

Qualification Unit

This unit forms part of a regulated qualification.

Unit Title: Health and Wellbeing in Adult Care

Unit Reference Number: M/652/0849

Level: Five (5)

Credit Value: Two (2)

Minimum Guided Learning Hours: 14

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
<p>1. Be able to lead a culture that promotes individuals' wellbeing and independence in all aspects of day-to-day practice</p>	<p>1.1 Facilitate a culture:</p> <ul style="list-style-type: none"> a) where individuals' histories, preferences, wishes, needs and strengths are prioritised, recognised, respected and responded to b) which enables individuals to lead full and meaningful lives connected to those important to them and to their communities c) which enables individuals and those important to them to influence and co-design how care and support services are provided
<p>2. Understand the importance of promoting prevention and the individual's health and wellbeing</p>	<p>2.1 Evaluate the range of factors that may influence an individual's health and wellbeing</p> <hr/> <p>2.2 Assess own role, and role of others, in supporting prevention, monitoring, assessing and promoting individuals' wellbeing</p> <hr/> <p>2.3 Assess own role in providing sufficient training, support and supervision to enable others to monitor the individual's health and wellbeing</p>

	2.4 Describe how to ensure lines of accountability and responsibility are understood for delegated healthcare tasks
3. Be able to lead practice in promoting prevention and protecting individual health and wellbeing	<p>3.1 Support others to:</p> <ul style="list-style-type: none"> a) meet identified health and wellbeing needs b) monitor, and assess changes to, individuals' health and wellbeing using appropriate tools c) understand the concept of living and ageing well d) access preventative healthcare advice, care and screening e) understand the importance of early identification of deterioration in individuals' health and wellbeing f) record and respond to assessments and observations of individuals' health and wellbeing <hr/> <p>3.2 Implement protocols for involving others in response to changes in individuals' health and wellbeing</p> <hr/> <p>3.3 Work in partnership with individuals, healthcare professionals and others to agree roles and responsibilities in achieving individuals' healthcare and well-being outcomes</p>

Assessment Requirements

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 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 Open Awards prior to

use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Indicative Content

LO1	<p>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.</p> <p>AC1.1 Those important to them: may include but is not limited to those the individual chooses to be involved in their life, e.g. families, carers and advocates.</p> <p>Communities: 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.</p>
LO2	<p>Prevention: in this context it involves leading a proactive, preventative approach to health and care.</p> <p>AC2.1 Factors: factors affecting health and wellbeing will be different for different people and the local population, health and care needs should also be considered.</p> <p>Learners should show consideration for environmental, physical, social and psychological factors.</p> <p>AC2.2 Others: in this context, others could refer to</p> <ul style="list-style-type: none">• 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. <p>Monitoring: may include but not limited to:</p> <ul style="list-style-type: none">• 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. <p>Assessing: involves using structured tools to evaluate an individual's current health and risks. Assessment must also include the individual's own views and</p>

	<p>preferences, involving families or advocates where appropriate.</p> <p>Promoting: involves being a key role in shaping a culture where wellbeing is actively supported – through appropriate activities, healthy routines, emotional support, good nutrition and safe environments.</p>
LO3	<p>AC3.1</p> <p>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:</p> <ul style="list-style-type: none"> • water low score • Malnutrition Universal Screening Tool (MUST) • mood and wellbeing charts • behaviour monitoring tools • AI-Driven monitoring systems • lifestyle monitoring technologies • early indicator monitoring tools • SBARD (Situation, Background, Assessment, Recommendation, Decision) • RESTORE2 • Digital Social Care Records (DSCRs) • quality and outcomes frameworks • multidisciplinary meeting notes and communication logs. <p>AC3.3</p> <p>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.</p>