

# The Care Certificate Framework

## Technical Document

DRAFT- Care Certificate Framework



## Overall goal of the Care Certificate

The introduction of the Care Certificate should provide clear evidence to employers, patients and people who receive care and support that the health or social care worker in front of them has been trained and developed to a specific set of standards and has been assessed for the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support. This should reflect the elements common to these workforces and meet the requirement for providers of regulated activities to ensure that their staff are suitably trained. The term 'trained' is used here as this was the term used by Camilla Cavendish. The approach used to deliver the learning required to meet the outcomes of the Care Certificate Framework and ensuring that there is a record of the assessment decisions that is auditable would be determined by the individual employer.

## The Care Certificate Standards

The Care certificate standards are:

1. Understand Your Role
2. Your Personal Development
3. Duty of Care
4. Equality and Diversity
5. Work in a Person Centred Way
6. Communication
7. Privacy and Dignity
8. Fluids and Nutrition
9. Dementia and Cognitive Issues
10. Safeguarding Adults
11. Safeguarding Children
12. Basic Life Support
13. Health and Safety
14. Handling Information
15. Infection Prevention and Control

## Roles in Scope

Health Care Assistants, Assistant Practitioners, Care Support Workers and those giving support to clinical roles in the NHS where there is any direct contact with patients. Care Support Workers denotes Adult Social Care workers giving direct care in residential and nursing homes and hospices, home care workers and domiciliary care staff. These staff are referred to collectively as Healthcare Support Workers (HCSW)/ Adult Social Care Workers (ASCW) in this document. Other roles in health and social care such as caring volunteers, porters, cooks or drivers that would have direct contact with patients and service users could also undertake all or some of the Care Certificate as part of their induction. As some of these roles would be very different in health and social care it is up to the individual employer to decide whether the Care Certificate is appropriate. However, to be awarded the Care Certificate the person must meet all of the outcomes and assessment requirements.

## Overview

The content of the Care Certificate must:

- Be applicable across health and social care, and be portable/transferable from sector to sector
- Work for all roles to which the certificate applies
- Build on the National Minimum Training Standards (NMTS) and implicitly therefore on the Common Induction Standards (CIS)
- Contain competences that can be mapped to existing qualifications in order to have creditable value
- Train people to know what is required of them to be caring, and equip them with the skills to be able to provide quality care

In building on existing work of the National Minimum Training Standards and the Common Induction Standards this is not an expansion of these documents. As the content needs to be applicable and transferable to both sectors, then widening the scope will dilute the impact and value of it.

Therefore this work has identified the elements which are common to all roles, which are turned into measurable learning objectives and competences, where the assessment methodology is clearly set out and where clear guidance of expected behaviour is provided.

There are three versions of the Care Certificate Framework document: a technical version for employers/ training providers, a version for use by Assessors and a version for the HCSW/ ASCW. The Standards and outcomes in each are the same but the language in each is tailored for each user group.

## The Care Certificate in context

Each HCSW/ASCW starting within a new role within the scope of this certificate is already expected to have training, education and assessment as part of their induction, within the first 12 weeks of employment. The Care Certificate will replace the National Minimum Training Standards (NMTS) and the Common Induction Standards (CIS) and provides the framework for these within Health and Social Care respectively.

The Care Certificate builds on these two frameworks and sets out explicitly the learning outcomes, competences and standards of behaviour that must be expected of a HCSW/ASCW in both sectors, ensuring that such a HCSW/ASCW is caring, compassionate and provides quality care. The Certificate also reflects how these behaviours are underpinned by the Chief Nursing Officer's 6Cs (care, compassion, competence, communication, courage and commitment).

The Care Certificate is a key component of the total induction which an employer must provide, legally and in order to meet the essential standards set out by the Care Quality Commission. Most notably the training and education of HCSW/ASCWs must meet outcome 12 and 14, and those responsible for its delivery must meet outcomes 24 and 25.

The Care Certificate is the start of the career journey for these staff groups and is only one element of the training and education that will make them ready to practice within their specific sector.

The Care Certificate **IS** the shared health and social care training, which must be completed and assessed, before new HCSW/ASCWs can practice without supervision in any setting. This may be done in a phased approach, as each HCSW/ASCW meets an individual standard their supervisor may allow them to practice unsupervised against that standard.

Therefore a HCSW/ASCW who has not yet successfully completed any standard of the certificate must be supervised directly for this standard and always be in the line of sight of the individual providing supervision. Indirect/ remote supervision of the HCSW/ASCW will still be required following award of the certificate. **The Care Certificate is only one element of their learning and development journey.**

The full guidance on supervision of HCSW/ASCW's produced by the Care Quality Commission can be seen at [\[Link\]](#).

The Care Certificate does not replace employer induction specific to the environment in which practice will take place, nor will it focus on the specific skills and knowledge needed for a specific setting.

## Assessment

Assessment will differ dependent upon the component part of the Care Certificate. It is clearly set out in the framework document. Most assessment should be within a care setting, in practice, with clients, and should be completed face to face by an occupationally competent assessor.

Evidence of performance prefixed with words such as 'demonstrate,' 'take steps to,' 'use' or 'show' must be undertaken in the workplace during the learners real work activity and observed by the assessor unless the use of simulation is expressly allowed. Learners can practice and develop their new skills in a classroom/ skills lab or similar setting but the assessment evidence must be collected during real work activity.

Simulated evidence can only be used where the evidence could not reasonably be assessed in a real work situation or is unlikely to occur during the induction period for example basic life support. It is not permissible to use Skype or other forms of video evidence when assessing performance.

Assessment of knowledge and understanding is prefixed with verbs such as ‘describe,’ ‘explain,’ ‘define,’ ‘list,’ or ‘identify’ and can be undertaken using written or verbal evidence such as the workbook, written questions, case studies or sound files.

Documentation of assessment and evidence of practice should be completed in an individual portfolio/workbook which is the responsibility of the HCSW/ASCW and their employer. This document will be used in gathering evidence for the Care Certificate and in terms of portability can be used as evidence when changing roles or moving between employers. It will also be a place where staff can document their continuing training, education. This methodology brings these roles in line with professional roles in both health and social care.

The portfolio/workbook should also be used to gather assessment information from peers and supervisor. It should include feedback from the patient/people who receive care and support as part of an ongoing appraisal and development process.

## Quality Assurance of the Care Certificate

The employer is responsible for assuring the quality of the teaching and assessment of the Care Certificate. The Registered Manager in Adult Social Care or named person in a health employer will sign off the HCSW/ASCW as having successfully met all the standards to achieve the Care Certificate.

The Registered Manager/ named person must assure themselves that the standard of teaching and assessment is of sufficient quality that they can be confident that the HCSW/ASCW has fully met the standard.

The outcomes of the Care Certificate will be quality assured via the CQCs existing methodology in reviewing its essential standards.

## Award of the Care Certificate

Will be via the employer using the standard national template available at [\[Link\]](#).

## Certification

This should be recorded by the employer and where possible made accessible via a national system. For example NHS Trusts that use it can do this via the Electronic Staff Record. Where the employer does not use a national system the record must be maintained locally and made available where appropriate for inspection purposes.

## Accreditation

It is not the intention or expectation that the Care Certificate will be accredited as a national qualification. The Care Certificate does not require local accreditation by any awarding body or Higher Education Institution, and there is no requirement for it to have external quality assurance. However individual employers may wish to seek accreditation of the learning or external quality assurance.

It is however an expectation that the Care Certificate would provide evidence towards QCF qualifications and Apprenticeships across both Health and Social Care. This framework provides indicative mapping to the relevant QCF units.

## Related resources

This framework document has also mapped the Standards to:

- National Occupational Standards (2013)
- Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (2013)
- Compassion in Practice
- Care Certificate Framework (Assessor Document)
- Care Certificate Framework (HCSW/ ASCW Document)

## Standard 1: Understand Your Role

Outcome – The learner is able to:	Assessment – The learner must:
<b>1.1 Understand their own role</b>	1.1a Describe their main duties and responsibilities  1.1b List the standards and codes of conduct and practice that relate to their role  1.1c Demonstrate that they are working in accordance with the agreed ways of working with their employer  1.1d Explain how their previous experiences, attitudes and beliefs may affect the way they work
<b>1.2 Work in ways that have been agreed with their employer</b>	1.2a Describe their employment rights and responsibilities  1.2b List the aims, objectives and values of the service in which they work  1.2c Explain why it is important to work in ways that are agreed with their employer  1.2d Demonstrate how to access full and up-to-date details of agreed ways of working that are relevant to their role  1.2e Explain how and when to escalate any concerns they might have (whistleblowing)  1.2f Explain why it is important to be honest and identify where errors may have occurred and to tell the appropriate person
<b>1.3 Understand working relationships in health and social care</b>	1.3a Describe their responsibilities to the individuals they support  1.3b Explain how a working relationship is different from a personal relationship  1.3c Describe different working relationships in health and social care settings
<b>1.4 Work in partnership with others</b>	1.4a Explain why it is important to work in teams and in partnership with others.  1.4b Explain why it is important to work in partnership with key people, advocates and others who are significant to an individual  1.4c Demonstrate behaviours, attitudes and ways of working that can help improve partnership working.  1.4d Demonstrate how and when to access support and advice about: <ul style="list-style-type: none"> <li>• partnership working</li> <li>• resolving conflicts</li> </ul>

## Standard 1: Understand your role

**Notes on assessment:** 1.4c requires the HCSW/ ASCW to provide performance evidence however the opportunity to do this may not arise during the period of induction. Other evidence to show that the HCSW/ ASCW would be able to do this if real work evidence is not available is permissible.

### Mapping to other key resources:

#### Code of Conduct

**Standard 3.** Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support

#### National Occupational Standards

- [SCDHSC0023](#) Develop your own knowledge and practice
- [SCDHSC0227](#) Contribute to working in partnership with carers

#### Qualification and Credit Framework Units

- The Role of the Health and Social Care Worker (Unit Ref [J/601/8576](#))

#### The previous National Minimum Training Standards

**NMTS 1.2** Your relationship with others  
**NMTS 1.3** Working in ways that have been agreed with your employer  
**NMTS 1.4** Working in partnership with others  
**NMTS 4.1.** The value and the importance of equality and inclusion  
**NMTS 5.5** Dealing with confrontation and difficult situations

#### The previous Common Induction Standards

**CIS 1.1** Responsibilities and limits of your relationship with an individual  
**CIS 1.2** Working in ways that are agreed with your employer  
**CIS 1.3** The importance of working in partnership with others  
**CIS 2.1** Competence in your own work role within the sector  
**CIS 5.2.2** Be aware of what you can and cannot do within your role in managing conflicts and dilemmas

#### Compassion in Practice (6Cs)

Care, Compassion, Competence, Communication, Courage and Commitment

<b>Standard 2: Your personal development</b>	
<b>Outcome – The learner is able to:</b>	<b>Assessment – The learner must:</b>
<b>2.1 Agree a personal development plan</b>	<p>2.1a Identify sources of support for their own learning and development</p> <p>2.1b Describe the process for agreeing a personal development plan and who should be involved</p> <p>2.1c Explain why feedback from others is important in helping to develop and improve the way they work</p> <p>2.1d Contribute to drawing up own personal development plan</p> <p>2.1e Demonstrate how to record the progress they make in relation to their personal development plan</p>
<b>2.2 Develop their knowledge, skills and understanding</b>	<p>2.2a Describe the functional level of literacy, numeracy and communication skills necessary to carry out their role</p> <p>2.2b Explain how to check their current level of literacy, numeracy and communication skills</p> <p>2.2c Describe how a learning activity has improved their own knowledge, skills and understanding</p> <p>2.2d Describe how reflecting on a situation has improved their own knowledge, skills and understanding</p> <p>2.2e Describe how feedback from others has developed their own knowledge, skills and understanding</p> <p>2.2f Demonstrate how to measure their own knowledge, performance and understanding against relevant standards</p> <p>2.2g List the learning opportunities available to them and how they can use them to improve the way they work</p> <p>2.2h Demonstrate how to record progress in relation to their personal development</p> <p>2.2i Explain why continuing professional development is important</p>

## Standard 2: Your personal development

### Mapping to other key resources:

#### Code of Conduct

6. Strive to improve the quality of healthcare, care and support through continuing professional development

#### National Occupational Standards

- [GEN12](#) Reflect on and evaluate your own values, priorities, interests and effectiveness
- [GEN13](#) Synthesise new knowledge into the development of your own practice
- [SCDHSC0023](#) Develop your own knowledge and practice
- [SCDHSC0033](#) Develop your practice through reflection and learning

#### Qualification and Credit Framework Units

- Introduction to personal development in health, social care or children's and young people's settings (Unit Ref [L/601/5470](#))
- Engage in personal development in health, social care or children's and young people's settings (Unit Ref [A/601/1429](#))

#### The previous National Minimum Training Standards

**NMTS 2.1** Produce a personal development plan  
**NMTS 2.2** Use learning opportunities and 'reflective practice' to contribute to personal development

#### The previous Common Induction Standards

**CIS 2.2** Reflective practice  
**CIS 2.3** Evaluating own performance  
**CIS 2.4** Producing a personal development plan

#### Compassion in Practice (6Cs)

Competence and Commitment

Standard 3: Duty of Care	
Outcome – The learner is able to:	Assessment – The learner must:
<b>3.1 Understand how duty of care contributes to safe practice</b>	3.1a Define ‘duty of care’ 3.1b Describe how the duty of care affects their own work role
<b>3.2 Understand the support available for addressing dilemmas that may arise about duty of care</b>	3.2a Describe dilemmas that may arise between the duty of care and an individual’s rights 3.2b Explain what they must and must not do within their role in managing conflicts and dilemmas 3.2c Explain where to get additional support and advice about how to resolve such dilemmas
<b>3.3 Deal with Comments and complaints</b>	3.3a Demonstrate how to respond to comments and complaints in line with legislation and agreed ways of working 3.3b Describe who to ask for advice and support in handling comments and complaints 3.3c Explain the importance of learning from comments and complaints to improve the quality of service
<b>3.4 Deal with Incidents, errors and near misses</b>	3.4a Describe how to recognise adverse events, incidents, errors and near misses 3.4b Explain what they must and must not do in relation to adverse events, incidents, errors and near misses 3.4c List the legislation and agreed ways of working in relation to reporting any adverse events, incidents, errors and near misses
<b>3.5 Deal with confrontation and difficult situations</b>	3.5a List the factors and difficult situations that may cause confrontation 3.5b Describe how communication can be used to solve problems and reduce the likelihood or impact of confrontation 3.5c Describe how to assess and reduce risks in confrontational situations 3.5d Demonstrate how and when to access support and advice about resolving conflicts 3.5e Explain the agreed ways of working for reporting any confrontations

## Standard 3: Duty of Care

**Notes on assessment:** 3.5d requires the HCSW/ ASCW to provide performance evidence however the opportunity to do this may not arise during the period of induction. Other evidence to show that the HCSW/ ASCW would be able to do this such as role play or simulation is permissible.

### Mapping to other key resources:

#### Code of Conduct

**Purpose:** You are responsible for, and have a duty of care to ensure that your conduct does not fall below the standards detailed in the Code. Nothing that you do, or omit to do, should harm the safety and wellbeing of people who use health and care services, and the public.

#### National Occupational Standards

- [SCDCCLD0203](#) Support the development of children and young people
- [SCDHSC0024](#) Support the safeguarding of individuals
- [SCDHSC0034](#) Promote the safeguarding of children and young people
- [SCDHSC0035](#) Promote the safeguarding of individuals
- [SCDLDS2](#) Safeguard and protect the well-being of children and young people

#### Qualification and Credit Framework Units

- Introduction to duty of care in health, social care or children's and young people's settings (Unit Ref [H/601/5474](#))
- Principles for implementing duty of care in health, social care or children's and young people's settings (Unit Ref [R/601/1436](#))

#### The previous National Minimum Training Standards

**NMTS 5.1** Understand how duty of care contributes to safe practice  
**NMTS 5.2.** Know how to address dilemmas that may arise between an individual's rights and the duty of care  
**NMTS 5.3** Comments and Complaints  
**NMTS 5.4** Incidents, errors and near misses  
**NMTS 5.5** Dealing with confrontation and difficult situations

#### The previous Common Induction Standards

**CIS 5.1** Understand how duty of care contributes to safe practice  
**CIS 5.2** Know how to address dilemmas that may arise between an individual's rights and the duty of care  
**CIS 5.3** Know how to recognise and handle comments and complaints  
**CIS 5.4** Know how to recognise and handle adverse events, incidents, errors and near misses

#### Compassion in Practice (6Cs)

Care, Compassion, Competence, Communication, Courage and Commitment

<b>Standard 4: Equality and Diversity</b>	
<b>Outcome – The learner is able to:</b>	<b>Assessment – The learner must:</b>
<b>4.1 Understand the importance of equality and inclusion</b>	<p>4.1a Explain what is meant by:</p> <ul style="list-style-type: none"> <li>• diversity</li> <li>• equality</li> <li>• inclusion</li> <li>• discrimination</li> </ul> <p>4.1b Describe ways in which discrimination may deliberately or inadvertently occur in the work setting</p> <p>4.1c Explain how practices that support equality and inclusion reduce the likelihood of discrimination</p>
<b>4.2 Work in an inclusive way</b>	<p>4.2a Identify which legislation and codes of practice relating to equality, diversity and discrimination apply to their own role</p> <p>4.2b Demonstrate interaction with individuals that respects their beliefs, culture, values and preferences</p> <p>4.2c Describe how to challenge discrimination in a way that encourages positive change</p>
<b>4.3 Access information, advice and support about diversity, equality and inclusion</b>	<p>4.3a Identify a range of sources of information, advice and support about diversity, equality and inclusion</p> <p>4.3b Describe how and when to access information, advice and support about diversity, equality and inclusion</p> <p>4.3c Explain who to ask for advice and support about equality and inclusion</p>

## Standard 4: Equality and Diversity

### Mapping to other key resources:

#### Code of Conduct

7. Uphold and promote equality, diversity and inclusion

#### National Occupational Standards

- [GEN12](#) Reflect on and evaluate your own values, priorities, interests and effectiveness
- [SCDCCLD0203](#) Support the development of children and young people
- [SCDHSC0024](#) Support the safeguarding of individuals
- [SCDHSC0034](#) Promote the safeguarding of children and young people
- [SCDHSC0035](#) Promote the safeguarding of individuals
- [SCDHSC0234](#) Uphold the rights of individuals
- [SCDHSC3111](#) Promote the rights and diversity of individuals

#### Qualification and Credit Framework Units

- Introduction to equality and inclusion in health, social care or children's and young people's settings (Unit Ref [R/601/5471](#))
- Promote equality and inclusion in health, social care or children's and young people's settings (Unit Ref [Y/601/1437](#))

#### The previous National Minimum Training Standards

**NMTS 4.1.** The value and the importance of equality and inclusion

**NMTS 4.2** Providing inclusive support

**NMTS 4.3** Accessing information, advice and support about equality and inclusion

#### The previous Common Induction Standards

**CIS 4.1** The value and the importance of equality and Inclusion

**CIS 4.2** Providing inclusive support

**CIS 4.3** Access information, advice and support about equality and inclusion

#### Compassion in Practice (6Cs)

Care, Compassion, Competence, Communication, Courage and Commitment

<b>Standard 5: Work in a person centred way</b>	
<b>Outcome – The learner is able to:</b>	<b>Assessment – The learner must:</b>
<b>5.1 Understand person centred values</b>	<p>5.1a Describe how to put person-centred values into practice in their day-to-day work</p> <p>5.1b Describe why it is important to work in a way that promotes person centred values when providing support to individuals</p> <p>5.1c Identify ways to promote dignity in their day-to-day work</p>
<b>5.2 Understand working in a person centred way</b>	<p>5.2a Describe the importance of finding out the history, preferences, wishes and needs of the individual</p> <p>5.2b Explain why the changing needs of an individual must be reflected in their care and/or support plan</p> <p>5.2c Explain the importance of supporting individuals to plan for their future wellbeing and fulfilment, including end-of-life care</p>
<b>5.3 Demonstrate awareness of the individuals immediate environment and make changes to address factors that may be causing discomfort or distress</b>	<p>5.3a Take appropriate steps to remove or minimise the environmental factors causing the discomfort or distress. This could include:</p> <ul style="list-style-type: none"> <li>• Lighting</li> <li>• Noise</li> <li>• Temperature</li> <li>• Unpleasant odours</li> </ul> <p>5.3b Report any concerns they have to the relevant person. This could include:</p> <ul style="list-style-type: none"> <li>• Senior member of staff</li> <li>• Carer</li> <li>• Family member</li> </ul>
<b>5.4 Make others aware of any actions they may be undertaking that are causing discomfort or distress to individuals</b>	<p>5.4a Raise any concerns directly with the individual concerned</p> <p>5.4b Raise any concern with their supervisor/ manager</p> <p>5.4c Raise any concerns via other channels or systems e.g. at team meetings</p>
<b>5.5 Support individuals to minimise pain or discomfort</b>	<p>5.5a Ensure that where individuals have restricted movement or mobility that they are comfortable.</p> <p>5.5b Recognise the signs that an individual is in pain or discomfort. This could include:</p> <ul style="list-style-type: none"> <li>• Verbal reporting from the individual</li> <li>• Non-verbal communication</li> <li>• Changes in behaviour</li> </ul> <p>5.5c Take appropriate action where there is pain or discomfort. This could include:</p> <ul style="list-style-type: none"> <li>• Re-positioning</li> <li>• Reporting to a more senior member of staff</li> <li>• Giving prescribed pain relief medication</li> </ul>

	<ul style="list-style-type: none"> <li>• Equipment or medical devices are working properly or in the correct position e.g. wheelchairs, prosthetics, catheter tubes</li> </ul> <p>5.5d Remove or minimise any environmental factors causing pain or discomfort. These could include:</p> <ul style="list-style-type: none"> <li>• Wet or soiled clothing or bed linen</li> <li>• Poorly positioned lighting</li> <li>• Noise</li> </ul>
<p><b>5.6 Support the individual to maintain their identity and self-esteem</b></p>	<p>5.6a Explain how individual identity and self-esteem are linked to emotional and spiritual wellbeing</p> <p>5.6b Demonstrate that their own attitudes and behaviours promote emotional and spiritual wellbeing</p> <p>5.6c Support and encourage individuals own sense of identity and self-esteem</p> <p>5.6d Report any concerns about the individual’s emotional and spiritual wellbeing to the appropriate person. This could include:</p> <ul style="list-style-type: none"> <li>• Senior member of staff</li> <li>• Carer</li> <li>• Family member</li> </ul>
<p><b>5.7 Support the individual using person centred values</b></p>	<p>5.7a Demonstrate that their actions promote person centred values including:</p> <ul style="list-style-type: none"> <li>• individuality</li> <li>• independence</li> <li>• privacy</li> <li>• partnership</li> <li>• choice</li> <li>• dignity</li> <li>• respect</li> <li>• rights</li> </ul>

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## Standard 5: Work in a person centred way

### Mapping to other key resources:

#### Code of Conduct

2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times
3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support

#### National Occupational Standards

- [SCDHSC0024](#) Support the safeguarding of individuals
- [SCDHSC0026](#) Support individuals to access information on services and facilities
- [SCDHSC0035](#) Promote the safeguarding of individuals
- [SCDHSC0234](#) Uphold the rights of individuals
- [SCDHSC0332](#) Promote individuals' positive self-esteem and sense of identity
- [SCDHSC0350](#) Support the spiritual wellbeing of individuals

#### Qualification and Credit Framework Units

- Implement person centred approaches in health and social care (Unit Ref [A/601/8140](#))
- Promote person centred approaches in health and social care (Unit Ref [Y/601/8145](#))

#### The previous National Minimum Training Standards

**NMTS 3.1** The importance of effective communication at work  
**NMTS 7.1** Person-centred values  
**NMTS 7.2** Working in a person-centred way  
**NMTS 7.4** Supporting active participation  
**NMTS 7.5** Supporting an individual's right to make choices  
**NMTS 7.6** Promoting the emotional and spiritual wellbeing of those you support

#### The previous Common Induction Standards

**CIS 3.1** Importance of effective communication in the work setting  
**CIS 7.1** Promote person-centred values in everyday work.  
**CIS 7.2** Working in a person-centred way  
**CIS 7.4** Supporting active participation  
**CIS 7.5** Supporting an individual's rights to make choices  
**CIS 7.6** Promoting spiritual and emotional well-being

#### Compassion in Practice (6Cs)

Care, Compassion, Competence, Communication, Courage and Commitment

Standard 6: Communication	
Outcome – The learner is able to:	Assessment – The learner must:
<b>6.1 Understand the importance of effective communication at work</b>	<p>6.1a Describe the different ways that people communicate</p> <p>6.1b Describe how communication affects relationships at work</p> <p>6.1c Describe why it is important to observe and be receptive to an individual's reactions when communicating with them</p>
<b>6.2 Understand how to meet the communication and language needs, wishes and preferences of individuals</b>	<p>6.2a Describe how to establish an individual's communication and language needs, wishes and preferences</p> <p>6.2b List a range of communication methods and styles that could help meet an individual's communication needs, wishes and preferences</p>
<b>6.3 Understand how to promote effective communication</b>	<p>6.3a List barriers to effective communication</p> <p>6.3b Describe ways to reduce barriers to effective communication</p> <p>6.3c Describe how to check whether they (the HCSW/ASCW) have been understood</p> <p>6.3d Describe where to find information and support or services, to help them communicate more effectively</p>
<b>6.4 Understand the principles and practices relating to confidentiality</b>	<p>6.4a Describe what confidentiality means in relation to their role</p> <p>6.4b List any legislation and agreed ways of working to maintain confidentiality in day-to-day communication</p> <p>6.4c Describe situations where information, normally considered to be confidential, might need to be passed on</p> <p>6.4d Describe who they should ask for advice and support about confidentiality</p>
<b>6.5 Use appropriate verbal and non-verbal communication</b>	<p>6.5a Demonstrate the use appropriate verbal and non-verbal communication:</p> <p>Verbal:</p> <ul style="list-style-type: none"> <li>• Tone</li> <li>• Volume</li> </ul> <p>Non-verbal:</p> <ul style="list-style-type: none"> <li>• Position/ proximity</li> <li>• Eye contact</li> <li>• Body language</li> <li>• Touch</li> <li>• Signs</li> <li>• Symbols and pictures</li> <li>• Writing</li> <li>• Objects of reference</li> </ul>

	<ul style="list-style-type: none"> <li>• Human and technical aids</li> </ul> <p>Communication may take place:</p> <ul style="list-style-type: none"> <li>• face to face</li> <li>• by telephone or text</li> <li>• by email, internet or social networks</li> <li>• by written reports or letters</li> </ul>
<p><b>6.6 Support the use of appropriate communication aids/ technologies</b></p>	<p>6.6a Ensure that any communication aids/ technologies are:</p> <ul style="list-style-type: none"> <li>• Clean</li> <li>• Work properly</li> <li>• In good repair</li> </ul> <p>6.6b Report any concerns about the communication aid/ technology to the appropriate person. This could include:</p> <ul style="list-style-type: none"> <li>• Senior member of staff</li> <li>• Carer</li> <li>• Family member</li> </ul>

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## Standard 6: Communication

### Mapping to other key resources:

#### Code of Conduct

4. Communicate in an open and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers

#### National Occupational Standards

- [GEN97](#) Communicate effectively in a healthcare environment
- [SCDCCLD0201](#) Support effective communication
- [SCDHSC0031](#) Promote effective communication
- [SCDHSC00243](#) Support the safe use of materials and equipment
- [SCDLDS1](#) Communicate, engage and build positive relationships with children and young people and their families

#### Qualification and Credit Framework Units

- Introduction to communication in health, social care or children's and young people's settings (Unit Ref [F/601/5465](#))
- Promote communication in health, social care or children's and young people's settings (Unit Ref [J/601/1434](#))

#### The previous National Minimum Training Standards

**NMTS 3.1** The importance of effective communication at work  
**NMTS 3.2** Meeting the communication and language needs, wishes and preferences of individuals  
**NMTS 3.2.2** Understand a range of communication methods and styles that could help meet an individual's communication needs, wishes and preferences  
**NMTS 3.3** Promoting effective communication  
**NMTS 3.4** Understand the principles and practices relating to confidentiality

#### The previous Common Induction Standards

**CIS 3.1** Importance of effective communication in the work setting  
**CIS 3.2** Meeting the communication and language needs, wishes and preferences of individuals  
**CIS 3.2.2** Understand a range of communication methods and styles that could help meet an individual's communication needs, wishes and preferences  
**CIS 3.3** Overcoming difficulties in promoting communication  
**CIS 3.4** Understand principles and practices relating to confidentiality

#### Compassion in Practice (6Cs)

Care, Compassion, Competence, Communication, Courage and Commitment

<b>Standard 7: Privacy and Dignity</b>	
<b>Outcome – The learner is able to:</b>	<b>Assessment – The learner must:</b>
<b>7.1 Understand the principles that underpin privacy and dignity in care</b>	<p>7.1a Describe what is meant by privacy and dignity</p> <p>7.1b List situations where an individual’s privacy and dignity could be compromised</p> <p>7.1c Describe how to maintain privacy and dignity in the work setting</p>
<b>7.2 Maintain the privacy and dignity of the individual(s) in their care</b>	<p>7.2a Demonstrate that their actions maintain the privacy of the individual. This could include:</p> <ul style="list-style-type: none"> <li>• Using appropriate volume to discuss the care and support of an individual</li> <li>• Discussing the individuals care and support in a place where others cannot overhear</li> </ul> <p>7.2b Demonstrate that the privacy and dignity of the individual is maintained at all times being in line with the person’s individual needs and preferences when providing personal care. This could include:</p> <ul style="list-style-type: none"> <li>• Making sure doors, screens or curtains are in the correct position</li> <li>• Getting permission before entering someone’s personal space</li> <li>• Knocking before entering the room</li> <li>• Ensuring any clothing, hospital gowns are positioned correctly</li> <li>• The individual is positioned appropriately and the individual is not exposing any part of their body they would not want others to be able to see</li> </ul> <p>7.2c Explain why it is important not to disclose anything about the individual that they may wish to be kept private, unless it is appropriate to do so. This could include:</p> <ul style="list-style-type: none"> <li>• Health condition</li> <li>• Sexual orientation</li> <li>• Personal history</li> <li>• Social circumstances</li> </ul> <p>7.2d Report any concerns they have to the relevant person. This could include:</p> <ul style="list-style-type: none"> <li>• Senior member of staff</li> <li>• Carer</li> <li>• Family member</li> </ul>
<b>7.3 Support an individual’s right to make choices</b>	<p>7.3a Describe ways of helping individuals to make informed choices</p> <p>7.3b Explain how risk assessment processes can be used to support the right of individuals to make their own decisions</p> <p>7.3c Explain why personal views must not influence an individual’s own choices or decisions</p> <p>7.3d Describe why there may be times when they need to support an individual to question or challenge decisions made about them by others</p>
<b>7.4 Support individuals in making choices about their care</b>	<p>7.4a Demonstrate how to support individuals to make informed choices</p> <p>7.4b Ensure any risk assessment processes are used to support the right of individuals to make their own decisions</p>

	<p>7.4c Ensure their own personal views do not influence an individual's own choices or decisions</p> <p>7.4d Describe how to support individuals to question or challenge decisions made about them by others</p> <p>7.4e Describe how to report or report any concerns they have to the relevant person. This could include:</p> <ul style="list-style-type: none"> <li>• Senior member of staff</li> <li>• Carer</li> <li>• Family member</li> </ul>
<p><b>7.5 Understand how to support active participation</b></p>	<p>7.5a Describe the importance of how valuing people contributes to active participation</p> <p>7.5b Explain how to enable individuals to make informed choices about their lives</p> <p>7.5c List other ways they can support active participation</p> <p>7.5d Describe the importance of enabling individuals to develop skills in self-care and to maintain their own network of friends within their community</p>
<p><b>7.6 Support the individual in active participation in their own care</b></p>	<p>7.6a Demonstrate that they can support the active participation of individuals in their care</p> <p>7.6b Reflect on how their own personal views could restrict the individual's ability to actively participate in their care</p> <p>7.6c Report any concerns to the relevant person. This could include:</p> <ul style="list-style-type: none"> <li>• Senior member of staff</li> <li>• Carer</li> <li>• Family member</li> </ul>

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## Standard 7: Privacy and Dignity

### Mapping to other key resources:

#### Code of Conduct

2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times

#### National Occupational Standards

- [CHS 6](#) Move and position individuals
- [SCDHSC0024](#) Support the safeguarding of individuals
- [SCDHSC0035](#) Promote the safeguarding of individuals
- [SCDHSC0223](#) Contribute to moving and positioning individuals
- [SCDHSC0234](#) Uphold the rights of individuals
- [SCDHSC3111](#) Promote the rights and diversity of individuals

#### Qualification and Credit Framework Units

- Implement person centred approaches in health and social care (Unit Ref [A/601/8140](#))
- Promote person centred approaches in health and social care (Unit Ref [Y/601/8145](#))
- Handle information in health and social care settings (Unit Ref [J/601/8142](#))
- Promote good practice in handling information in health and social care settings (Unit Ref [J/601/9470](#))
- Introduction to equality and inclusion in health, social care or children's and young people's settings (Unit Ref [R/601/5471](#))
- Promote equality and inclusion in health, social care or children's and young people's settings (Unit Ref [Y/601/1437](#))

#### The previous National Minimum Training Standards

**NMTS 7.1** Person-centred values  
**NMTS 7.4** Supporting active participation  
**NMTS 7.4.2** Know how to enable individuals to make informed choices about their lives  
**NMTS 7.5** Supporting an individual's right to make choices  
**NMTS 8.3.3** Understand how to move and assist people and objects safely, maintaining the individual's dignity, and in line with legislation and agreed ways of working

#### The previous Common Induction Standards

**CIS 7.1** Promote person-centred values in everyday work  
**CIS 7.4** Supporting active participation  
**CIS 7.4.2** Know ways of enabling individuals to make informed choices about their lives  
**CIS 7.5** Supporting an individual's rights to make choices  
**CIS 8.3.3** Understand how to move and position people and/or objects safely, maintaining the individual's dignity, and in line with legislation and agreed ways of working

#### Compassion in Practice (6Cs)

Care, Compassion, Competence, Communication, Courage and Commitment

<b>Standard 8: Fluids and nutrition</b>	
<b>Outcome – The learner is able to:</b>	<b>Assessment – The learner must:</b>
<b>8.1 Understand the principles of hydration, nutrition and food safety</b>	<p>8.1a Describe the importance of food safety, including hygiene, in the preparation and handling of food</p> <p>8.1b Explain the importance of good nutrition and hydration in maintaining health and wellbeing</p> <p>8.1c List signs and symptoms of poor nutrition and hydration</p> <p>8.1d Explain how to promote adequate nutrition and hydration</p>
<b>8.2 Support individuals to have access to fluids in accordance with their plan of care</b>	<p>8.2a Ensure drinks are within reach of those that have restrictions on their movement/ mobility</p> <p>8.2b Ensure that drinks are refreshed on a regular basis</p> <p>8.2c Ensure that individuals are offered drinks in accordance with their plan of care</p> <p>8.2d Support and encourage individuals to drink in accordance with their plan of care</p> <p>8.2e Report any concerns to the relevant person. This could include:</p> <ul style="list-style-type: none"> <li>• Senior member of staff</li> <li>• Carer</li> <li>• Family member</li> </ul>
<b>8.3 Support individuals to have access to food and nutrition in accordance with their plan of care</b>	<p>8.3a Ensure any nutritional products are within reach of those that have restrictions on their movement/ mobility</p> <p>8.3b Ensure food is at the appropriate temperature</p> <p>8.3c Ensure food is presented in accordance with the plan of care i.e. the individual is able to eat it</p> <p>8.3d Ensure that appropriate utensils are available to enable the individual to meet their nutritional needs as independently as possible</p> <p>8.3e Support and encourage individuals to eat in accordance with their plan of care</p> <p>8.3f Report any concerns to the relevant person. This could include:</p> <ul style="list-style-type: none"> <li>• Senior member of staff</li> <li>• Carer</li> <li>• Family member</li> </ul>

## Standard 8: Fluids and nutrition

**Notes on assessment:** This Standard requires the HCSW/ ASCW to provide performance evidence. Whilst supporting individuals with meeting their fluid and nutritional needs may not seem to be part of every HCSW or ASCW role it is important to ensure that wherever you are working that people have appropriate access to fluids and nutrition. Examples of this may be:

- An Outpatient Department making sure that people are offered a drink if they have been waiting for a long time or it's a hot day especially if they have restrictions on their movement/ mobility.
- Ensuring disposable cups are available where there are water coolers/ fountains. It may be the duty of another worker to do this but if they notice there are no disposable cups they should take action to ensure these are replaced.
- An OT Assistant may undertake an assessment of the person's daily living skills in order to maintain or increase the independence of the individual with eating.
- In the normal course of work they may visit someone on a ward or in a residential care setting and notice the individual is having difficulty with eating. You must report any concerns you have.

### Mapping to other key resources:

#### Code of Conduct

**2.** Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times

**3.** Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support

#### National Occupational Standards

- [SCDHSC0213](#) Provide food and drink to promote individuals' health and well being
- [SCDHSC0214](#) Support individuals to eat and drink

#### Qualification and Credit Framework Units

- Support individuals to eat and drink (Unit ref [M/601/8054](#))

#### The previous National Minimum Training Standards

**NMTS 8.10** Food safety, nutrition and hydration

#### The previous Common Induction Standards

**CIS 8.11** Food safety, nutrition and hydration

#### Compassion in Practice (6Cs)

Care, Compassion, Competence, Communication, Courage and Commitment

Standard 9: Dementia and Cognitive issues	
Outcome – The learner is able to:	Assessment – The learner must:
<b>9.1 Recognise possible signs of Dementia and other cognitive issues</b>	<p>9.1a Be aware of possible signs of dementia and other cognitive issues in the individuals they work with</p> <p>9.1b Explain why depression, delirium and age related memory impairment may be mistaken for dementia</p> <p>9.1c Explain why early diagnosis is important in relation to dementia and other cognitive issues</p> <p>9.1d Describe when assessments of capacity need to be made and used</p> <p>9.1e Identify who they should tell, and how, if they suspect symptoms associated with dementia and other cognitive issues</p>

## Standard 9: Dementia and cognitive issues

### Notes on assessment:

Assessment of this standard must include the learners knowledge of the Mental Capacity Act (2005) sets out a checklist of things to consider when deciding what's in a person's 'best interests'.

### Mapping to other key resources:

Code of Conduct
n/a

National Occupational Standards
<ul style="list-style-type: none"> <li>• <a href="#">MH14.2013</a> Identify potential mental health needs and related issues</li> </ul>

Qualification and Credit Framework Units
<ul style="list-style-type: none"> <li>• Dementia Awareness (Unit Ref <a href="#">J/601/2874</a>)</li> <li>• Understand the process and experience of Dementia (Unit ref <a href="#">J/601/3538</a>)</li> <li>• Understand Mental Health Problems (Unit ref <a href="#">J/602/0103</a>)</li> </ul>

The previous National Minimum Training Standards	The previous Common Induction Standards
<b>NMTS 7.3</b> Recognising cognitive issues	<b>CIS 7.3</b> Recognising possible signs of dementia

Compassion in Practice (6Cs)
Care, Compassion, Competence, Communication, Courage and Commitment

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## Standard 10: Safeguarding Adults

Outcome – The learner is able to:	Assessment – The learner must:
<b>10.1 Understand the principles of Safeguarding adults</b>	10.1a Explain the term safeguarding adults 10.1b Explain their own role and responsibilities in safeguarding individuals 10.1c List the main types of abuse 10.1d Describe what constitutes harm 10.1e Explain why an individual may be vulnerable to harm or abuse 10.1f Describe what constitutes restrictive practices 10.1g List the signs and symptoms associated with abuse 10.1h Describe the nature and scope of harm to and abuse of adults at risk 10.1i List a range of factors which have featured in adult abuse and neglect 10.1j Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing health and care services 10.1k Describe where to get information and advice about their role and responsibilities in preventing and protecting individuals from harm and abuse
<b>10.2 Reduce the likelihood of abuse</b>	10.2a Describe how care environments can promote or undermine people’s dignity and rights 10.2b Explain the importance of individualised, person centred care 10.2c Explain how to apply the basic principles of helping people to keep themselves safe 10.2d Explain the local arrangements for the implementation of multi-agency Safeguarding Adult’s policies and procedures 10.2e List ways in which the likelihood of abuse can be reduced by managing risk and focusing on prevention 10.2f Explain how a clear complaints procedure for reducing the likelihood of abuse
<b>10.3 Respond to suspected or disclosed abuse</b>	10.3a Explain what to do if abuse of an adult is suspected; including how to raise concerns within local whistleblowing policy procedures
<b>10.4 Protect people from harm and abuse – locally and nationally</b>	10.4a List relevant legislation, local and national policies and procedures which relate to safeguarding adults 10.4b Explain the importance of sharing information with the relevant agencies 10.4c Describe the actions to take if they experience barriers in alerting or referring to relevant agencies

## Standard 10: Safeguarding Adults

**Notes on assessment:** 10.1i requires the HCSW/ ASCW to provide performance evidence. Evidence for this can be cross referenced from other Standards where the evidence is not produced directly against this Standard.

### Mapping to other key resources:

#### Code of Conduct

**1.5** tell your supervisor or employer about any issues that might affect your ability to do your job competently and safely. If you do not feel competent to carry out an activity, you must report this.

**1.9** report any actions or omissions by yourself or colleagues that you feel may compromise the safety or care of people who use health and care services and, if necessary use whistleblowing procedures to report any suspected wrongdoing.

**3.** Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support.

**6.4** improve the quality and safety of the care you provide with the help of your supervisor (and a mentor if available), and in line with your agreed ways of working.

#### National Occupational Standards

- [SCDHSC0024](#) Support the safeguarding of individuals

#### Qualification and Credit Framework Units

- Principles of safeguarding and protection in health and social care (Unit ref [A/601/8574](#))

#### The previous National Minimum Training Standards

**NMTS 5.1.2** Know how a duty of care contributes to the safeguarding or protection of individuals  
**NMTS Standard 6 – Safeguarding**  
**NMTS 6.1** Recognising harm or abuse  
**NMTS 6.2** Reducing the likelihood of abuse  
**NMTS 6.3** Responding to suspected or disclosed abuse  
**NMTS 6.4** Protecting people from harm and abuse – locally and nationally

#### The previous Common Induction Standards

**CIS 5.1.2** Explain how duty of care contributes to the safeguarding or protection of individuals  
**CIS Standard 6 - Principles of safeguarding in health and social care**  
**CIS 6.1** Recognising signs of harm or abuse  
**CIS 6.2** Ways to reduce likelihood of abuse  
**CIS 6.3** Responding to suspected or disclosed abuse  
**CIS 6.4** National and local context of protection from harm and abuse

#### Compassion in Practice (6Cs)

Care, Compassion, Competence, Communication, Courage and Commitment

## Standard 11: Safeguarding Children

Outcome – The learner is able to:	Assessment – The learner must:
<b>11.1 Safeguard children</b>	<p>11.1a Meet the national minimum training standards for Safeguarding Children as set out in “<i>Safeguarding Children and Young people: roles and competences for health care staff.</i>” (Intercollegiate Royal College of Paediatrics and Child Health 2010).</p> <p><b>If they work in health:</b> According to role, they will undertake either</p> <p><b>Level 2:</b> Minimum level required for clinical staff who have some degree of contact with children and young people and/or parents/carers.</p> <p>or</p> <p><b>Level 3:</b> Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.</p> <p><b>If they work in Social Care:</b></p> <p>Explain what they must do if they suspect a child, young person (met in any circumstances) is being abused or neglected</p>

## Standard 11: Safeguarding Children

### Mapping to other key resources:

#### Code of Conduct

**1.5** tell your supervisor or employer about any issues that might affect your ability to do your job competently and safely. If you do not feel competent to carry out an activity, you must report this.

**1.9** report any actions or omissions by yourself or colleagues that you feel may compromise the safety or care of people who use health and care services and, if necessary use whistleblowing procedures to report any suspected wrongdoing.

**3.** Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support.

**6.4** improve the quality and safety of the care you provide with the help of your supervisor (and a mentor if available), and in line with your agreed ways of working.

#### National Occupational Standards

- [SCDHSC0034](#) Promote the safeguarding of children and young people

#### Qualification and Credit Framework Units

- Understand How to Safeguard the Wellbeing of Children and Young People (Unit ref [Y/601/1695](#))

#### The previous National Minimum Training Standards

**NMTS 5.1.2** Know how a duty of care contributes to the safeguarding or protection of individuals  
**NMTS Standard 6 – Safeguarding**  
**NMTS 6.1** Recognising harm or abuse  
**NMTS 6.2** Reducing the likelihood of abuse  
**NMTS 6.3** Responding to suspected or disclosed abuse  
**NMTS 6.4** Protecting people from harm and abuse – locally and nationally

#### The previous Common Induction Standards

**CIS 5.1.2** Explain how duty of care contributes to the safeguarding or protection of individuals  
**CIS Standard 6 - Principles of safeguarding in health and social care**  
**CIS 6.1** Recognising signs of harm or abuse  
**CIS 6.2** Ways to reduce likelihood of abuse  
**CIS 6.3** Responding to suspected or disclosed abuse  
**CIS 6.4** National and local context of protection from harm and abuse

#### Compassion in Practice (6Cs)

Care, Compassion, Competence, Communication, Courage and Commitment

Standard 12: Basic Life Support	
Outcome – The learner is able to:	Assessment – The learner must:
<b>12.1 Provide basic life support</b>	<p>12.1a Be able to carry out basic life support.</p> <p>They will complete the appropriate Basic Life Support Training at Level 2 as specified by the UK Resuscitation Council.</p> <ul style="list-style-type: none"> <li>• If working with Adults in health and social care they will undertake training in adult basic life support.</li> <li>• If working with Paediatric patients in health they will undertake training in paediatric basic life support.</li> <li>• If working with Newborn patients in health they will undertake training in newborn life support.</li> </ul> <p>Guidance:</p> <ul style="list-style-type: none"> <li>• Resuscitation Council 2010 Resuscitation Guidelines</li> <li>• Cardiopulmonary Resuscitation – Standards for clinical practice and training Joint Statement</li> </ul>

## Standard 12: Basic Life Support

**Notes on assessment:** Simulation is permissible.

**Mapping to other key resources:**

Code of Conduct
n/a

National Occupational Standards
<ul style="list-style-type: none"> <li>• <a href="#">CHS36</a> Provide Basic Life Support</li> </ul>

Qualification and Credit Framework Units
<ul style="list-style-type: none"> <li>• Basic adult life support and automated external defibrillation (Unit ref <a href="#">L/602/5058</a>)</li> </ul>

The previous National Minimum Training Standards	The previous Common Induction Standards
n/a	n/a

Compassion in Practice (6Cs)
Care, Compassion, Competence, Communication, Courage and Commitment

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<b>Standard 13: Health and safety</b>	
<b>Outcome – The learner is able to:</b>	<b>Assessment – The learner must:</b>
<b>13.1 Understand their own responsibilities, and the responsibilities of others, relating to health and safety in the work setting</b>	<p>13.1a Identify legislation relating to general health and safety in a health or social care work setting</p> <p>13.1b Describe the main points of the health and safety policies and procedures agreed with the employer</p> <p>13.1c Outline the main health and safety responsibilities of:</p> <ul style="list-style-type: none"> <li>• self</li> <li>• the employer or manager</li> <li>• others in the work setting</li> </ul> <p>13.1d List tasks relating to health and safety that should not be carried out without special training</p> <p>13.1e Explain how to access additional support and information relating to health and safety</p> <p>13.1f Describe different types of accidents and sudden illness that may occur in their own work setting</p>
<b>13.2 Understand Risk Assessment</b>	<p>13.2a Explain why it is important to assess the health and safety risks posed by particular work settings, situations or activities</p> <p>13.2b Describe how and when to report health and safety risks that they have identified</p>
<b>13.3 Move and assist safely</b>	<p>13.3a Identify key pieces of legislation that relate to moving and assisting</p> <p>13.3b List tasks relating to moving and assisting that they are not allowed to carry out until they are competent</p> <p>13.3c Demonstrate how to move and assist people and objects safely, maintaining the individual's dignity, and in line with legislation and agreed ways of working</p>
<b>13.4 Understand procedures for responding to accidents and sudden illness</b>	<p>13.4a List the different types of accidents and sudden illness that may occur in the course of their work</p> <p>13.4b Describe the procedures to be followed if an accident or sudden illness should occur</p> <p>13.4c List the emergency first aid actions they are and are <u>not</u> allowed to carry out</p>
<b>13.5 Understand medication and healthcare tasks</b>	<p>13.5a Describe the agreed ways of working in relation to medication</p> <p>13.5b Describe the agreed ways of working in relation to healthcare tasks</p> <p>13.5c List the tasks relating to medication and health care procedures that they are <u>not</u> allowed to carry out until they are competent</p>
<b>13.6 Handle hazardous substances</b>	<p>13.6a Describe the hazardous substances in their workplace</p> <p>13.6b Demonstrate safe practices for storing, using and disposing of hazardous substances</p>

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<b>13.7 Promote fire safety</b>	<p>13.7a Explain how to prevent fires from starting or spreading</p> <p>13.7b Describe what to do in the event of a fire</p>
<b>13.8 Work securely</b>	<p>13.8a Describe the measures that are designed to protect their own security at work, and the security of those they support</p> <p>13.8b Explain the agreed ways of working for checking the identity of anyone requesting access to premises or information</p>
<b>13.9 Manage stress</b>	<p>13.9a Recognise common signs and indicators of stress in themselves and others</p> <p>13.9b Identify circumstances that tend to trigger stress in themselves and others</p> <p>13.9c List ways to manage stress</p>

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## Standard 13: Health and Safety

**Notes on assessment:** 13.3c requires the HCSW/ ASCW to provide performance evidence. However, some HCSW/ASCW may not be employed in settings where moving and handling of individuals is required. Other evidence to show that the HCSW/ ASCW would be able to do this such as role play or simulation is permissible.

### Mapping to other key resources:

#### Code of Conduct

1. Be accountable by making sure you can answer for your actions or omissions
2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times
3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support
4. Communicate in an open and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers

#### National Occupational Standards

- [CHS2](#) Assist in the administration of medicine
- [CHS 6](#) Move and position individuals
- [SCDHSC0022](#) Support the health and safety of yourself and individuals
- [SCDHSC0223](#) Contribute to moving and positioning individuals
- [SCDHSC0032](#) Promote health, safety and security in the work setting

#### Qualification and Credit Framework Units

- Contribute to health and safety in health and social care (Unit ref [R/601/8922](#))
- Promote and implement health and safety in health and social care (Unit ref [F/601/8138](#))
- Move and position individuals in accordance with their plan of care (Unit ref [J/601/8027](#))
- Understanding assisting and moving individuals (Unit ref [T/502/7585](#))
- Understanding and enabling assisting and moving individuals (Unit ref [K/502/7583](#))
- Assist in the administration of medicine (Unit ref [A/601/9420](#))

#### The previous National Minimum Training Standards

- NMTS 8.1** Roles and responsibilities
- NMTS 8.2** Risk assessments
- NMTS 8.3** Moving and assisting
- NMTS 8.4** Responding to accidents and sudden illness
- NMTS 8.5** Medication and healthcare tasks
- NMTS 8.6** Handling hazardous substances
- NMTS 8.7** Promoting fire safety
- NMTS 8.8** Security at work
- NMTS 8.9** Managing stress

#### The previous Common Induction Standards

- CIS 8.1** Roles and responsibilities relating to health and safety in the work setting/situation.
- CIS 8.2** Health and safety risk assessments
- CIS 8.3** Moving and positioning
- CIS 8.4** Responding to accidents and sudden illness
- CIS 8.5** Agreed ways of working regarding medication and health care tasks
- CIS 8.6** Handling hazardous substances
- CIS 8.8** Promoting fire safety in the work setting
- CIS 8.9** Security measures in the work setting
- CIS 8.10** Managing stress

**Compassion in Practice (6Cs)**

Care, Compassion, Competence, Communication, Courage and Commitment

**Standard 14: Handling Information**

Outcome – The learner is able to:	Assessment – The learner must:
<b>14.1 Handle information</b>	<p>14.1a Describe the agreed ways of working and legislation regarding the recording, storing and sharing of information</p> <p>14.1b Explain why it is important to have secure systems for recording, storing and sharing information</p> <p>14.1c Demonstrate how to keep records that are up to date, complete, accurate and legible</p> <p>14.1d Explain how, and to whom, to report if they become aware that agreed ways of working have not been followed</p>

**Standard 14: Handling Information**

Mapping to other key resources:

**Code of Conduct**

5. Respect people’s right to confidentiality

**National Occupational Standards**

- [SCDHSC0021](#) Support effective communication
- [SCDHSC0031](#) Promote effective communication

**Qualification and Credit Framework Units**

- Handle information in health and social care settings (Unit Ref [J/601/8142](#))

**The previous National Minimum Training Standards**

**NMTS 9.1** Handling information in agreed ways

**The previous Common Induction Standards**

**CIS 1.4** Be able to handle information in agreed ways

**Compassion in Practice (6Cs)**

Care, Compassion, Competence, Communication, Courage and Commitment

Standard 15: Infection prevention and control	
Outcome – The learner is able to:	Assessment – The learner must:
<b>15.1 Prevent the spread of infection</b>	15.1a Describe the main ways an infection can get into the body  15.1b Demonstrate effective hand hygiene  15.1c Explain how their own health or hygiene might pose a risk to the individuals they support or work with  15.1d List common types of personal protective clothing, equipment and procedures and how and when to use them  15.1e Explain the principles of safe handling of infected or soiled linen and clinical waste

## Standard 15: Infection prevention and control

### Mapping to other key resources:

Code of Conduct
n/a

National Occupational Standards
<ul style="list-style-type: none"> <li><a href="#">IPC6.2012</a> Use personal protective equipment to prevent the spread of infection</li> </ul>

Qualification and Credit Framework Units
<ul style="list-style-type: none"> <li>The principles of Infection Prevention and Control (Unit ref <a href="#">L/501/6737</a>)</li> <li>Causes and Spread of Infection (Unit ref <a href="#">H/501/7103</a>)</li> </ul>

The previous National Minimum Training Standards	The previous Common Induction Standards
<b>NMTS 10.1</b> Preventing the spread of infection	<b>CIS 8.7</b> Preventing the spread of infection

Compassion in Practice (6Cs)
Care, Compassion, Competence, Communication, Courage and Commitment

**ABUSE:** Abuse may be physical, sexual, emotional or psychological. It may be related to a person's age, race, gender, sexuality, culture or religion and may be financial, institutional in nature. It includes both self-neglect and neglect by others.

**ACTIVE PARTICIPATION:** Active participation is 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 as a passive recipient. Ways to support active participation may include assistive technology, for example use of electronic or other devices. Adult Social Care Workers should refer to Common Core Principles to Support Self Care, principle 6 ([www.skillsforcare.org.uk/selfcare](http://www.skillsforcare.org.uk/selfcare)). Healthcare Support Workers should refer to the Essence of Care Department of Health Publication (2010).

**ADVICE AND SUPPORT:** Advice and support can come from within or outside of your organisation and may include raising any concerns you may have.

**AGREED WAYS OF WORKING:** This refers to company policies and procedures. This includes those less formally documented by individual employers and the self-employed or formal policies such as the Dignity Code, Essence of Care and Compassion in Practice.

**AT WORK:** The definition of 'at work' may include within the home of the individual you are supporting.

**BARRIERS:** These can include barriers of culture, gender, religion, language, literacy, health issues, disability, sensory or physical impairment.

**CARE AND SUPPORT:** Care and support enables people to do the everyday things like getting out of bed, dressed and into work; cooking meals; seeing friends; caring for our families; and being part of our communities. It might include emotional support at a time of difficulty or stress, or helping people who are caring for a family member or friend. It can mean support from community groups or networks: for example, giving others a lift to a social event. It might also include state-funded support, such as information and advice, support for carers, housing support, disability benefits and adult social care.

**CLINICAL WASTE:** This includes 'sharps', such as needles, bodily fluids and used dressings.

**COGNITIVE ISSUES:** Examples of cognitive issues include dementia, learning disabilities, anxiety, depression and eating disorders.

**COMMUNICATION:** This includes verbal and non-verbal communication such as signs, symbols, pictures, writing, objects of reference, human and technical aids, eye contact, body language and touch. Communication may take place face to face, by telephone, email, text, via social networks, written reports and letters.

### **CONTINUING PROFESSIONAL DEVELOPMENT:**

This is the way in which a worker continues to learn and develop throughout their careers, keeping their skills and knowledge up to date and ensuring they can work safely and effectively.

**DILEMMA:** A difficult situation or problem.

**DIVERSITY:** celebrating differences and valuing everyone. Diversity encompasses visible and non-visible individual differences and is about respecting those differences.

**DUTY OF CARE:** Your duty of care means that you must aim to provide high quality care to the best of your ability and say if there are any reasons why you may be unable to do so.

**EQUALITY:** being equal in status, rights, and opportunities.

**FUNCTIONAL LEVEL:** The essential elements of literacy, numeracy and communication skills you need to perform your work confidently and effectively.

**HANDLING COMMENTS AND COMPLAINTS:** This includes recording them.

**HARM:** Harm includes ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical); the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural); self-harm and neglect; unlawful conduct which adversely affects a person's property, rights or interests (for example, financial abuse).

**HEALTH AND SAFETY:** This could be in relation to the safety of yourself, your colleagues or the people you support.

**HEALTHCARE TASKS:** These include any clinical procedures carried out as part of a care or support plan, for example those relating to stoma care, catheter or injections.

**INCLUSION:** ensuring that people are treated equally and fairly and are included as part of society.

**INDIVIDUAL:** This refers to any adult, child or young person accessing care or support; it will usually mean the person or people supported by the worker.

**INDUCTION:** This is the initial introduction to work that employees receive. The length of induction is determined by local employers and will vary in length and delivery.

**KEY PEOPLE:** The people who are important to an individual and who can make a difference to his or her wellbeing. Key people may include family, friends, carers and others with whom the individual has a supportive relationship.

**MANAGING RISK:** Supporting individuals to exercise their choices and rights, recognising the balance between managing risk and enabling independence, choice and control.

**MOVING AND ASSISTING:** This is often referred to as 'moving and handling' in health and 'moving and positioning' in social care.

**NEEDS:** Assessed needs can include a variety of physical, emotional, social, spiritual, communication, learning, support or care needs.

**OTHERS:** For example, your own colleagues and other professionals across health and social care.

**PERSONAL DEVELOPMENT PLAN:** Yours may have a different name, but it will record information such as agreed objectives for development, proposed activities to meet those objectives and timescales for review.

**PERSON-CENTRED VALUES:** These include individuality, independence, privacy, partnership, choice, dignity, respect and rights.

**REFLECTIVE PRACTICE:** This is the process of thinking about every aspect of your work, including identifying how and where it could be improved.

**REPORTING:** This includes the recording of adverse events, incidents, confrontations, errors and issues.

**RESTRAINT AND RESTRICTIONS:** Section 6 (4) of the Mental Capacity Act 2005 states that someone is using restraint if they use or threaten to use force to make someone do something that they are resisting; or restrict a person's freedom of movement, whether they are resisting or not.

**SECURE SYSTEMS:** This includes both manual and electronic systems.

**SELF-CARE:** This refers to the practices undertaken by people towards maintaining health and wellbeing and managing their own care needs. It has been defined as: *"the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital."* (Self care – A real choice: Self care support – A practical option, published by Department of Health, 2005).

**SERVICES:** Services may include translation, interpreting, speech and language therapy and advocacy services.

**SOURCES OF SUPPORT:** These may include formal or informal support, supervision and appraisal.

**STANDARDS:** These may include codes of conduct and practice, regulations, registration requirement (quality standards), National Occupational Standards and the Human Rights Act.

**STRESS:** While stress can have positive as well as negative effects, but in this document the word is used to refer to negative stress.

**WELLBEING:** A person's wellbeing may include their sense of hope, confidence and self-esteem, their ability to communicate their wants and needs, to make contact with others, to show warmth and affection, and to experience and show pleasure or enjoyment.

**WHISTLEBLOWING:** Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called *'making a disclosure in the public interest'* and may sometimes be referred to as *'escalating concerns.'* You must report things that you feel are not right, are illegal or if anyone at work is neglecting their duties. This includes when someone's health and safety is in danger; damage to the environment; a criminal offence; that the company is not obeying the law (like not having the right insurance); or covering up wrongdoing.