OTHM LEVEL 4 DIPLOMA IN HEALTH AND SOCIAL CARE MANAGEMENT

Qualification Number: 610/0784/5

Specification | April 2022

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QUALIFICATION OBJECTIVES

The objective of the OTHM Level 4 Diploma in Health and Social Care Management qualification is to equip learners with the underpinning knowledge, understanding and skills required for a career or further study in the health and social care sector at a managerial level. The programme enables learners to demonstrate their skills by producing evidence from their work or training activities.

The units combine both theoretical and practical knowledge in the sector and will develop and enhance knowledge and skills in the areas of equality, diversity, professional development, patient assessment, resource management, communication and health and safety.

Successful completion of this qualification will equip learners with industry-specific and practical skills, enabling them to successfully apply their knowledge in the workplace, enhance their career prospects and allow progression to further study.

QUALITY, STANDARDS AND RECOGNITIONS

OTHM Qualifications are approved and regulated by Ofqual (Office of Qualifications and Examinations Regulation). Visit the Register of Regulated Qualifications.

OTHM has a progression arrangement with several UK universities that acknowledges the ability of learners after studying Level 3-7 qualifications to be considered for advanced entry into corresponding degree year/top up and Master's/top-up programmes.

REGULATORY INFORMATION

Qualification Title	OTHM Level 4 Diploma in Health and Social Care Management
Ofqual Reference Number	610/0784/5
Regulation Start Date	07/04/2022
Operational Start Date	07/04/2022
Duration	1 year
Total Credit Value	120 Credits
Total Qualification Time (TQT)	1200 Hours
Guided Learning Hours (GLH)	600 Hours
Sector Subject Area (SSA)	1.3 Health and social care
Overall Grading Type	Pass / Fail
Assessment Methods	Coursework
Language of Assessment	English

EQUIVALENCES

OTHM qualifications at Level 4 represent practical knowledge, skills, capabilities and competences that are assessed in academic terms as being equivalent to Higher National Certificates (HNC) and Year 1 of a three-year UK Bachelor's degree programme.

QUALIFICATION STRUCTURE

The OTHM Level 4 Diploma in Health and Social Care Management qualification consists of 6 mandatory units, 120 credits, 1200 hours Total Qualification Time (TQT) and the recommended Guided Learning Hours (GLH) for this qualification is a minimum of 600 hours.

All units are mandatory.

Unit Ref. No.	Unit Title	Level	Credit	GLH	TQT
K/650/1117	Promoting Equality, Diversity and Inclusion in Health and Social Care	4	20	100	200
K/650/1144	Professional Development and Academic Writing	4	20	100	200
L/650/1118	Communication in the Caring Professions	4	20	100	200
M/650/1119	Principles of Health and Safety for Health Professions	4	20	100	200
L/650/1136	Assessment Processes in Health and Social Care Settings	4	20	100	200
M/650/1137	Resource Management in Health and Social Care	4	20	100	200

Any learner that successfully completes the OTHM Level 4 Diploma in Health and Social Care Management qualification may, within 3 years, progress and complete the required Level 5 mandatory units to gain the full OTHM Level 5 Extended Diploma in Health and Social Care Management qualification. A new registration for the learner must be made by the centre.

DEFINITIONS

Total Qualification Time (TQT) is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Total Qualification Time is comprised of the following two elements –
   a) *the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and*
   b) *an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.*

*(*Ofqual 15/5775 September 2015)

Guided Learning Hours (GLH) are defined as the hours that a teacher, lecturer or other member of staff is available to provide immediate teaching support or supervision to a student working towards a qualification.

Credit value is defined as being the number of credits that may be awarded to a learner for the successful achievement of the learning outcomes of a unit. One credit is equal to 10 hours of TQT.

ENTRY REQUIREMENTS

These qualifications are designed for learners who are typically aged 18 and above. The entry profile for learners is likely to include at least one of the following:
- Relevant Level 3 Diploma qualification or equivalent qualification
- GCE Advanced level in 2 subjects or equivalent qualification
- Mature learners (over 21) with relevant management experience (learners must check with the delivery centre regarding this experience prior to registering for the programme)

English requirements: If a learner is not from a majority English-speaking country, they must provide evidence of English language competency. For more information visit the English Language Expectations page on the OTHM website.

PROGRESSION

Successful completion of Level 4 Diploma in Health and Social Care Management qualification provides learners the opportunity for a wide range of academic progressions including progression to relevant OTHM Level 5 Diplomas.
As this qualification is approved and regulated by Ofqual (Office of the Qualifications and Examinations Regulation), learners are eligible to gain direct entry into Year 2 of a three-year UK Bachelor's degree programme. For more information visit the University Progressions page.

DELIVERY OF OTHM QUALIFICATIONS

OTHM do not specify the mode of delivery for its qualifications, therefore OTHM centres are free to deliver this qualification using any mode of delivery that meets the needs of their learners. However, OTHM centres should consider the learners' complete learning experience when designing the delivery of programmes.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether directly or indirectly, and that equality of opportunity is promoted. Where it is reasonable and practicable to do so, it will take steps to address identified inequalities or barriers that may arise.

Guided Learning Hours (GLH) which are listed in each unit gives centres the number of hours of teacher-supervised or direct study time likely to be required to teach that unit.

ASSESSMENT AND VERIFICATION

All units within this qualification are assessed and internally quality assured by the centre and externally verified by OTHM. The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' for a unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria. Judgement that the learners have successfully fulfilled the assessment criteria is made by the assessor.

Specific assessment guidance and relevant marking criteria for each unit are made available in the Assignment Brief document.

The assessor should provide an audit trail showing how the judgement of the learners' overall achievement has been arrived at.

RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT

Recognition of Prior Learning (RPL) is a method of assessment that considers whether learners can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.

RPL policies and procedures have been developed over time, which has led to the use of a number of terms to describe the process. Among the most common are:
- Accreditation of Prior Learning (APL)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Achievement (APA)
- Accreditation of Prior Learning and Achievement (APLA)

All evidence must be evaluated with reference to the stipulated learning outcomes and assessment criteria against the respective unit(s). The assessor must be satisfied that the evidence produced by the learner meets the assessment standard established by the learning outcome and its related assessment criteria at that particular level.

Most often RPL will be used for units. It is not acceptable to claim for an entire qualification through RPL. Where evidence is assessed to be only sufficient to cover one or more learning outcomes, or to partly meet the need of a learning outcome, then additional assessment methods should be used to generate sufficient evidence to be able to award the learning outcome(s) for the whole unit. This may include a combination of units where applicable.

EQUALITY AND DIVERSITY

OTHM provides equality and diversity training to staff and consultants. This makes clear that staff and consultants must comply with the requirements of the Equality Act 2010, and all other related equality and diversity legislation, in relation to our qualifications.

We develop and revise our qualifications to avoid, where possible, any feature that might disadvantage learners because of their age, disability, gender, pregnancy or maternity, race, religion or belief, and sexual orientation.

If a specific qualification requires a feature that might disadvantage a particular group (e.g. a legal requirement regarding health and safety in the workplace), we will clarify this explicitly in the qualification specification.

UNIT SPECIFICATIONS

PROMOTING EQUALITY, DIVERSITY AND INCLUSION IN HEALTH AND SOCIAL CARE

Unit Reference Number	K/650/1117
Unit Title	Promoting Equality, Diversity and Inclusion in Health and Social Care
Unit Level	4
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

The aim of this unit is to enable learners to develop strategies for implementing and leading excellence in practice in respect of equality, diversity and rights in a health and social care setting. The unit also explores how to manage risk and balance rights with duty of care in health and social care settings.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative content
1. Understand equality, diversity, inclusion and human rights within the health and social care workplace.	1.1 Define the terms: - diversity - equality - inclusion - discrimination - unconscious bias - protected characteristics - human rights 1.2 Explain the legislation underpinning diversity, equality and inclusion in the health and social care sector.	- Definition of key terms: diversity, equality, inclusion, discrimination, unconscious bias, protected characteristics, human rights - Legislation: Main elements of legislation e.g. The Equality Act (2010); Mental Capacity Act (2005); Human Rights Act 1(998) - Models: valuing differences, treating people fairly; ensuring a positive working/environment culture; equal opportunities approach; diversity and inclusion.

		1.3 Explain the models of practice that underpin equality, diversity and inclusion. 1.4 Explain the impact of barriers to equality, diversity and inclusion.	• Impact of barriers: Structural, institutional and physical barriers. Prejudice; values beliefs and attitudes.
2.	Understand the development of systems that promote diversity, equality and inclusion.	2.1 Examine the effectiveness of policies in ensuring legislative requirements are met. 2.2 Evaluate the effectiveness of procedures in promoting equality, diversity and inclusion in the workplace.	• Policies and procedures: anti-discriminatory and non-judgemental attitudes; good role modelling; training and supervision practices; challenging discrimination; effects of discrimination; impact of inclusion; the value of diversity and celebrating it; person centred ways of working.
3.	Be able to promote equality, diversity and inclusion.	3.1 Analyse how the promotion of equality, diversity, inclusion and human rights can lead to improved outcomes for individuals. 3.2 Demonstrate how to communicate to others methods of promoting equality and inclusion within the workplace. 3.3 Demonstrate how to support others to actively promote equality, diversity and inclusion within the workplace. 3.4 Demonstrate how to effectively challenge discrimination and exclusion in policy and practice.	• Person centred ways of working: inclusion, choice, wishes and preferences being identified and met. • Content of a well-designed policy that addresses discrimination and promotes a positive culture. Monitoring and reviewing a policy; communicating the policy. Whistle blowing, protected disclosures. • Monitor for out of date practice, changes in legislation, and annual audits of policies. Findings from audits can identify gaps. Improvements can be proposed. • Communicate to others: preparation of training resources; observation, reflective account, case study which was carried out or could be delivered in the work setting.
4.	Know how to manage risk and balance rights with duty of care.	4.1 Analyse how to address ethical dilemmas in the workplace when balancing individual rights with the duty of care. 4.2 Explain the principles of informed choice and capacity. 4.3 Demonstrate how to develop a strategy for managing risks while balancing individual rights and the duty of care owed to others in your own area of responsibility.	• Ethical dilemmas: respect for dignity; justice; risk management; protect from harm; sound judgment and compassion. • Duty of care, rights of individuals, NHS Constitution (2011) care standards documents, charters and professional codes of conduct, support individual decision making as far as possible, as long as this does not infringe on the rights of others.

		• The Mental Capacity Act (2005) statutory principles on identifying abilities and inabilities. Best interests. Lasting Power of Attorney. Advance decisions. Deputies and the Court of Protection.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 4	All ACs under LO 1 to 4	Coursework	3000 words

Indicative Reading list

Beauchamp, T and Childress, J. (2013) *Principles of Biomedical Ethics* (7th Ed) Oxford University Press

Care Quality Commission Report (2011) *National Report on Dignity and Nutrition Review*, 13 October. London. CQC

Department of Health (2000) *No Secrets: Guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse*. London. The Stationary Office

Thompson, N, (2011) *Promoting Equality; Working with Diversity and difference* (3rd Ed). Basingstoke. Palgrave Macmillan.

Titterton, M. (2005) *Risk and Risk Taking in Health and Social Care*. London: Jessica Kingsley Publications.

Walker, B. (1994) *Valuing differences: the concept and a model* in Mabey, C and Iles

Additional Resources

www.gov.uk/government The Adult Social Care Outcomes Framework 2018/19

Department of Health and Social Care

www.gov.uk Mental Capacity Act

www.legislation.gov.uk/ukpga/2014/23/contents Care Act 2014

www.kingsfund.org.uk How might older people and disabled people be using assisted living services in 2030?

PROFESSIONAL DEVELOPMENT AND ACADEMIC WRITING SKILLS

Unit Reference Number	K/650/1144
Unit Title	Professional Development and Academic Writing Skills
Unit Level	4
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

The aim of the unit is to deepen learners' understanding of professional development and to help them explore their own development as a manager in health and social care. The unit also introduces learners to the skills necessary for academic writing, when engaging in continuous professional development.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative contents
1. Understand the principles of professional development.	1.1 Explain what is meant by professional development. 1.2 Explain ways of overcoming barriers to professional development. 1.3 Determine the different sources available for professional development. 1.4 Analyse factors to consider when selecting opportunities and activities for keeping knowledge and practice up to date.	• Definition of professional development, continuous process. • Professional Codes and Standards of conduct: The Health and Care Professions Council;) Standards of Conduct, Performance and Ethics, Nursing and Midwifery Council; The Code; Professional Standards of Practice and behaviour for nurses and midwives. • National Occupational Standards / Up-dates for Manual Handling etc. • Potential barriers: own attitudes, access to training, time, lack of resources, costs, different

		• learning styles. • Formal and informal sources of support for development: organised learning activities, experience in the work setting. Supervision, appraisal, mentoring, coaching, presentations and sharing good practice. • Factors when considering professional development: allocation of budget, time, career goals, time off. • Supporting others: open up discussion, observation of colleagues, share good practice.

2. Be able to develop goals and targets for their own professional development.	2.1 Evaluate own knowledge against standards and benchmarks.
	2.2 Create SMART goals and targets for own professional development.
	2.3 Determine appropriate goals and targets to meet expected standards.
	2.4 Assess learning opportunities to meet objectives and reflect personal learning style.
		• Demonstrate they are working to standards; codes of conduct; regulations, National Occupational Standards. Health and Care Professions Council, Nursing and Midwifery Council, review own role, SMART Targets.
		• Personal Analysis: SWOT (strengths, weaknesses, threats and opportunities)
		• Setting Goals: set specific, measurable, achievable, realistic and time-bound (SMART) objectives:
		  ○ Specific: Clear, unambiguous, straightforward, understandable
		  ○ Measurable: Related to quantified or qualitative performance measures
		  ○ Achievable: With known resources
		  ○ Realistic: Linked to industry needs/standards
		  ○ Time-bound: Building-in completion date and review dates
		• Personal Objectives: this stage involves setting out your personal objectives.
		• Learning style: use of learning inventory, learning styles questionnaire.

3. Be able to prepare a professional development plan.	3.1 Produce a professional development plan. 3.2 Apply techniques to review progress toward personal and professional objectives.	• Prioritise learning development, short and long term goals, objectives, dates for achievement, how you will achieve objectives, support required, evidence of outcomes. • Evidence that objectives have been met.
4. Be able to use models of reflective practice to evaluate own development.	4.1 Compare models of reflective practice. 4.2 Apply reflective practice techniques to improve performance. 4.3 Evaluate the effectiveness of own reflective practice.	• Models: e.g. Kolb, Johns, Gibbs, Jasper (2006), Schon (1983), reflection of behaviours and performance, feedback from others. • Improve performance through reflection on and reflection of practice; goal setting; improvement through use of evidence base practice; best practice • Is practice meeting the needs of individuals accessing services, and of the service; fitness for purpose; safe and current practice.
5. Be able to apply appropriate academic conventions in written communication.	5.1 Explain the principles of academic writing. 5.2 Produce written work according to academic conventions. 5.3 Apply techniques to review on own academic writing skills.	• Clarity; presentation skills; consideration of the intended audience; application of theories and concepts; objectivity; logical structure and flow; evidence based / references, accessibility; use of acronyms; use of first person; headings/subheadings; avoidance of slang or colloquial language; punctuation; grammar; avoiding contractions. • Harvard referencing conventions; citations; quotes; annotations; bibliography; reference lists; web references; accuracy. • Developing academic skills; understanding of plagiarism; paraphrasing and summarising; reflective learning; critical analysis

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 5	All ACs under LO 1 to 5	Coursework	3000 words

Indicative Reading list

Bolton, G. (2018) *Reflective Practice: Writing and Professional Development* (4th Ed) London: Sage Publishing

DOH (2013) *The Cavendish Review: An Independent Review into Health care Assistants and Support Workers in the NHS and Social Care settings, London.* HMSO

Gibbs, G. (1988) *Learning by doing: A guide to teaching and learning methods*. Oxford: Oxford Further Education Unit.

Hargreaves, J., 2013. *Reflective Practice* (Key Themes in Health and Social Care). Polity

Jasper (2013) *Professional Development, Reflection and Decision Making (2nd Ed).* Oxford: Blackwell Publishing

Additional Resources

www.communitycare.co.uk Online journal for social care

www.cqc.org.uk Care Quality Commission regulations for providers under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

www.hcpc-uk.org The Health and Care Professions Council (HPC) (formerly the Health Professions Council) Sets the standards expected of social workers

www.nmc.org.uk Nursing and midwifery regulator

COMMUNICATION IN THE CARING PROFESSIONS

Unit Reference Number	L/650/1118
Unit Title	Communication in the Caring Professions
Unit Level	4
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

The aim of this unit is for the learner to build skills and knowledge in effective communication practices, recognising this as an important role of senior personnel working in a health or social care setting. The unit also introduces the role of systems and procedures in supporting safe and efficient use of information.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative content
1. Know about the range of communication requirements in the workplace.	1.1 Explain different methods of communication to meet individual and organisational needs. 1.2 Describe strategies to overcome communication barriers.	• Definition of communication; communication cycle, group and individual communication; addressing communication needs; communication as a manager; meeting communication needs; supporting effective communication; barriers and challenges to communication; culture; values; language; conflict; resistance to change; power dynamics; self-esteem. • Personal issues; environmental issues; different viewpoints; poor listening skills. Overcoming barriers both environmental and

		cultural. SOLE, overcoming internal barriers (emotional intelligence). • Different modes of communication; verbal; paralinguistics; non-verbal; sign language, Makaton and Braille; assisted communication, written communication, electronic communication.
2. Be able to use communication systems and practices in the workplace.	2.1 Evaluate communication systems and practices used in different settings. 2.2 Propose improvements to communication systems and practices used in health and social care. 2.3 Explain the impact of poor communication on health and social care management. 2.4 Demonstrate communication techniques to support effective practice.	• Feedback from individuals, staff, visitors and others; implementation of a revised practice in communication systems in own setting. • Changes to practice, procedures; training empowerment; promotion of rights; maintaining confidentiality; personalisation • Loss of trust; confidentiality breach of regulations; • who can access records and who is excluded; • Situations for sharing information; boundaries to agreement; sharing of good practice
3. Be able to use communication systems to facilitate partnership working	3.1 Demonstrate the use of communication systems to promote partnership working. 3.2 Compare the use of different communications systems for partnership working. 3.3 Recommend ways to improve communication systems used for partnership working.	• Sharing of records when necessary/permitted/appropriate, e.g. electronic, written, email, fax, face-to-face; working effectively together with professionals, agencies, organisations to enhance supporting positive outcomes. • Use of records; sharing protocols; roles and responsibilities; sharing of resources
4. Know how to use systems for information management.	4.1 Explain legal and ethical tensions in sharing information. 4.2 Explain how personal information is processed to meet legal requirements.	• Shared communication systems; shared databases; records to promote consistency in care (service user's notes); email; letters; daily records of care/nursing/medical notes. • Confidentiality; sharing information; General Data Protection Regulation (GDPR); The Care Act (2014); Data Protection Act (1998); Human Rights Act (1998); The Freedom of

		Information Act (2000); The Equality Act (2010); Public Interest Disclosure Act (1999), DOH (2003) Confidentiality NHS Code of Practice. • Storage of confidential information.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 4	All ACs under LO 1 to 4	Coursework	3000 words

Indicative Reading list

Argyle. M (1978) *The Psychology of Interpersonal Behaviour* (3rd Ed) Harmondsworth; Penguin

Beauchamp, T.L and Childress, K.F. (1994) *Principles of Biomedical Ethics*, Oxford: Oxford University Press

Gault I; Shapcott J (2016) *Communication in Nursing and Healthcare: A Guide for Compassionate Practice* London; Sage

Roebuck, A (2016) *Rethinking Communication in Health and Social Care* Paperback, London: Red Globe Press

Tilmouth, T., Davies-Ward, E, and Williams, B. (2011) *Foundation Studies in Health and Social Care*. London: Hodder Education

Additional Resources

www.communitycare.co.uk Online journal for social care

www.scie.org.uk Social Care Institute for Excellence

PRINCIPLES OF HEALTH AND SAFETY FOR HEALTH PROFESSIONS

Unit Reference Number	M/650/1119
Unit Title	Principles of Health and Safety for Health Professions
Unit Level	4
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

The aim of the unit is for learners to understand the health and safety responsibilities within their role, how to manage and carry out risk assessments and the importance of complying with health and safety requirements.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative content
1. Know about the current legislative framework for health and safety.	1.1 Explain the legislative framework for health and safety in a health and social care setting. 1.2 Analyse how policies, procedures and practices in own setting meet health and safety requirements.	• Care Quality Commission, Health and Safety Executive and Local Authorities; Health and Safety at Work etc Act 1974; Control of Substances Hazardous to Health Regulations 2002 (COSHH). Staff training, safe access and egress, equipment maintenance, welfare provision for staff. Management of Health and Safety at Work Regulations (1999), Electricity at Work Regulations (1989), Food Safety Act (1990), Food Hygiene Regulations (2014) Workplace (Health, Safety and Welfare) Regulations (1992), Personal Protective Equipment at Work Regulations (1992), Reporting on Injuries, Diseases and Dangerous Occurrences

		(2013), Health and Social Care Act (2012), Human Medicines Regulations (2012) Regulatory Reform (Fire Safety) 2005 • Own Role: record keeping, reporting, compliance, audits, update risk assessments, dealing with noncompliance. • Employer and Employee responsibilities
2. Understand the importance of compliance in relation to health and safety.	2.1 Explain how to support others to comply with health and safety requirements. 2.2 Explain the consequences of noncompliance with health and safety requirements. 2.3 Explain the importance of record keeping in relation to health and safety.	• Authorities; improvement notices, prohibition notices; prosecution • Supporting others: health and safety as part of the agenda in meetings, posters, role model, responsibilities. • Noncompliance: staff updates, training. Potential action taken by HSE, local. • Record keeping; data protection. CQC standard number 20. Records are a part of a legal process, provide audit trail. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. • Implementation: risk management; contribute to policy writing; HSE's (steps to risk Management).
3. Understand risk assessment processes related to health or social care.	3.1 Describe the range of risk assessments used in health and social care settings. 3.2 Carry out a risk assessment. 3.3 Analyse how to work with individuals and others to manage potential risks and hazards. 3.4 Demonstrate how to implement the outcomes of a risk assessment. 3.5 Apply techniques to review own and others practice in promoting a balanced approach to risk assessment.	• Risk assessment processes: identifying risks and potential hazards within health and social care environments; identifying who might be at risk; the level of risk; recording the findings • 5 steps of Risk Assessment: identify hazards and risks, decide who might be harmed and how, evaluate the risks and decide on precautions, record your findings and implement them, review your risk assessment and update if necessary • Risk assessment: hazard identification, potential severity of harm resulting from each hazard, likelihood/ probability of each hazard causing harm, critical controls, • Calculating the degree of risk: likelihood of something happening, scale of 1 to 5 (1 is not very likely; low risk, 3 moderate risk, 5 means very

		- possible or even probable) - Controlling risks: ways to minimise/remove the risk; possible actions to remove/reduce risk (e.g. raising awareness of hazards, use of safety equipment, modifying operational procedures, modification of an activity/process - Hazards: relating to the physical environment, equipment, infections, substances, working conditions, working practices, security systems Harm and abuse: possibility of, eg abuse, injury, acquired infection, psychological distress, inappropriate care planning, exposure to danger, stress, loss of/damage to, eg belongings, premises Setting: types, eg residential care, hospital, day care, pre-school, infant school, childminder, clinic, surgery, any location where an individual receives care services (including in own home or the community); public environment, eg retail area, swimming pool, public park, sports ground, beach, transport Individuals: those receiving care; workers in a setting: care staff (based in setting, visiting setting), support staff (eg caterers, cleaners, administrative), visitors (eg relatives, friends, volunteers) Users of health and social care services: as relevant to setting, eg patients, older people, people with learning disabilities, young people, young children, babies, those with physical disability or sensory impairment, people with mental health problems - Monitoring effectiveness of controls: procedures for controlling risks; review time scales of risks and controls; record keeping; roles of health and safety officer and care workers; policies and procedures.

4. Be able to review health and safety practices, policies and procedures.	4.1 Evaluate the effectiveness of health and safety practice, policies and procedures in the work setting. 4.2 Recommend changes to practices, policies and procedures to ensure safety and compliance in the work setting.	• Audit, and evaluation of health and safety activities in own workplace, document the process. • Currency of practice; knowledge of the need for compliance; updating staff; role modelling; ongoing monitoring and review

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 4	All ACs under LO 1 to 4	Coursework	3000 words

Indicative Reading list

Department of Health (2007) *Independence, Choice and Risk: A Guide to best Practice in supported decision making*. London. HMSO

HSE (2010) *An Introduction to Health and Safety; Health and Safety in small businesses*. Sudbury, Suffolk. HSE

Additional Resources

www.nhs.uk A guide to health services in England

Care Quality Commission (2021) Enforcement Policy

www.hse.gov.uk Health and Safety Executive

www.iosh.com Institute of Health and Safety

ASSESSMENT PROCESSES IN HEALTH AND SOCIAL CARE SETTINGS

Unit Reference Number	L/650/1136
Unit Title	Assessment Processes in Health and Social Care Settings
Unit Level	4
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

The aims of the unit are to develop learners' knowledge of forms of assessment, to develop their reviewing and planning skills when carrying out assessments, and how to meet the needs of individuals accessing services.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative content
1. Know about approaches used in the assessment process for care provision.	1.1 Explain the purpose of different assessment models. 1.2 Describe the purpose of assessment tools used in health and social care. 1.3 Analyse how partnership working can support the assessment process.	• Care and support planning; models of assessment (Smale et al 1993); The questioning model; The procedural Model; The Exchange Model. Needs led assessment; User-led assessment; single assessment process; risk assessment. Valuing people's plans. Care Programme Approach. End of life care/advance care planning • Assessment tools e.g.: Pain Assessment scales; Patient Health Questionnaires; Glasgow Coma Scale; scales which measure activities of daily living; Waterlow Score,

		Height, weight, Nutritional Assessment. Definitions and categories of need
		• Assessment of risk; sharing of resources; sharing of knowledge; agreed outcomes and goals, reducing costs; meeting the needs of individuals accessing services.
2. Know how to lead assessments for care provision.	2.1 Explain how to use person centred ways of working to support individuals to participate in the assessment process. 2.2 Explain how to undertake an assessment. 2.3 Explain when to use the referral process for individuals.	• Expert Patient Programme; encouraging the client voice, advocacy requirements, translator/interpreter. • Capacity. • Referrals to other services/partnership working • Importance of language used in assessments Collaborative working relationship • The multidisciplinary context. • Empowerment and anti-discriminatory practice • Referral: practitioner involvement, areas of expertise, needs led, individual preference
3. Know how to manage the outcomes of care assessments.	3.1 Explain how to develop a care or support plan in collaboration with the individual. 3.2 Explain how to evaluate the effectiveness of the assessment process and outcomes. 3.3 Explain how to develop an action plan to address any changes following an assessment review.	• Developing care plans/support plans to meet individual requirements. Meetings, encouragement of individual involvement to make choices and decisions about their care. Planned interventions need to provide positive outcomes. Action planning to address findings. Elements of a competent assessment; person centred; valid, reliable, culturally sensitive, avoidance of jargon, inclusive
4. Be able to advise others about the role of assessment.	4.1 Demonstrate how to formally instruct others about the assessment process. 4.2 Demonstrate ways in which to help ensure others understand the functions of assessment tools. 4.3 Assess staff understanding of the impact of assessments on individuals and their families.	• Staff Instruction resources: e.g a supervision session, a handout, PowerPoint presentation, leaflet or any other medium appropriate to staff training and development. • Assessment planning and review, how and when assessment is carried out, positive and negative impacts of assessment e.g. social

		dynamics; living arrangements; optimising independence, person centred ways of working, the use of effective communication, inclusion, • Assessment of staff understanding of the impact of assessments on individuals and their families.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 4	All ACs under LO 1 to 4	Coursework	3000 words

Indicative Reading list

DOH (2015) 2010 TO 2015 *Government Policy: Health and Social Care integration Paper*. London

Ellis P (2020) *Patient Assessment and Care Planning in Nursing* London; Sage

Hayes, H., 2010. *The Care Process: Assessment, Planning, Implementation and Evaluation in Health and Social Care.* (s.n.)

CPD Journal for Health and Social care professionals: 5 Year Booklet (Black and White) (CPD journals for Health and social care professionals)
by Newbee Publication | 3 Jun 2020

Additional Resources

www.nhs.uk NHS guide to Assessment

www.scie.org.uk Social Care Institute for Excellence

RESOURCE MANAGEMENT IN HEALTH AND SOCIAL CARE

Unit Reference Number	M/650/1137
Unit Title	Resource Management in Health and Social Care
Unit Level	4
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

The aim of the unit is for learners to understand the fundamentals of human resources and team management, as well as how organisational resources are managed in respect to regulation, inspection and finances.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative content
1. Know about the purpose and objectives of human resource management.	1.1 Explain the purpose of human resource management. 1.2 Explain the objectives of human resource management.	• Staffing • Employee compensation • Discipline • People – process - performance • Workforce planning • Talent management • Employee engagement • Performance management
2. Understand key aspects of managing others in the workplace.	2.1 Describe management and leadership styles. 2.2 Explain the importance of supervision and appraisal. 2.3 Explain the importance of recruitment and retention of staff.	• Leadership styles; autocratic; democratic; laissez-faire. Development and supervision. Aims of supervision. Appraisal; situational leadership; leading by example; leading by direction.

	2.4 Describe theories of team development. 2.5 Analyse how to manage the impact of change.	• Recruitment and retention strategies. Legislation and policy context. Vetting and Barring Scheme. • Induction programme; legal aspects; organisational context; health and safety, infection control; food handling; first aid, moving and handling. • Tuckman's group theory (1965), Belbin's Team Roles, managing meetings Social Care Institute of Excellent Best Practice guidelines. Service users /patient meetings. • Change management influences: insecurity, loss, confusion, reduced competency, non-compliance. Some will be proactive and engage. Accommodate all experiences.
3. Understand the regulation and inspection of health and social care services.	3.1 Explain the regulatory system that underpins service delivery. 3.2 Describe the process of inspection for health and social care services.	• Care Quality Commission key lines of enquiry; underpinning legislation; sector specific requirements inspection; regulation • Standards and policies to support key inspections and unannounced inspections. Surveys, what inspectors do. National Minimum standards
4. Understand the management of financial resources.	4.1 Explain the principles of budget management. 4.2 Analyse the systems used to manage finances in health and social care. 4.3 Explain the sources of funds available. 4.4 Analyse factors affecting funding allocation.	• Cost benefit analysis; fixed and variable costs, auditing expenditure, budgetary profiling. Involving members of staff in managing budget. • Development of incentive plans to avoid carelessness. Capital expenditure. Revenue expenditure. Hire purchase, lease, loans. • Resource availability; priorities; competing priorities; needs led; market influences.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 4	All ACs under LO 1 to 4	Coursework	3000 words

Indicative Reading list

Bryans, B., 2007. *Practical Budget Management in Health and Social Care.* Radcliffe Publishing Ltd.

Mackian, S., (2013). *Leading, Managing, Caring: Understanding Leadership and Management in Health and Social Care.* Routledge.

Martin, V., (2010). *Managing in Health and Social Care.* Taylor & Francis, Inc.

Neil, D., 2017. *Leading and Managing in Health and Social Care* - Second Edition. CreateSpace Independent Publishing Platform.

Field and Brown (2019) *Effective Leadership, Management and Supervision in Health and Social Care* (3rd Ed) Learning Matters; London

Additional Resources

www.scie.org.uk
Information and resources on resource management systems - Social Care Institute for Excellence

https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers-relevant
Care Quality Commission: Regulations for service providers and managers: relevant legislation

IMPORTANT NOTE

Whilst we make every effort to keep the information contained in programme specification up to date, some changes to procedures, regulations, fees matter, timetables, etc may occur during the course of your studies. You should, therefore, recognise that this booklet serves only as a useful guide to your learning experience.

For updated information please visit our website www.othm.org.uk