OCR
Oxford Cambridge and RSA

Cambridge **TECHNICALS LEVEL 2**

HEALTH AND SOCIAL CARE

Cambridge TECHNICALS 2016

Unit 5

Working in adult health and social care environments

Y/615/1469

Guided learning hours: 90

Version 2 September 2017

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UNIT 5: Working in adult health and social care environments

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Guided learning hours: 90

Essential resources required for this unit: For LO1, LO3 and LO5, learners will require access to case studies of different health and social care settings.
For LO3, learners will require access to a health and social care environment. This may be simulated.

This unit is internally assessed and externally moderated by OCR.

UNIT AIM

Positive and well-designed health and social care environments provide safety, reassurance, comfort, stimulation and pleasure to individuals, staff and visitors. The environment can have an enormous impact on the quality and experience of care and support provided to adults.

This unit aims to introduce you to key aspects of working in adult health and social care environments. You will learn how the type of environment, within which adult care is delivered, is essential for providing good quality care and can make a positive difference to not only the lives of individuals, but also for their families, staff and other professionals. You will find out about the different types of adult care provision and health and social care settings, as well as the inspection requirements for these.

As all individuals are unique and have diverse needs, not all environments may be suitable as they are. You will learn about how adaptations can benefit adults who have complex needs, how to adapt an environment to make it suitable, as well as how to determine the appropriateness of adaptations made.

Infections in adult health and social care settings can lead to danger, harm and fatalities. All health and social care workers have a vital role to protect themselves, the individuals, others they work with and the general public from infection. You will develop your knowledge and skills around applying standard infection control precautions, including demonstrating effective hand-washing techniques, correct food hygiene and personal hygiene, as well as appropriate cleaning procedures. Knowing how to respond to different incidents and emergencies that may arise in adult health and social care environments is another key area of understanding that you will develop.

Health and social care workers are able to work safely and effectively by keeping their knowledge and skills up to date. You will understand the Continuous Professional Development requirements in adult health and social care settings and the range of learning activities that health and social care workers undertake to be able to continue to maintain effective and safe working practices.

TEACHING CONTENT

The teaching content in every unit states what has to be taught to ensure that learners are able to access the highest grades.

Anything which follows an i.e. details what must be taught as part of that area of content. Anything which follows an e.g. is illustrative, it should be noted that where e.g. is used, learners must know and be able to apply relevant examples in their work, although these do not need to be the same ones specified in the unit content.

For internally assessed units you need to ensure that any assignments you create, or any modifications you make to an assignment, do not expect the learner to do more than they have been taught, but must enable them to access the full range of grades as described in the grading criteria.

Learning outcomes The Learner will:	Teaching content Learners must be taught:
1. Understand types of adult health and social care settings and environments	1.1 Health and social care provision, i.e. • statutory (e.g. NHS, Social Services) • private (e.g. residential care, domiciliary care, private healthcare) • voluntary (e.g. local and national charities) • informal (e.g. family, friends, neighbours) • regulation and inspection of health and social care services by the Care Quality Commission (e.g. types of inspection, using the key lines of enquiry when carrying out inspections, observations of care, speaking with individuals and staff, reviewing documents and records, requirements of staff) 1.2 Health care settings, i.e. • health care at home (e.g. for nursing, therapies) • hospitals (e.g. for emergency care, treatments for specific conditions, general and specialist) • GP surgery • outpatient clinics (e.g. for DVT (Deep Vein Thrombosis), Cellulitis, PE (Pulmonary Embolism), Anaemia, COPD (Chronic Obstructive Pulmonary Disease), TIA (Transient Ischaemic Attack) • nursing homes (e.g. for general nursing care and specialist nursing care, such as dementia, mental health, learning disabilities) • rehabilitation centres (e.g. for rehabilitation nursing, physiotherapy, occupational therapy for brain injury, injuries and addictions, such as substance misuse) • hospices (e.g. for end of life care, treatment and support) 1.3 Social care settings, i.e. • social care at home (e.g. domiciliary care for support with daily living activities, household management) • adult residential (without nursing) (e.g. for personal care, accommodation, care, support, respite care, mental health

Learning outcomes	Teaching content
	care, such as those provided by residential homes, therapeutic communities, sheltered housing, supported living services) • adult day services (e.g. day care and day services provided for adults, older people, adults who have mental health needs) • adult community care (e.g. short breaks, outreach support, shared lives, information and advice services, such as those in relation to employment, adaptations, assistive technology)
2. Be able to adapt the environment in adult health and social care settings	2.1 The environment, i.e. • definition of physical and social environment • importance to adult care provision (e.g. impact on quality of care, how support is provided, safeguarding) 2.2 Adaptations to the physical environment, i.e. • adapting equipment (e.g. height-adjustable cupboards in the kitchen, grab rails in the bathroom, use of non-spill cups and large-handled cutlery) • adapting activities (e.g. breaking down tasks into manageable steps to meet individuals' needs, using photographs, signs, sounds, words to meet individuals' needs) • changing the environment (e.g. introducing a quiet area, having areas that are well-lit, changing the room design and seating lay out, installing ramps, designing signs for routes that can be read by touch, using large and clear clock faces that can be easily read) 2.3 Adaptations to the social environment, i.e. • promoting well-being (e.g. promoting personal dignity and respect, increasing an individual's control over their day-to-day life, supporting an individual to make informed choices, safeguarding) • approaches (e.g. taking into account an individual's views, preferences, wishes and feelings, awareness of an individual's culture and beliefs) • interactions (e.g. developing positive relationships, family, friends and community connections)

3. Be able to control infection in an adult health and social care setting	3.1 Standard infection control precautions, i.e.
	• why they are necessary (e.g. to prevent the spread of infection, to keep all those who live, work and visit adult health and social care environments safe)
	• impact of not applying standard infection control precautions (e.g. spread of diseases, illnesses, fatalities, pressure on services, cost implications)
	• use of Personal Protective Equipment (PPE), i.e.
	  o types (e.g. uniforms, aprons, gloves, paper masks, paper caps, masks, goggles, visors)
	  o correct use (e.g. when they must be worn, how they should be used, removed and disposed of)
	3.2 Occupational exposure to hazards, including sharps, i.e.
	• injuries (e.g. from needles, instruments or biting)
	• exposure of broken skin (e.g. eczema, cuts, sores)
	• good practices to follow (e.g. covering cuts before carrying out tasks, wearing PPE, handling of sharps, disposal of used

Learning outcomes	Teaching content
	sharps, reporting incidents)

3.3 Hand hygiene, i.e.
- importance (e.g. to clean the hands, to remove and destroy micro-organisms, to protect individuals from harmful micro-organisms carried on hands, to protect the worker and the environment from harmful micro-organisms)
- when to wash hands (e.g. before starting work, before and after contact with an individual, before and after an aseptic task, before wearing Personal Protective Equipment (PPE), before and after tasks (e.g. handling laundry and waste products, after using the toilet, before and after storing, handling, preparing, serving and eating food))
- effective hand-washing technique (e.g. preparation (e.g. removal of jewellery and ensuring area is clean), procedure to follow (e.g. temperature of water, hand washing products, hand-washing technique, time taken, hand drying, hand skin care))

3.4 Managing own health and hygiene, i.e.
- illness (e.g. covering nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing noses, not attending work with contagious illnesses, following local policy regarding remaining off work following vomiting and diarrhoea)
- personal hygiene (e.g. clean uniform, hair tied up, clean, short fingernails, bathing/showering)

3.5 Food hygiene, i.e.
- good practices to follow for handling food (e.g. storing food (e.g. covering food, cooling food down before storing it in the fridge/freezer), preparing food (e.g. hand-washing, wearing protective clothing and covering cuts, cleaning utensils, using separate utensils for different types of food, use of coloured chopping boards for different foods, cleaning surfaces, washing utensils))

3.6 Correct cleaning procedures, i.e.
- for the environment, i.e.
  - areas (e.g. rooms, surfaces, furniture, fixtures such as sinks, showers, door handles, telephones, light switches)
  - cleaning practices (e.g. use of PPE, correct equipment to use, cleaning agents, cleaning techniques to use, cleaning schedules)
- for care equipment, i.e.
  - types (e.g. re-usable equipment (e.g. crockery and cutlery, medicine pots, thermometers, blood pressure cuffs, bedpans, commodes, hoists, slings, wheelchairs, beds, mattresses))
  - practices to follow for effective cleaning of care equipment (e.g. use of PPE, hand-washing, cleaning, disinfection, sterilisation, storage of clean equipment, cleaning schedules)
- waste management, i.e.
  - types (e.g. general waste, clinical waste, healthcare waste, hazardous waste, linen)

Learning outcomes	Teaching content
	○ practices for safe handling of waste (e.g. use of PPE, hand-washing, transporting and disposal, waste bags and containers)
4. Understand Continuous Professional Development in an adult health and social care setting	4.1 Continuous Professional Development (CPD), i.e. • ongoing planned learning and development (e.g. induction programme, statutory training, supervision, appraisal, working with experienced colleagues and other professionals, in-house training courses, job-shadowing, qualifications, reflection on situations and experiences in work) 4.2 Plan and monitor own professional development, i.e. • person profile (e.g. person specification, job description and role, links to national standards, knowledge, skills and competencies) • personal development plan (e.g. identifies learning and development needs in relation to person profile, identifies actions, progress and reviews progress) • learning (e.g. planned learning and development activities, qualifications) • appraisal (e.g. identify learning needs, review performance against personal development plan)

GRADING CRITERIA

LO		Pass	Merit	Distinction
		The assessment criteria are the Pass requirements for this unit.	To achieve a Merit the evidence must show that, in addition to the Pass criteria, the candidate is able to:	To achieve a Distinction the evidence must show that, in addition to the pass and merit criteria, the candidate is able to:
1	Understand types of adult health and social care settings and environments	*P1: Describe the differences between adult health and social care settings/environments	M1: Explain the inspection requirements for a selected adult health and social care service	
		P2: Outline the regulatory requirements for adult social care settings/environments		
2	Be able to adapt the environment in adult health and social care settings	P3: Adapt an environment so it is suitable for adults	M2: Describe ways in which adaptations to the environment could benefit adults	D1: Evaluate the appropriateness of adaptations in an adult health and social care setting
3	Be able to control infection in an adult health and social care setting	*P4: Describe what is meant by 'standard infection control precautions' in health and social care settings	M3: Explain when workers and adults should wash their hands and why	D2: Analyse the potential impacts of poor infection control
		P5: Explain hazards you may be faced with in an adult health and social care setting		
		P6: Demonstrate appropriate hand-washing techniques		

LO		Pass	Merit	Distinction
		P7 Demonstrate correct food hygiene procedures when storing and preparing food	M4: Explain infection control procedures used when cleaning in adult health and social care environments	
		P8: Describe good hygiene practice for workers in a health and social care setting		
		P9: Demonstrate appropriate cleaning and waste management in an adult health and social care setting		
4	Understand Continuous Professional Development in an adult health and social care setting	P10: Describe CPD requirements in adult health and social care environments		

SYNOPTIC ASSESSMENT

It will be possible for learners to make connections between other units over and above the unit containing the key tasks for synoptic assessment, please see section 6 of the centre handbook for more detail. We have indicated in this unit where these links are with an asterisk and provided more detail in the assessment guidance.

ASSESSMENT GUIDANCE

LO1: Understand types of adult health and social care settings and environments

P1: Learners must be able to describe the differences between types of adult health and social care settings/environments. The emphasis here is on statutory, private, voluntary and informal.

P2: Learners must provide an outline of the regulatory requirements for these settings/environments.

M1: Learners are required to provide an explanation of the inspection requirements for a selected adult health and social care service. Case studies could be used as the basis of this evidence.

For this LO, learners will benefit from drawing on learning from Unit 1: Principles of working in health, social care and childcare and Unit 6: Working with individuals in adult health and social care environments.

LO2: Be able to adapt the environment in adult health and social care settings

P3: Learners must demonstrate their ability to change an environment/setting in order to make it suitable for adults. This could be through simulation, role play or completed during work placement. A witness statement would be needed.

M2: Learners must be able to describe at least two ways in which adaptations to the environment could benefit adults.

D1: Learners must evaluate the appropriateness of adaptations in an adult health and social care setting. They must take into account different factors and use their knowledge/experience/evidence in relation to the appropriateness of the adaptations for the adult health and social care setting.

For this LO, learners will benefit from drawing on learning from Unit 1: Principles of working in health, social care and childcare, Unit 3: Working in a person-centred way and Unit 4: Safeguarding.

LO3: Be able to control infection in an adult health and social care setting

P4: Learners must be able to describe the term 'standard infection control precautions' in the context of a health and social care setting.

P5: Learners must be able to explain at least two hazards which they may be faced within an adult health and social care setting.

P6: Learners must be able to demonstrate appropriate hand-washing techniques. This could be supported by photographic evidence or videos.

P7: Learners must be able to demonstrate appropriate food hygiene procedure for the preparation and storage of food; this may be simulated if unable to access a work experience setting.

P8: Learners must be able to describe good practice in relation to hygiene for workers; this may be in the form of a presentation or written work and could be supported by video.

P9: Learners must be able to demonstrate appropriate cleaning and waste management, this may be generated from a work placement or this evidence may be simulated.

M3: Learners must be able to explain when workers and adults should wash their hands and the reasons why.

M4: Learners must provide an explanation of infection control procedures to follow when cleaning in at least two adult health and social care environments.

D2: Learners must analyse the potential impacts of poor infection control. Case studies could be used as the basis.

For this LO, learners will benefit from drawing on learning from Unit 1: Principles of working in health, social care and childcare, Unit 2: Health and safety in practice, Unit 4: Safeguarding.

LO4: Understand Continuous Professional Development in an adult health and social care setting

P10: Learners must provide a description of the CPD requirements in at least two adult health and social care environments.

For this LO, learners will benefit from drawing on learning from Unit 1: Principles of working in health, social care and childcare, Unit 3; Working in a person-centred way, Unit 6: Working with individuals in adult health and social care environments.

Feedback to learners: you can discuss work-in-progress towards summative assessment with learners to make sure it's being done in a planned and timely manner. It also provides an opportunity for you to check the authenticity of the work. You must intervene if you feel there's a health and safety risk.

Learners should use their own words when producing evidence of their knowledge and understanding. When learners use their own words it reduces the possibility of learners' work being identified as plagiarised. If a learner does use someone else's words and ideas in their work, they must acknowledge it, and this is done through referencing. Just quoting and referencing someone else's work will not show that the learner knows or understands it. It has to be clear in the work how the learner is using the material they have referenced to inform their thoughts, ideas or conclusions.

For more information about internal assessment, including feedback, authentication and plagiarism, see the centre handbook. Information about how to reference is in the OCR Guide to Referencing available on our website: http://www.ocr.org.uk/i-want-to/skills-guides/

MEANINGFUL EMPLOYER INVOLVEMENT - a requirement for the Technical certificate qualifications

These qualifications have been designed to be recognised as Technical certificates in performance tables in England. It is a requirement of these qualifications for centres to secure employer involvement through delivery and/or assessment of these qualifications for every learner.

The minimum amount of employer involvement must relate to at least one or more of the elements of the mandatory content. This unit is a mandatory unit in the Adult Care Assistant pathway in the Level 2 Diploma.

Eligible activities and suggestions/ideas that may help you in securing meaningful employer involvement for this unit are given in the table below.

Please refer to the Qualification Handbook for further information including a list of activities that are not considered to meet this requirement.

Meaningful employer involvement	Suggestion/ideas for centres when delivering this unit
1. Learners undertake structured work-experience or work-placements that develop skills and knowledge relevant to the qualification.	Learners' work experience or work placements could take place in a range of health and social care settings, including hospitals, residential and community based environments to develop learners' knowledge and awareness of the different environments where adult care is provided. Learners could shadow an experienced worker and observe how adaptations to the physical and social environment are made in practice.
2. Learners undertake project(s), exercise(s) and/or assessments/examination(s) set with input from industry practitioner(s).	Learners should start work on their portfolio of evidence, which is intended not only as a record of work experience, but also to encourage learners to consider their learning holistically across all aspects of their programme, other experiences such as employment, and also their personal lives. Portfolios should include evidence from learners' own employment if appropriate, reviews of visits, key research and practical activities and projects related to their personal and professional development.
3. Learners take one or more units delivered or co-delivered by an industry practitioner(s). This could take the form of master classes or guest lectures.	Care managers and supervisors could ensure learners are observed as part of their placement hand-washing, food hygiene and cleaning.
4. Industry practitioners operating as 'expert witnesses' that contribute to the assessment of a learner's work or practice, operating within a specified assessment framework. This may be a specific project(s), exercise(s) or examination(s), or all assessments for a qualification.	Care managers and supervisors could provide effective feedback on learners' interaction and interpersonal skills with individuals and encourage learners to reflect on their time in their placements whilst combining practice and theory.

You can find further information on employer involvement in the delivery of qualifications in the following documents:

• [Employer involvement in the delivery and assessment of vocational qualifications](#)

• [DfE work experience guidance](#)

To find out more
ocr.org.uk/healthandsocialcare
or call our Customer Contact Centre on **02476 851509**

Alternatively, you can email us on **vocational.qualifications@ocr.org.uk**