structured support 2.4 Describe the role of constructive feedback in mentoring relationships 2.5 Evaluate how mentoring supports reflective practice and continuous improvement
3. Be able to plan and prepare mentoring support for colleagues	3.1 Identify the learning needs, goals, and strengths of colleagues requiring mentoring 3.2 Plan mentoring sessions that reflect individual needs, organisational priorities, and best practice 3.3 Agree expectations, boundaries, and objectives with colleagues being mentored 3.4 Prepare resources, information, or activities to support mentoring sessions 3.5 Record mentoring plans in line with organisational procedures
4. Be able to mentor colleagues to develop skills, confidence and professional practice	4.1 Use communication approaches that promote trust, openness, and learning 4.2 Provide guidance, demonstrations, or explanations to support skill development 4.3 Use constructive feedback to reinforce strengths and address development needs

	<p>4.4 Support colleagues to reflect on their practice and identify improvements</p> <p>4.5 Adapt mentoring approaches to meet individual needs, confidence levels, and learning styles</p>
<p>5. Understand how to support colleagues through challenges and change</p>	<p>5.1 Describe common challenges colleagues may experience in adult care roles</p> <p>5.2 Explain how mentoring can support colleagues during periods of change or increased responsibility</p> <p>5.3 Analyse the emotional impact of workplace challenges and how mentors can respond supportively</p> <p>5.4 Explain the importance of recognising early signs of stress, burnout, or performance concerns</p> <p>5.5 Evaluate the role of mentors in promoting resilience and wellbeing</p>
<p>6. Be able to evaluate the effectiveness of mentoring and support provided</p>	<p>6.1 Review feedback from colleagues to evaluate the impact of mentoring</p> <p>6.2 Assess progress against agreed goals and development plans</p> <p>6.3 Identify strengths and areas for improvement in own mentoring practice</p> <p>6.4 Contribute to organisational learning by sharing insights from mentoring activities</p> <p>6.5 Adjust future mentoring approaches based on evaluation and reflection</p>

### Unit Overview:

This unit develops the learner's advanced knowledge and practical skills in supporting, mentoring, and developing colleagues within adult care settings. It explores the purpose and principles of mentoring, the role of experienced practitioners in supporting others, and the importance of creating a positive learning culture.

Learners examine mentoring models, communication strategies, feedback techniques, and the responsibilities of leaders in promoting professional growth. The unit also includes practical skills in planning mentoring sessions, supporting colleagues through challenges, and evaluating the impact of mentoring on practice and service quality.

By the end of the unit, learners will be able to apply Level-4 analytical thinking, leadership behaviours, and reflective practice to mentor colleagues effectively and contribute to a skilled, confident workforce.

## Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Level 4 analytical and evaluative thinking
- Leadership behaviours and mentoring responsibilities
- The ability to apply theory to practice

## Unit: Effective Induction and Workforce Integration in Adult Care

Unit Code: T/651/9681

RQF Level: 4

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the purpose, principles and legal frameworks underpinning induction in adult care	1.1 Explain the purpose of induction and its importance for safe, effective and person-centred care 1.2 Analyse the legal and regulatory requirements that influence induction (e.g., CQC, Health and Safety at Work Act, Duty of Candour) 1.3 Explain how the Care Certificate and Skills for Care standards inform induction content and structure 1.4 Evaluate how values-based recruitment and induction support culture, retention and quality of care
2. Understand the components of an effective induction programme	2.1 Explain the essential elements of induction for different roles within adult care 2.2 Analyse how learning styles, accessibility needs and cultural factors influence induction design 2.3 Evaluate the importance of supervision, mentoring and shadowing during induction 2.4 Explain how to assess competence, confidence and readiness for independent practice
3. Be able to plan and design induction programmes in adult care	3.1 Develop induction plans that reflect organisational policies, regulatory requirements and role expectations 3.2 Ensure induction materials are accessible, inclusive and aligned with person-centred values 3.3 Incorporate opportunities for reflective practice, feedback and skills development 3.4 Plan systems for monitoring progress against the Care Certificate or equivalent standards
4. Be able to lead and deliver induction processes	4.1 Facilitate induction sessions that promote engagement, understanding and confidence 4.2 Support new staff to understand organisational values, safeguarding responsibilities and professional boundaries 4.3 Provide opportunities for new staff to observe and practise skills under supervision 4.4 Ensure new staff understand policies relating to confidentiality, data protection, health and safety and incident reporting

<p>5. Be able to assess competence and readiness for practice</p>	<p>5.1 Assess new staff against agreed induction standards and role requirements</p> <p>5.2 Provide constructive feedback that promotes learning, confidence and professional development</p> <p>5.3 Identify areas where additional support, training or supervision is required</p> <p>5.4 Make informed decisions about staff readiness for independent practice</p>
<p>6. Be able to evaluate and improve induction processes</p>	<p>6.1 Use feedback from new staff, mentors and managers to evaluate induction effectiveness</p> <p>6.2 Analyse induction outcomes such as retention, performance and confidence levels</p> <p>6.3 Lead improvements to induction programmes based on evaluation findings and organisational priorities</p> <p>6.4 Ensure induction processes remain compliant with current legislation, standards and best practice guidance</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to design, deliver and evaluate induction programmes within adult care settings. It reflects current UK standards including the Care Certificate, CQC expectations, Skills for Care guidance, and organisational workforce development requirements.

Learners will explore how to create induction processes that promote safety, competence, values-based practice, and regulatory compliance. The unit emphasises leadership behaviours, staff support, reflective practice, and continuous improvement in workforce onboarding.

### Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for induction delivery, supervision or feedback sessions.

## Unit: Lead Safe, Person-Led Transitions Across Care Services

Unit Code: Y/651/9682

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the principles, legislation and best practice that underpin transitions between services	1.1 Explain the principles of person-led, strengths-based and outcome-focused transitions 1.2 Analyse the legal and regulatory frameworks that influence transitions (e.g., Care Act, MCA, CQC) 1.3 Explain the importance of continuity, communication and partnership working during transitions 1.4 Evaluate the emotional, psychological and practical impact of transitions on individuals and families 1.5 Explain how equality, diversity and cultural factors influence transition planning
2. Understand factors that influence successful transitions	2.1 Analyse barriers that may affect transitions, including organisational, communication, environmental and personal factors 2.2 Evaluate the role of risk assessment and contingency planning in transitions 2.3 Explain how fluctuating capacity and decision-making ability affect transition processes 2.4 Analyse the importance of accessible information and advocacy during transitions
3. Be able to plan and coordinate person-led transitions between services	3.1 Develop transition plans that reflect individual wishes, needs, outcomes and cultural preferences 3.2 Ensure individuals, families and advocates are actively involved in transition planning 3.3 Coordinate multi-agency meetings to share information and agree roles and responsibilities 3.4 Ensure transition plans include risk management, safeguarding considerations and contingency arrangements 3.5 Record and share transition information in line with legislation and organisational policy
4. Be able to lead effective communication and partnership working during transitions	4.1 Facilitate communication between individuals, families, staff and external agencies. Ensure timely and accurate information sharing to support continuity of care 4.2 Lead collaborative working with health, social care, housing, education or community services as required

	<p>4.3 Challenge poor communication or practice that may compromise transition outcomes</p> <p>4.4 Support staff to understand their roles and responsibilities in transition processes</p>
5. Be able to support individuals and Families emotionally and practically through transitions	<p>5.1 Provide leadership that ensures individuals receive emotional, psychological and practical support</p> <p>5.2 Support individuals to understand their options, rights and responsibilities during transitions</p> <p>5.3 Ensure staff use trauma-informed and person-led approaches when supporting transitions</p> <p>5.4 Identify when additional support (e.g., advocacy, mental health input) is required</p> <p>5.5 Promote independence, confidence and wellbeing throughout the transition process</p>
6. Be able to evaluate and improve transition process	<p>6.1 Use feedback, incident reviews and outcomes data to evaluate transition effectiveness</p> <p>6.2 Analyse the impact of transition processes on safety, wellbeing and continuity of care</p> <p>6.3 Lead improvements to transition pathways based on evaluation findings</p> <p>6.4 Ensure transition processes remain compliant with current legislation, standards and best practice guidance</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to plan, coordinate and evaluate transitions between services for adults with care and support needs. Transitions may include moves between care settings, hospital discharge, changes in support providers, or progression to more independent living.

Learners will explore how to lead multi-agency collaboration, uphold rights, ensure continuity of care, and support individuals and Families through emotionally and practically challenging transitions. The unit emphasises risk management, communication, person-led planning and service improvement.

## Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for transition planning meetings, multi-agency discussions or staff guidance.

## Unit: Organisational Finance, Budgeting and Resource Stewardship in Adult Care

Unit Code: A/651/9683

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand strategic financial governance requirements in adult care	1.1 Explain the principles of financial governance and accountability in adult care 1.2 Analyse the legal and regulatory frameworks that influence financial governance (e.g., Care Act, Companies Act, Charity Commission guidance) 1.3 Evaluate the role of internal controls, audit processes and financial oversight mechanisms 1.4 Explain how financial governance supports CQC's Well-Led domain and organisational integrity 1.5 Analyse the ethical considerations involved in financial leadership and stewardship
2. Understand strategic resource stewardship and value-for-money principles	2.1 Explain the concept of resource stewardship and its relevance to adult care 2.2 Analyse methods for evaluating value for money, including cost-benefit and cost-effectiveness analysis 2.3 Explain how procurement, contract management and supplier relationships influence resource efficiency 2.4 Evaluate the impact of workforce planning, skill mix and staffing models on resource use 2.5 Analyse the risks associated with poor resource stewardship
3. Be able to lead strategic financial planning and sustainability initiatives	3.1 Develop financial strategies that support long-term sustainability and service quality 3.2 Use forecasting tools to predict financial trends, risks and opportunities 3.3 Align financial strategies with organisational goals, commissioning requirements and market conditions 3.4 Lead contingency planning for financial pressures or unexpected events 3.5 Review and update financial strategies in response to internal and external changes
4. Be able to lead procurement, contract management and supplier relationships	4.1 Implement procurement processes that ensure fairness, transparency and value for money 4.2 Evaluate supplier proposals and contracts against organisational needs and quality standards 4.3 Lead negotiations with suppliers to achieve cost-effective outcomes

	<p>4.4 Monitor supplier performance and address concerns or contract breaches</p> <p>4.5 Ensure procurement and contract management comply with legal and organisational requirements</p>
<p>5. Be able to analyse financial performance and organisational efficiency</p>	<p>5.1 Interpret financial performance indicators, reports and benchmarking data</p> <p>5.2 Analyse financial trends to identify strengths, risks and areas for improvement</p> <p>5.3 Evaluate the financial impact of operational decisions and service changes</p> <p>5.4 Present financial analysis clearly to stakeholders to support informed decision-making</p> <p>5.5 Recommend actions to improve financial performance and organisational efficiency</p>
<p>6. Be able to lead continuous improvement in financial governance and resource stewardship</p>	<p>6.1 Use audits, feedback and performance data to evaluate financial governance systems</p> <p>6.2 Lead improvements to financial processes, reporting and accountability structures</p> <p>6.3 Support staff development in financial literacy, procurement and resource management</p> <p>6.4 Implement systems that promote transparency, ethical practice and responsible resource use</p> <p>6.5 Evaluate the impact of financial improvements on service quality and sustainability</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to oversee financial governance, resource stewardship and long-term financial sustainability within adult care organisations. It focuses on strategic decision-making, ethical financial leadership, procurement, contract management, cost-benefit analysis, and ensuring that financial systems support high-quality, person-centred care.

Learners will explore how to lead transparent financial practices, manage organisational risk, optimise resource use, and ensure compliance with UK legislation, CQC expectations and sector-specific financial governance standards.

## Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for activities such as financial meetings, procurement discussions, or strategic planning sessions

## Unit: Fair, Lawful and Transparent Disciplinary & Grievance Procedures in Adult Care

Unit Code: D/651/9684

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the legal and organisational frameworks governing disciplinary and grievance procedures	1.1 Explain the legal requirements relating to disciplinary and grievance procedures, including the ACAS Code of Practice 1.2 Analyse how the Equality Act 2010 influences fair and non-discriminatory decision-making 1.3 Explain the roles and responsibilities of leaders, HR professionals and staff within disciplinary and grievance processes 1.4 Evaluate how organisational policies and CQC's Well-Led domain shape disciplinary and grievance practice 1.5 Explain the importance of confidentiality, impartiality and procedural fairness
2. Understand the causes, risks and impacts of disciplinary and grievance issues	2.1 Analyse common causes of disciplinary issues in adult care settings 2.2 Evaluate factors that may lead to staff grievances, including workplace culture, communication and workload 2.3 Explain the potential impact of disciplinary and grievance issues on individuals, teams and organisational performance 2.4 Analyse the risks associated with poor handling of disciplinary or grievance matters 2.5 Explain how early intervention, supervision and mediation can prevent escalation
3. Be able to lead fair and lawful disciplinary procedures	3.1 Conduct investigations that are objective, evidence-based and compliant with organisational policy 3.2 Ensure staff are informed of their rights, including representation and access to information 3.3 Facilitate disciplinary meetings in line with legal and organisational requirements 3.4 Make decisions that are proportionate, consistent and supported by evidence 3.5 Record and store disciplinary information in line with data protection legislation

<p>4. Be able to lead effective grievance procedures</p>	<p>4.1 Support staff to raise concerns through appropriate channels</p> <p>4.2 Investigate grievances thoroughly, impartially and within agreed timescales</p> <p>4.3 Facilitate meetings that promote open communication and resolution</p> <p>4.4 Implement actions to resolve grievances and prevent recurrence</p> <p>4.5 Provide feedback to staff on outcomes in a clear, respectful and lawful manner</p>
<p>5. Be able to promote a positive, fair and supportive workplace culture</p>	<p>5.1 Lead staff in understanding expected standards of behaviour and conduct</p> <p>5.2 Promote a culture of openness, accountability and psychological safety</p> <p>5.3 Support managers to address performance or conduct concerns early and constructively</p> <p>5.4 Challenge discriminatory, unfair or unethical behaviour</p> <p>5.5 Implement strategies that strengthen staff wellbeing, morale and retention</p>
<p>6. Be able to evaluate and improve disciplinary and grievance processes</p>	<p>6.1 Use audits, feedback and case reviews to evaluate disciplinary and grievance procedures</p> <p>6.2 Analyse trends and patterns to identify systemic issues or training needs</p> <p>6.3 Lead improvements to ensure procedures remain lawful, fair and aligned with best practice</p> <p>6.4 Support staff development in conflict resolution, communication and HR governance</p> <p>6.5 Review and update organisational policies in response to legislative or regulatory changes</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to manage disciplinary and grievance procedures within adult care services. It reflects UK employment law, the ACAS Code of Practice, and CQC expectations for a Well-Led service.

Learners will explore how to lead fair, consistent and lawful processes; support staff through challenging situations; maintain organisational culture and morale; and ensure decisions are evidence-based, transparent and free from discrimination. The unit emphasises ethical leadership, documentation, communication, and continuous improvement in workforce governance.

## Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for meetings, investigations or staff support sessions (with consent).

## Unit: Fair and Values-Based Recruitment & Selection in Adult Care

Unit Code: F/651/9685

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the legal, ethical and organisational frameworks for recruitment and selection	1.1 Explain the legal requirements that govern recruitment and selection, including the Equality Act 2010 and employment law 1.2 Analyse the principles of safer recruitment and their importance in adult care 1.3 Explain how organisational policies and CQC's Well-Led domain influence recruitment practice 1.4 Evaluate the ethical considerations involved in fair, transparent and inclusive recruitment 1.5 Explain the importance of data protection and confidentiality in recruitment processes
2. Understand workforce planning and its role in effective recruitment	2.1 Explain the purpose of workforce planning in adult care 2.2 Analyse factors that influence staffing needs, including turnover, skill mix and service demand 2.3 Evaluate the role of values-based recruitment in shaping organisational culture and retention 2.4 Explain how job design, role clarity and competency frameworks support effective recruitment
3. Be able to plan and prepare recruitment activities	3.1 Develop recruitment plans that reflect organisational needs, values and legal requirements 3.2 Prepare job descriptions, person specifications and adverts that promote equality and inclusion 3.3 Select recruitment methods that are appropriate for the role and target audience 3.4 Ensure recruitment materials are accessible and free from discriminatory language 3.5 Implement strategies to attract diverse and high-quality applicants
4. Be able to lead fair, safe and effective selection processes	4.1 Facilitate selection processes that are consistent, transparent and evidence-based 4.2 Use structured interviews, values-based questions and assessment tools to evaluate candidates 4.3 Ensure decisions are based on objective criteria and aligned with organisational values

	<p>4.4 Lead staff in applying safer recruitment practices, including identity checks, references and DBS requirements</p> <p>4.5 Provide constructive feedback to candidates in line with organisational policy</p>
5. Be able to complete pre-employment checks and onboarding requirements	<p>5.1 Ensure all required pre-employment checks are completed before appointment</p> <p>5.2 Verify qualifications, right-to-work documentation and professional registrations where applicable</p> <p>5.3 Record and store recruitment documentation in line with data protection legislation</p> <p>5.4 Support new staff through the transition from recruitment to induction</p> <p>5.5 Identify and address any risks or concerns arising from pre-employment checks</p>
6. Be able to evaluate and improve recruitment and selection processes	<p>6.1 Use feedback, recruitment data and performance indicators to evaluate recruitment effectiveness</p> <p>6.2 Analyse trends such as turnover, time-to-hire and candidate experience</p> <p>6.3 Lead improvements to recruitment strategies, tools and processes</p> <p>6.4 Support staff development in recruitment skills, interviewing and safer recruitment</p> <p>6.5 Review and update recruitment policies in response to legislative or organisational changes</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to plan, lead and evaluate recruitment and selection processes within adult care services. It reflects UK employment legislation, the Equality Act 2010, CQC Well-Led expectations, and Skills For Care values-based recruitment principles.

Learners will explore how to design lawful, inclusive and effective recruitment strategies; lead safe recruitment practices; ensure robust pre-employment checks; and support managers to make fair, evidence-based hiring decisions. The unit emphasises workforce planning, organisational culture, safeguarding, and continuous improvement.

## Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for interviews, shortlisting meetings or recruitment planning sessions.

## Unit: Performance Monitoring and Workforce Development in Adult Care

Unit Code: H/651/9686

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the principles and frameworks that underpin performance monitoring in adult care	1.1 Explain the purpose of monitoring staff performance in relation to quality, safety and organisational outcomes 1.2 Analyse the legal, regulatory and organisational frameworks that influence performance management 1.3 Explain how equality, fairness and non-discrimination apply to performance monitoring 1.4 Evaluate the role of supervision, appraisal and reflective practice in performance development 1.5 Explain how organisational values and culture influence staff performance
2. Understand methods and tools for monitoring staff performance	2.1 Analyse different methods for monitoring performance, including observation, audits, feedback and competency assessments 2.2 Evaluate the strengths and limitations of qualitative and quantitative performance data 2.3 Explain how to use performance indicators to identify trends, risks and development needs 2.4 Analyse the importance of accurate, objective and evidence-based performance records
3. Be able to set clear expectations and performance standards	3.1 Develop performance standards that reflect organisational policies, regulatory requirements and role expectations 3.2 Communicate expectations clearly to staff during induction, supervision and team meetings 3.3 Ensure staff understand how their performance contributes to service quality and outcomes 3.4 Support staff to identify their own learning and development needs
4. Be able to monitor and evaluate staff performance	4.1 Use appropriate methods to monitor staff performance in line with organisational policy 4.2 Gather and analyse performance information from a range of sources 4.3 Provide constructive, timely and evidence-based feedback 4.4 Identify good practice and areas for improvement

	4.5 Maintain accurate and confidential performance records
5. Be able to address underperformance and support improvement	5.1 Identify the causes of underperformance, including personal, organisational and skills-related factors 5.2 Develop performance improvement plans that include clear goals, timescales and support measures 5.3 Provide coaching, mentoring or additional training to support improvement 5.4 Take appropriate action when performance does not improve, in line with organisational policy 5.5 Monitor progress and review improvement plans regularly
6. Be able to promote a culture of continuous learning and high performance	6.1 Lead staff in reflective practice and continuous professional development 6.2 Recognise and celebrate good performance to promote motivation and morale 6.3 Support staff wellbeing and resilience as part of performance management 6.4 Encourage innovation, problem-solving and shared learning within the team 6.5 Evaluate the impact of performance management on service quality and staff retention

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to monitor, evaluate and improve staff performance within adult care services. It reflects the expectations of the CQC Well-Led domain, organisational governance, and best practice in supervision, appraisal, coaching and performance management.

Learners will explore how to set clear expectations, use performance data, provide constructive feedback, address underperformance, and promote a culture of continuous learning. The unit emphasises fairness, accountability, reflective practice and the link between staff performance and high-quality, person-centred care.

**Assessment:**

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for supervision sessions, feedback meetings or performance reviews.

## Unit: Management and Optimisation of Physical Resources in Adult Care Settings

Unit Code: J/651/9687

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand the legal, regulatory and organisational requirements for managing physical resources in adult care</p>	<p>1.1 Explain the legal and regulatory frameworks governing physical resource management (e.g., Health and Safety at Work Act, COSHH, LOLER, PUWER, Fire Safety Order)</p> <p>1.2 Analyse how CQC expectations influence resource safety, maintenance and governance</p> <p>1.3 Explain organisational responsibilities for maintaining safe, functional and accessible environments</p> <p>1.4 Evaluate the importance of sustainability, environmental responsibility and cost-effectiveness</p> <p>1.5 Explain the risks and consequences of inadequate or unsafe physical resources</p>
<p>2. Be able to plan and procure physical resources to meet service needs</p>	<p>2.1 Assess resource needs based on service demand, risk assessments and regulatory requirements</p> <p>2.2 Develop procurement plans that ensure value for money, safety and compliance</p> <p>2.3 Select suppliers and products using transparent, ethical and evidence-based criteria</p> <p>2.4 Ensure procurement processes comply with organisational policy and legislation</p> <p>2.5 Plan for contingencies, emergencies and fluctuations in resource demand</p>
<p>3. Be able to manage, monitor and maintain physical resources safely and effectively</p>	<p>3.1 Implement systems for tracking, storing and maintaining physical resources</p> <p>3.2 Ensure staff use equipment safely and in line with training and legislation</p> <p>3.3 Monitor resource usage to identify waste, misuse or inefficiencies</p> <p>3.4 Ensure maintenance, servicing and safety checks are completed within required timescales</p> <p>3.5 Record and report resource issues, defects or incidents in line with organisational policy</p>

<p>4. Be able to evaluate and improve physical resource management systems</p>	<p>4.1 Use audits, inspections and feedback to evaluate the effectiveness of resource management</p> <p>4.2 Analyse data to identify trends, risks and opportunities for improvement</p> <p>4.3 Lead improvements to procurement, maintenance and resource-tracking systems</p> <p>4.4 Support staff development in resource stewardship and environmental awareness</p> <p>4.5 Review and update resource management policies in response to regulatory or organisational changes</p>
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### Unit Overview:

This unit develops the knowledge and leadership capability required to plan, manage, monitor and improve physical resources within adult care environments. It covers legal compliance, procurement, maintenance, safety, staff training, sustainability and continuous improvement.

### Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for resource audits, equipment checks or staff training sessions.

## Unit: Leading Collaborative Care Management Planning for Individuals with Long-Term Conditions

Unit Code: K/651/9688

RQF Level: 5

<p><b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i></p>	<p><b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i></p>
<p>1. Understand the principles, legislation and best practice that underpin care management planning for long-term conditions</p>	<p>1.1 Explain the principles of person-centred, strengths-based and holistic care planning</p> <p>1.2 Analyse the legal and regulatory frameworks that influence care management planning (e.g., Care Act, MCA, CQC)</p> <p>1.3 Explain the importance of shared decision-making and informed consent</p> <p>1.4 Evaluate how long-term conditions impact physical, emotional, social and cognitive wellbeing</p> <p>1.5 Explain the role of NICE guidance and evidence-based practice in care planning</p>
<p>2. Understand the factors that influence effective care management planning for long-term conditions</p>	<p>2.1 Analyse the barriers individuals may face in engaging with care planning</p> <p>2.2 Evaluate the importance of accessible information, communication and reasonable adjustments</p> <p>2.3 Explain how fluctuating capacity and changing health needs affect care planning</p> <p>2.4 Analyse the role of multidisciplinary and inter-agency collaboration</p> <p>2.5 Explain how risk assessment and contingency planning support safe and effective care</p>
<p>3. Be able to work collaboratively to agree care management plans for individuals with long-term conditions</p>	<p>3.1 Support individuals to express their goals, preferences and desired outcomes</p> <p>3.2 Facilitate shared decision-making with individuals, families and professionals</p> <p>3.3 Ensure care plans reflect clinical guidance, personal outcomes and cultural needs</p> <p>3.4 Apply the Mental Capacity Act when supporting decision-making and best-interest processes</p> <p>3.5 Record agreed care plans in line with organisational and legal requirements</p>
<p>4. Be able to lead the implementation, monitoring and review of care management plans</p>	<p>4.1 Coordinate the delivery of care plans with relevant professionals and services</p> <p>4.2 Monitor progress against agreed outcomes and adjust plans as needs change</p>

	<p>4.3 Lead regular reviews to ensure care plans remain relevant, safe and effective</p> <p>4.4 Identify and respond to risks, deterioration or safeguarding concerns</p> <p>4.5 Use feedback, outcomes data and reflective practice to improve care planning processes</p>
<p>5. Be able to lead service improvement and quality assurance in care management planning for long-term conditions</p>	<p>5.1 Use audits, feedback and outcome measures to evaluate the effectiveness of care management plans</p> <p>5.2 Analyse patterns or trends in care planning to identify systemic issues or areas for development</p> <p>5.3 Lead improvements to care planning processes in line with national guidance, organisational priorities and best practice</p> <p>5.4 Support staff development in long-term condition management, shared decision-making and person-centred planning</p> <p>5.5 Review and update care planning policies and procedures in response to changes in legislation, clinical guidance or service needs</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to agree, coordinate and review care management plans for adults living with long-term conditions. It reflects UK legislation, national clinical guidance and best practice in person-centred, strengths-based care.

Learners will explore how to work collaboratively with individuals, families, multidisciplinary teams and external agencies to develop effective, holistic care plans that promote wellbeing, independence and self-management. The unit emphasises shared decision-making, risk management, communication, and continuous review.

### Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for care planning meetings and reviews

## Unit: Infection Prevention and Control Systems in Adult Care Services

Unit Code: L/651/9689

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand the legal, regulatory and scientific Foundations of infection prevention and control (ICP)</p>	<p>1.1 Explain the legal and regulatory Frameworks governing IPC in adult care (e.g., Health and Social Care Act, CQC, COSHH)</p> <p>1.2 Analyse the chain of infection and how it informs IPC strategies</p> <p>1.3 Explain the role of UKHSA and national guidance in shaping IPC practice</p> <p>1.4 Evaluate the importance of risk assessment, surveillance and reporting in IPC</p> <p>1.5 Explain the consequences of poor IPC practice for individuals, staff and organisations</p>
<p>2. Understand the organisational systems and resources required for effective infection prevention and control</p>	<p>2.1 Analyse the components of an effective IPC management system</p> <p>2.2 Explain the importance of PPE, cleaning protocols, waste management and environmental hygiene</p> <p>2.3 Evaluate the role of training, supervision and competency assessment in IPC compliance</p> <p>2.4 Explain how staffing levels, skill mix and organisational culture influence IPC outcomes</p> <p>2.5 Analyse the importance of communication and information sharing in IPC governance</p>
<p>3. Be able to lead and implement infection prevention and control measures</p>	<p>3.1 Conduct IPC risk assessments and develop action plans</p> <p>3.2 Ensure staff follow safe practices in hand hygiene, PPE use, cleaning and decontamination</p> <p>3.3 Implement systems for safe waste disposal, laundry management and environmental cleaning</p> <p>3.4 Ensure IPC measures are adapted to meet the needs of individuals, including those with cognitive or sensory impairments</p> <p>3.5 Maintain accurate IPC records in line with organisational and legal requirements</p>
<p>4. Be able to lead outbreak management and respond to infection-related incidents</p>	<p>4.1 Identify early signs of infection outbreaks and escalate concerns appropriately</p> <p>4.2 Coordinate outbreak management in line with national and local protocols</p> <p>4.3 Work with external agencies such as UKHSA, local authorities and health professionals</p>

	<p>4.4 Support staff, individuals and families during outbreaks through clear communication and reassurance</p> <p>4.5 Review outbreak responses to identify learning and improve future practice</p>
<p>5. Be able to monitor, audit and evaluate infection prevention and control systems</p>	<p>5.1 Use audits, inspections and surveillance data to monitor IPC compliance</p> <p>5.2 Analyse trends, risks and areas for improvement</p> <p>5.3 Provide constructive feedback to staff and teams on IPC performance</p> <p>5.4 Lead improvements to IPC systems, policies and procedures</p> <p>5.5 Ensure IPC practices remain aligned with current legislation, guidance and best practice</p>
<p>6. Be able to promote a culture of infection-safe practice and continuous improvement</p>	<p>6.1 Lead staff in understanding their responsibilities for IPC</p> <p>6.2 Promote a culture of accountability, vigilance and safe practice</p> <p>6.3 Support staff wellbeing and resilience during infection-related pressures</p> <p>6.4 Encourage reflective practice and shared learning across teams</p> <p>6.5 Evaluate the impact of IPC leadership on service quality and safety</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to manage, monitor and improve infection prevention and control (IPC) within adult care settings. It reflects UK legislation, national guidance and CQC expectations for safe, well-led services.

Learners will explore how to lead IPC systems, conduct risk assessments, ensure staff competence, manage outbreaks, maintain safe environments, and embed a culture of infection-safe practice. The unit emphasises governance, communication, audit, and continuous improvement.

**Assessment:**

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for audits, training sessions or outbreak management activities.

## Unit: Digital Skills, Technology Integration and Data-Safe Practice in Adult Care

Unit Code: T/651/9690

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the role of digital skills and technology in modern adult care services	1.1 Explain the benefits and challenges of digital technology in adult care 1.2 Analyse how digital tools support person-centred care, communication and service efficiency 1.3 Explain the impact of digital exclusion on individuals, families and staff 1.4 Evaluate national guidance and standards that influence digital practice in care settings 1.5 Explain the importance of digital literacy for safe and effective care delivery
2. Understand legal, ethical and organisational requirements for digital practice	2.1 Explain the legal frameworks governing digital information, including the Data Protection Act 2018 and UK GDPR# 2.2 Analyse the principles of confidentiality, consent and information governance in digital contexts 2.3 Explain the importance of cyber security, password protection and secure data storage 2.4 Evaluate organisational responsibilities for digital safety, audit and compliance 2.5 Explain the ethical considerations of using digital tools in care, including privacy and autonomy
3. Be able to lead the implementation and safe use of digital systems in adult care	3.1 Introduce and support the use of digital systems such as electronic care planning, e-MAR, digital communication tools or remote monitoring 3.2 Ensure staff follow safe digital practices in line with legislation and organisational policy 3.3 Support individuals to use digital tools that promote independence, wellbeing or communication 3.4 Identify and address barriers to digital adoption among staff or individuals 3.5 Maintain accurate digital records in line with data protection and audit requirements

<p>4. Be able to lead staff development in digital skills and digital literacy</p>	<p>4.1 Assess staff digital skills and identify training needs</p> <p>4.2 Provide or coordinate training, coaching or mentoring to build digital confidence and competence</p> <p>4.3 Promote a culture of continuous learning and digital curiosity</p> <p>4.4 Support staff to use assistive technology and digital tools safely and effectively</p> <p>4.5 Monitor staff digital performance and provide constructive feedback</p>
<p>5. Be able to evaluate digital systems and drive digital improvement</p>	<p>5.1 Use audits, feedback and performance data to evaluate the effectiveness of digital systems</p> <p>5.2 Analyse the impact of digital tools on care quality, efficiency and outcomes</p> <p>5.3 Lead improvements to digital processes, systems or workflows</p> <p>5.4 Support staff involvement in digital innovation and problem-solving</p> <p>5.5 Review and update digital policies and procedures in response to emerging technologies or regulatory changes</p>
<p>6. Be able to promote digital inclusion and person-led digital support</p>	<p>6.1 Identify individuals who may be digitally excluded or disadvantaged</p> <p>6.2 Provide accessible information and reasonable adjustments to support digital participation</p> <p>6.3 Work with families, advocates and professionals to promote digital confidence and independence</p> <p>6.4 Ensure digital tools are used in ways that respect choice, autonomy and cultural needs</p> <p>6.5 Evaluate the impact of digital inclusion strategies on wellbeing and engagement</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to embed digital skills, digital literacy and safe technology use within adult care services. It reflects the increasing role of digital tools in care planning, communication, record-keeping, assistive technology, remote monitoring and organisational efficiency.

Learners will explore how to lead digital transformation, support staff digital capability, ensure data protection and cyber-safe practice, promote digital inclusion for individuals, and evaluate the impact of digital tools on care quality and outcomes.

## Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for digital training sessions, system implementation or staff support.

## Unit: Leading Trauma-Informed Practice and Compassionate Care in Adult Services

Unit Code: Y/651/9691

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand the principles and foundations of trauma-informed practice</p>	<p>1.1 Explain the concept of trauma and its psychological, emotional and physiological impacts</p> <p>1.2 Analyse the core principles of trauma-informed practice (e.g., safety, trust, empowerment, collaboration, choice)</p> <p>1.3 Explain the difference between trauma-informed, trauma-responsive and trauma-specific interventions</p> <p>1.4 Evaluate how trauma can influence behaviour, communication and engagement in care settings</p> <p>1.5 Explain the importance of avoiding re-traumatisation in everyday practice</p>
<p>2. Understand the legal, ethical and organisational responsibilities for trauma-informed leadership</p>	<p>2.1 Analyse how legislation such as the Care Act, MCA and Human Rights Act supports trauma-informed approaches</p> <p>2.2 Explain the ethical responsibilities of leaders in promoting psychological safety and dignity</p> <p>2.3 Evaluate how organisational culture, policies and systems can support or hinder trauma-informed practice</p> <p>2.4 Explain the importance of confidentiality, consent and boundaries in trauma-informed care</p> <p>2.5 Analyse the role of supervision, reflective practice and staff wellbeing in sustaining trauma-informed environments</p>
<p>3. Be able to lead trauma-informed practice within adult care settings</p>	<p>3.1 Model trauma-informed behaviours and communication in leadership practice</p> <p>3.2 Support staff to recognise trauma responses and respond with empathy and sensitivity</p> <p>3.3 Ensure care plans reflect trauma-informed principles and individual preferences</p> <p>3.4 Implement systems that promote emotional and physical safety for individuals and staff</p> <p>3.5 Challenge practices that may be re-traumatising, unsafe or disempowering</p>

<p>4. Be able to support individuals using trauma-informed approaches</p>	<p>4.1 Build trusting, collaborative relationships with individuals affected by trauma</p> <p>4.2 Adapt communication and support strategies to meet individual needs and triggers</p> <p>4.3 Promote choice, control and empowerment in decision-making</p> <p>4.4 Identify when individuals require specialist trauma-specific support and make appropriate referrals</p> <p>4.5 Record trauma-informed support in line with organisational and legal requirements</p>
<p>5. Be able to lead staff development and reflective practice in trauma-informed care</p>	<p>5.1 Assess staff knowledge, confidence and training needs in trauma-informed practice</p> <p>5.2 Provide or coordinate training, coaching and reflective opportunities</p> <p>5.3 Support staff to manage emotional responses and maintain professional boundaries</p> <p>5.4 Promote a culture of compassion, empathy and psychological safety</p> <p>5.5 Monitor staff practice and provide constructive feedback to support development</p>
<p>6. Be able to evaluate and improve trauma-informed practice across the organisation</p>	<p>6.1 Use audits, feedback and incident reviews to evaluate trauma-informed practice</p> <p>6.2 Analyse patterns or systemic issues that may contribute to re-traumatisation or unsafe practice</p> <p>6.3 Lead improvements to policies, environments and systems to strengthen trauma-informed care</p> <p>6.4 Support co-production with individuals who have lived experience</p> <p>6.5 Review and update organisational approaches in line with emerging research and best practice</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to embed trauma-informed practice within adult care settings. It explores the impact of trauma on individuals, staff and organisational culture, and equips leaders to create psychologically safe environments grounded in compassion, empowerment and trust.

Learners will examine how trauma affects behaviour, communication and engagement; how to lead staff in trauma-sensitive approaches; how to reduce re-traumatisation; and how to build systems that promote emotional safety, resilience and wellbeing.

**Assessment:**

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for reflective sessions, staff support, or trauma-informed interactions

## Unit: Leading Neurodiversity-Affirming Practice in Adult Care Services

Unit Code: A/651/9692

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand the principles and foundations of neurodiversity</p>	<p>1.1 Explain the concept of neurodiversity and its relevance to adult care</p> <p>1.2 Analyse common neurodivergent profiles (e.g., autism, ADHD, dyslexia, dyspraxia, Tourette's) and their strengths</p> <p>1.3 Explain how neurodivergence may influence communication, sensory processing, executive functioning and social interaction</p> <p>1.4 Evaluate the impact of stigma, stereotypes and deficit-based models on neurodivergent individuals</p> <p>1.5 Explain the importance of neurodiversity-affirming, strengths-based practice</p>
<p>2. Understand the legal, ethical and organisational responsibilities for supporting neurodivergent individuals</p>	<p>2.1 Analyse how the Equality Act 2010 protects neurodivergent individuals from discrimination</p> <p>2.2 Explain the role of the Care Act, MCA and Human Rights Act in supporting autonomy and choice</p> <p>2.3 Evaluate organisational responsibilities for reasonable adjustments and accessibility</p> <p>2.4 Explain the ethical considerations involved in supporting neurodivergent individuals, including consent and autonomy</p> <p>2.5 Analyse the importance of co-production and lived experience in shaping support</p>
<p>3. Be able to lead neurodiversity-affirming practice within adult care settings</p>	<p>3.1 Model inclusive, respectful and neurodiversity-affirming behaviours in leadership practice</p> <p>3.2 Support staff to recognise neurodivergent strengths, needs and communication styles</p> <p>3.3 Ensure support plans reflect sensory needs, communication preferences and individual identity</p> <p>3.4 Implement reasonable adjustments to environments, routines and interactions</p> <p>3.5 Challenge discriminatory, harmful or deficit-based practices</p>

<p>4. Be able to adapt communication and support to meet neurodivergent needs</p>	<p>4.1 Use communication approaches that respect processing time, clarity and sensory preferences</p> <p>4.2 Support individuals to express their needs, preferences and goals in ways that work for them</p> <p>4.3 Adapt environments to reduce sensory overload and promote comfort</p> <p>4.4 Identify when individuals require specialist assessments or additional support</p> <p>4.5 Record neurodiversity-informed support in line with organisational and legal requirements</p>
<p>5. Be able to lead staff development and organisational learning in neurodiversity</p>	<p>5.1 Assess staff knowledge, confidence and training needs in neurodiversity-affirming practice</p> <p>5.2 Provide or coordinate training, coaching and reflective practice opportunities</p> <p>5.3 Support staff to understand their own neurodivergent traits and biases</p> <p>5.4 Promote a culture of acceptance, curiosity and psychological safety</p> <p>5.5 Monitor staff practice and provide constructive feedback to support development</p>
<p>6. Be able to evaluate and improve neurodiversity-inclusive practice across the organisation</p>	<p>6.1 Use audits, feedback and lived-experience insights to evaluate neurodiversity-inclusive practice</p> <p>6.2 Analyse patterns or systemic barriers that affect neurodivergent individuals</p> <p>6.3 Lead improvements to policies, environments and systems to strengthen inclusion</p> <p>6.4 Support co-production with neurodivergent individuals and advocacy groups</p> <p>6.5 Review and update organisational approaches in line with emerging research and best practice</p>

### Unit Overview:

This unit develops the advanced knowledge and leadership capability required to support neurodivergent individuals within adult care settings. It explores the principles of neurodiversity, the strengths and challenges associated with different neurotypes, and the leadership behaviours needed to create inclusive, accessible and empowering environments.

Learners will examine how to adapt communication, environments and support plans; how to challenge stigma and discrimination; how to lead staff in neurodiversity-affirming practice; and how to embed organisational systems that respect autonomy, sensory needs, and individual identity.

## Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for reflective sessions, staff training or neurodiversity-informed interactions

## Unit: Positive Behaviour Support (PBS) and Rights-Based Behavioural Practice

Unit Code: D/651/9693

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand behaviour through a biopsychosocial and environmental lens	1.1 Explain how biological, psychological, social and environmental factors influence behaviour 1.2 Analyse the relationship between unmet needs, communication and behaviours of concern 1.3 Evaluate how trauma, sensory processing and health conditions can shape behavioural responses 1.4 Explain why behaviour must be understood within its context rather than as an isolated event
2. Understand the rights-based, ethical and legal Foundations of positive behaviour support	2.1 Explain how human rights principles underpin PBS and restrictive-practice reduction 2.2 Analyse the legal frameworks relevant to behaviour support (e.g., MCA, Care Act, Human Rights Act) 2.3 Evaluate ethical dilemmas that may arise when balancing autonomy, safety and risk 2.4 Explain the organisational responsibilities for transparency, accountability and reporting
3. Be able to lead comprehensive behavioural assessment and information gathering	3.1 Use structured tools to gather information about behavioural patterns, triggers and functions 3.2 Involve individuals, families and professionals in collaborative assessment 3.3 Analyse behavioural data to identify trends, maintaining factors and early warning signs 3.4 Produce clear, evidence-based assessment summaries that inform support planning
4. Be able to design and coordinate personalised positive behaviour support plans	4.1 Co-produce PBS plans that reflect individual strengths, preferences and life goals 4.2 Ensure plans prioritise proactive, preventative and skill-building strategies 4.3 Integrate communication support, sensory regulation and environmental adaptation into plans 4.4 Ensure any reactive strategies are lawful, proportionate and aligned with least-restriction principles

<p>5. Be able to lead teams in delivering consistent, high-quality positive behaviour support practice</p>	<p>5.1 Provide coaching, modelling and guidance to staff on PBS approaches</p> <p>5.2 Support staff to recognise early signs of distress and respond proactively</p> <p>5.3 Promote reflective practice and emotional resilience within teams</p> <p>5.4 Address inconsistent or unsafe practice through supportive performance management</p>
<p>6. Be able to use behavioural data and incident analysis to drive improvement</p>	<p>6.1 Implement systems for collecting and reviewing behavioural data</p> <p>6.2 Analyse incidents to identify systemic issues, unmet needs or environmental barriers</p> <p>6.3 Lead service improvements based on data trends and reflective learning</p> <p>6.4 Evaluate the impact of PBS interventions on quality of life and restrictive-practice reduction</p>
<p>7. Be able to embed a positive, enabling and rights-respecting organisational culture</p>	<p>7.1 Promote organisational values that prioritise dignity, autonomy and empowerment</p> <p>7.2 Lead initiatives that reduce reliance on restrictive practices</p> <p>7.3 Ensure policies, environments and routines support PBS principles</p> <p>7.4 Work collaboratively with external agencies, advocates and lived-experience groups to strengthen culture</p>

### Unit Overview:

This unit develops the strategic and operational leadership skills required to embed Positive Behaviour Support (PBS) across adult care services. It focuses on behavioural science, human rights, organisational culture, proactive support, and the reduction of restrictive practices. Learners will explore how to lead teams in understanding behaviour, co-producing support plans, analysing data, and creating environments that promote wellbeing, autonomy and meaningful life outcomes.

**Assessment:**

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for coaching sessions, PBS meetings or behaviour reviews.

## Unit: Organisational Change and Transformational Improvement in Adult Care

Unit Code: F/651/9694

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the strategic, psychological and organisational foundations of change	1.1 Analyse recognised change-management theories and their relevance to adult care 1.2 Explain internal and external drivers that create the need for change 1.3 Evaluate how organisational culture, leadership style and readiness influence change outcomes 1.4 Explain the emotional and psychological impact of change on individuals and teams 1.5 Analyse legal, ethical and governance considerations when planning change
2. Be able to design and plan structures, evidence-informed change initiatives	2.1 Develop change proposals aligned with organisational strategy and service priorities 2.2 Use data, consultation and evidence to inform change planning 2.3 Identify risks, barriers and enablers to successful change 2.4 Produce structured change plans with clear objectives, timelines and success measures 2.5 Ensure plans include communication, training and resource requirements
3. Be able to lead people and processes through change effectively	3.1 Communicate change in ways that build trust, clarity and engagement 3.2 Support staff to express concerns, contribute ideas and adapt to new ways of working 3.3 Use coaching, mentoring and reflective practice to support staff during transition 3.4 Address resistance constructively and maintain psychological safety 3.5 Coordinate implementation, monitor progress and resolve emerging challenges
4. Be able to evaluate, embed and sustain long-term organisational improvement	4.1 Use data, feedback and performance indicators to evaluate change outcomes 4.2 Analyse whether change has improved quality, safety, efficiency or staff experience 4.3 Identify unintended consequences and areas requiring further development

	<p>4.4 Integrate new practices into policies, procedures and organisational culture</p> <p>4.5 Lead continuous improvement and ensure learning informs future change initiatives</p>
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## Unit Overview:

This unit develops the advanced leadership capability required to plan, lead, embed and sustain organisational change within adult care services. It explores change-management theory, workforce engagement, communication strategy, risk management, culture transformation and continuous improvement.

Learners will examine how to lead people through uncertainty, overcome resistance, align change with organisational values, and ensure improvements translate into better outcomes for individuals using services.

## Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for digital training sessions, system implementation or staff support.

## Unit: Sustainability and Environmental Management in Adult Care

Unit Code: H/651/9695

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
<p>1. Understand the principles, legislation and drivers of sustainability in adult care</p>	<p>1.1 Explain the concept of sustainability and its relevance to adult care services</p> <p>1.2 Analyse environmental legislation, regulatory expectations and national sustainability strategies that apply to care settings</p> <p>1.3 Evaluate the environmental, financial and social impacts of unsustainable practices</p> <p>1.4 Explain how climate change and environmental factors influence health, wellbeing and service delivery</p> <p>1.5 Analyse the organisational benefits of adopting sustainable and environmentally responsible approaches</p>
<p>2. Be able to assess environmental performance and identify sustainability priorities</p>	<p>2.1 Conduct environmental audits to assess energy use, waste, water consumption and resource efficiency</p> <p>2.2 Identify areas of environmental risk, inefficiency or non-compliance</p> <p>2.3 Use data and evidence to prioritise sustainability actions</p> <p>2.4 Consult with staff, individuals and stakeholders to understand environmental concerns and opportunities</p> <p>2.5 Produce sustainability assessments that inform planning and decision-making</p>
<p>3. Be able to lead the implementation of sustainable and environmentally responsible practices</p>	<p>3.1 Develop sustainability action plans with clear goals, responsibilities and timescales</p> <p>3.2 Implement measures to reduce waste, energy consumption, carbon emissions and environmental impact</p> <p>3.3 Ensure procurement processes prioritise sustainable, ethical and cost-effective products and services</p> <p>3.4 Support staff to adopt environmentally responsible behaviours through training and communication</p> <p>3.5 Integrate sustainability considerations into daily operations, policies and care practices</p>

<p>4. Be able to evaluate, improve and embed long-term environmental sustainability</p>	<p>4.1 Monitor sustainability performance using audits, data and feedback</p> <p>4.2 Evaluate the impact of sustainability initiatives on cost, quality, safety and environmental outcomes</p> <p>4.3 Identify opportunities for continuous improvement and innovation</p> <p>4.4 Embed sustainability into organisational culture, strategic planning and quality assurance systems</p> <p>4.5 Review and update environmental policies in response to emerging guidance, technology and best practice</p>
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### Unit Overview:

This unit develops the advanced leadership capability required to embed environmentally responsible, sustainable and climate-aware practices within adult care settings. It explores environmental legislation, carbon reduction, waste management, sustainable procurement, energy efficiency, and the cultural change needed to create greener care environments.

Learners will examine how sustainability links to quality, wellbeing, cost-effectiveness and organisational reputation.

### Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for environmental audits, sustainability meetings or training staff on sustainable practices.

## Unit: Managing Complaints, Concerns and Whistleblowing in Adult Care

Unit Code: J/651/9696

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand legal, regulatory and ethical frameworks for complaints, concerns and whistleblowing	1.1 Explain the legislation and regulatory requirements governing complaints and whistleblowing in adult care 1.2 Analyse the ethical principles of transparency, fairness and accountability 1.3 Explain the roles and responsibilities of leaders, staff and external bodies in managing concerns 1.4 Evaluate the consequences of failing to respond appropriately to complaints or whistleblowing
2. Understand the factors that influence how individuals raise concerns or make complaints	2.1 Analyse barriers that may prevent individuals, families or staff from raising concerns 2.2 Explain how communication, culture and trust influence people's willingness to speak up 2.3 Evaluate the importance of accessible information, advocacy and reasonable adjustments 2.4 Explain how fear of retaliation or stigma affects whistleblowing behaviour
3. Be able to lead fair, transparent and person-centred complaint handling	3.1 Ensure complaints are acknowledged, recorded and responded to within required timescales 3.2 Communicate with complainants in ways that promote trust, clarity and respect 3.3 Conduct or coordinate investigations that are impartial, evidence-based and proportionate 3.4 Provide clear, outcome-focused responses that address concerns and explain decisions 3.5 Maintain accurate records in line with organisational and legal requirements
4. Be able to manage whistleblowing disclosures safely and responsibly	4.1 Respond to whistleblowing disclosures in line with legislation and organisational policy 4.2 Protect whistleblowers from detriment, retaliation or discrimination 4.3 Escalate safeguarding or regulatory concerns to appropriate external bodies 4.4 Support staff to understand their rights and responsibilities when raising concerns 4.5 Ensure confidentiality is maintained appropriately throughout the process

<p>5. Be able to use complaints, concerns and whistleblowing information to drive improvement</p>	<p>5.1 Analyse patterns, themes and trends in complaints and concerns</p> <p>5.2 Identify systemic issues, risks or gaps in service quality</p> <p>5.3 Develop and implement improvement plans based on findings</p> <p>5.4 Share learning with staff and stakeholders to strengthen practice</p> <p>5.5 Monitor the impact of improvements on service quality and safety</p>
<p>6. Be able to promote a culture of openness, learning and psychological safety</p>	<p>6.1 Lead staff in understanding the value of feedback, concerns and whistleblowing</p> <p>6.2 Promote a culture where individuals feel safe to speak up without fear</p> <p>6.3 Provide training, supervision and reflective opportunities to support staff confidence</p> <p>6.4 Challenge defensive, dismissive or punitive responses to concerns</p> <p>6.5 Embed organisational values that prioritise honesty, accountability and continuous learning</p>

### Unit Overview:

This unit develops the advanced leadership capability required to manage complaints, concerns and whistleblowing within adult care settings. It explores legal and regulatory duties, organisational culture, investigation processes, communication, safeguarding, and continuous improvement.

Learners will examine how to respond to issues with transparency, fairness and professionalism, and how to use feedback and concerns to strengthen service quality and safety.

### Assessment:

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for handling complaints and concerns through investigation meetings and internal reviews.

## Unit: Leading Strengths-Based and Outcomes-Focused Practice in Adult Care

Unit Code: K/651/9697

RQF Level: 5

<b>Learning Outcomes</b> <i>To achieve this unit a learner must be able to:</i>	<b>Assessment Criteria.</b> <i>Assessment of these outcomes demonstrates a learner can:</i>
1. Understand the principles and values of strengths-based and outcomes-focused practice	1.1 Explain the core principles of strengths-based and outcomes-focused approaches 1.2 Analyse the limitations of deficit-based models in adult care 1.3 Explain how strengths-based practice promotes autonomy, wellbeing and resilience 1.4 Evaluate the importance of co-production and shared decision-making 1.5 Explain how personal outcomes differ from service-led goals
2. Understand the legal, ethical and organisational context for strengths-based practice	2.1 Analyse how legislation such as the Care Act, MCA and Human Rights Act supports strengths-based approaches 2.2 Explain the ethical responsibilities of leaders in promoting autonomy and dignity 2.3 Evaluate organisational responsibilities for embedding outcomes-focused practice 2.4 Explain how equality, diversity and inclusion influence strengths-based assessment and planning 2.5 Analyse the role of community assets and partnership working
3. Be able to lead strengths-based assessment and outcomes-focused planning	3.1 Support staff to carry out assessments that identify strengths, capabilities and aspirations 3.2 Facilitate co-production of personal outcomes with individuals and families 3.3 Ensure support plans reflect individual goals, preferences and community connections 3.4 Promote the use of accessible communication and reasonable adjustments 3.5 Ensure assessments and plans are recorded clearly and meaningfully
4. Be able to lead staff in delivering strengths-based, outcomes-focused support	4.1 Coach staff to use empowering communication and solution-focused approaches 4.2 Support staff to recognise and build on individual strengths and achievements 4.3 Ensure support promotes independence, choice and meaningful activity

	<p>4.4 Address practice that is disempowering, risk-averse or deficit-focused</p> <p>4.5 Promote reflective practice to strengthen outcomes-focused delivery</p>
<p>5. Be able to evaluate outcomes and measure the impact of strengths-based practice</p>	<p>5.1 Use data, feedback and outcomes measures to evaluate progress</p> <p>5.2 Analyse whether support has improved wellbeing, independence and quality of life</p> <p>5.3 Identify barriers to achieving personal outcomes</p> <p>5.4 Lead improvements to assessment, planning and support based on findings</p> <p>5.5 Share learning with staff and stakeholders to strengthen practice</p>
<p>6. Be able to embed a strengths-based, outcomes-focused culture across the organisation</p>	<p>6.1 Promote organisational values that prioritise empowerment, capability and aspiration</p> <p>6.2 Lead staff development in strengths-based and outcomes-focused approaches</p> <p>6.3 Ensure policies, systems and environments support strengths-based practice</p> <p>6.4 Work collaboratively with community partners to expand opportunities and resources</p> <p>6.5 Review and update organisational approaches in line with emerging best practice</p>

### Unit Overview:

This unit develops the advanced leadership capability required to embed strengths-based, outcomes-focused approaches across adult care settings. It explores the principles of empowerment, co-production, personal outcomes, community assets, and collaborative decision-making.

Learners will examine how to lead staff in shifting from deficit-based models to approaches that recognise capability, resilience and aspiration. The unit emphasises culture change, communication, assessment, planning and continuous improvement.

**Assessment:**

This unit may be assessed through:

- Written questions or assignments
- Professional Discussion
- Reflective Accounts
- Case Studies or Scenarios
- Witness Testimony (where appropriate)
- Direct observation in the workplace

Evidence should demonstrate:

- Evidence must reflect real leadership practice in an adult care setting
- Direct observation is recommended for strengths-based planning meetings, reflective practice sessions and coaching staff in strengths-based communication.

**Summary of Changes**

All NQual documents are reviewed annually as a minimum

Version	Published	Amendment
V1	March 2026	First version



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Approved by

