

Qualification Unit

This unit forms part of a regulated qualification.

Unit Title: Dementia Care Practice

Unit Reference Number: F/652/0817

Level: Three (3)

Credit Value: Five (5)

Minimum Guided Learning Hours: 40

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Understand dementia and its impact on individuals	1.1 Explain different types of dementia and how they may progress
	1.2 Describe how dementia can affect: <ul style="list-style-type: none"> a) Cognition b) Communication c) Behaviour d) Daily living
	1.3 Explain the impact dementia may have on: <ul style="list-style-type: none"> a) Identity b) Relationships and wellbeing
2. Know how to apply person-centred approaches in dementia care	2.1 Analyse person-centred approaches for supporting individuals living with dementia
	2.2 Describe how to adapt care and support in response to changing needs and abilities
3. Know how to communicate effectively with individuals living with dementia	3.1 Explain how to use communication strategies appropriate to the individual's stage of dementia
	3.2 Describe how to respond positively to verbal and non-verbal communication
4. Understand working in partnership to support dementia care	4.1 Analyse the importance of working with families, carers and professionals to support consistent care
	4.2 Explain how to share information appropriately in line with policies and procedures

Indicative Content

LO1	<p>AC1.1</p> <p>Dementia as a progressive condition affecting brain function</p> <p>Different types of dementia, including:</p> <ul style="list-style-type: none">• Alzheimer's disease• Vascular dementia• Lewy body dementia• Frontotemporal dementia <p>Key characteristics of each type and how symptoms may differ</p> <p>The progressive nature of dementia, including:</p> <ul style="list-style-type: none">• Early, middle and later stages• Gradual changes in abilities over time <p>The importance of recognising that progression:</p> <ul style="list-style-type: none">• Varies between individuals• Is influenced by health, environment and support <p>AC1.2</p> <p>Effects on cognition, including:</p> <ul style="list-style-type: none">• Memory loss• Reduced concentration and problem-solving• Confusion and disorientation <p>Effects on communication, such as:</p> <ul style="list-style-type: none">• Difficulty finding words• Reduced understanding• Changes in speech or expression <p>Changes in behaviour, including:</p> <ul style="list-style-type: none">• Distress, anxiety or agitation• Changes in mood or personality <p>Impact on daily living, such as:</p> <ul style="list-style-type: none">• Personal care• Managing routines and activities• Increased reliance on support <p>AC1.3</p> <p>How dementia can affect:</p> <ul style="list-style-type: none">• Sense of self and identity• Confidence and self-esteem <p>The impact on relationships with:</p> <ul style="list-style-type: none">• Family members• Friends and carers <p>Emotional and psychological effects, including:</p> <ul style="list-style-type: none">• Loss, grief and frustration• Increased vulnerability <p>The importance of support that:</p> <ul style="list-style-type: none">• Maintains dignity and respect• Promotes emotional wellbeing and quality of life
LO2	<p>AC2.1</p> <p>Principles of person-centred dementia care, including:</p> <ul style="list-style-type: none">• Individuality• Choice and control• Dignity and respect

	<p>Using life history work to:</p> <ul style="list-style-type: none"> • Understand preferences, routines and values <p>Strengths-based approaches that:</p> <ul style="list-style-type: none"> • Focus on abilities rather than losses <p>Supporting meaningful activity to:</p> <ul style="list-style-type: none"> • Enhance wellbeing • Reduce distress <p>Interpreting behaviour as communication rather than “challenging behaviour”</p> <p>AC2.2 How dementia progression requires ongoing review of care and support</p> <p>Adapting:</p> <ul style="list-style-type: none"> • Routines • Communication • Levels of support <p>Reviewing and updating:</p> <ul style="list-style-type: none"> • Care plans • Risk assessments <p>Supporting independence while:</p> <ul style="list-style-type: none"> • Managing risk • Maintaining safety and dignity
LO3	<p>AC3.1 Adapting communication to the stage of dementia by:</p> <ul style="list-style-type: none"> • Using simple, clear language • Adjusting tone and pace <p>Use of:</p> <ul style="list-style-type: none"> • Validation techniques • Familiar words and phrases <p>Supporting understanding through:</p> <ul style="list-style-type: none"> • Visual cues • Objects of reference <p>Allowing time for responses and avoiding pressure</p> <p>AC3.2 Recognising non-verbal communication, such as:</p> <ul style="list-style-type: none"> • Body language • Facial expressions • Behavioural cues <p>Responding positively by:</p> <ul style="list-style-type: none"> • Showing empathy and reassurance • Remaining calm and respectful <p>Reducing environmental distractions</p> <p>Interpreting distress or behaviour as a form of communication</p>
LO4	<p>AC4.1 The value of families’ and carers’ knowledge and expertise</p> <p>Multi-disciplinary working with health and social care professionals</p> <p>How partnership working:</p> <ul style="list-style-type: none"> • Promotes consistency and continuity of care • Improves outcomes and wellbeing <p>Respecting different roles and responsibilities</p>

AC4.2

Principles of:

- Consent
- Confidentiality

Organisational policies for:

- Information sharing
- Record keeping

When information may need to be shared for:

- Safeguarding
- Risk management

Accurate, timely and respectful communication with others involved in care

Assessment Requirements

This unit must be assessed in line with Open Awards' assessment requirements and Skills for Care and Development assessment principles. Assessment must be work-based and grounded in the learner's real work practice within an adult social care setting.

Learners must generate assessment evidence that demonstrates full achievement of all learning outcomes and associated assessment criteria for the unit.

While some knowledge evidence may be generated outside of the workplace, final assessment decisions must confirm that knowledge and understanding have been applied effectively in the real work environment, in line with Skills for Care expectations of validity and authenticity.

Assessment evidence may be drawn from a range of methods, selected to ensure validity, reliability and sufficiency, and may include, but is not limited to:

- Direct observation of practice in the workplace
- Reflective accounts demonstrating the application of learning to practice
- Professional discussion to explore understanding, reasoning and decision-making
- Work-based documentation relevant to the learner's role (for example: policies, procedures, care plans, risk assessments, audits or reports)
- Witness testimony from managers, colleagues or other relevant professionals
- Feedback from individuals, staff or partner organisations, where appropriate and permitted.

Where learning outcomes require demonstration of competence or practical skills, direct observation of practice must form the primary source of evidence. Observation should normally take place in person within the learner's work setting, unless otherwise permitted by awarding organisation guidance.

All assessment evidence must be valid, authentic, current, sufficient and reliable, and clearly attributable to the learner. Assessors must ensure that evidence:

- is fit for purpose
- reflects the learner's role, responsibilities and level of autonomy
- demonstrates both knowledge and effective practice, where required by the unit.

Evidence must clearly relate to the learner's own practice and must not rely solely on

hypothetical, simulated or generic examples unless explicitly permitted.

Confidential, sensitive or personal information must not be included in learner portfolios. Where such information is relevant, evidence must be anonymised, summarised or referenced in line with organisational policies, data protection legislation and Open Awards requirements.

Assessment decisions must be made by an appropriately qualified and occupationally competent assessor and are subject to internal and external quality assurance in accordance with Open Awards policies and procedures and Skills for Care expectations.