



Domiciliary Care Project Evaluation

April 2010

Aim:

To develop a progression pathway specific to the Domiciliary Care Sector, commencing with induction and leading to level 3, with a progression pathway to HE sector

Objectives:

- *A sector-specific accredited pathway for the domiciliary care workforce commencing with induction and progressing to supervisor and possibly management*
- *Pathway steps to meet Common Induction Standards and level 2 and level 3, mapped to existing QCF provision with a progression pathway to higher education*
- *Pathway approved by Skills for Care and CQC for employers to meet national standards within the sector compacts and rules of combination for Domiciliary Care*

The time line was Nov 09 – April 10 (appendix 1) with various partners involved through a steering group, (Terms of reference and partners appendix 2).

Following initial research with the Sector Skills Council, Skills for Care it was identified that the new Health and Social Care QCF diplomas for the Dom Care sector would be defined by them and as such the aim of the project changed to the following:

- *The project aim is to gain an accurate picture of the training and development needs of Dom Care workers in today's climate.*
- *Skills for Care the sector skills council for adult social care will ultimately decide what the new Health and Social Care QCF Diplomas will look like for the sector.*
- *This project will provide evidence of the needs of the workforce within Dom Care which can then be used to develop a user friendly tool to help employees and employers understand the training available.*
- *The evidence can be used to ensure that the new diplomas are fit for purpose.*

Steering group meeting min's 3rd Feb 10.

Methodology

All Domiciliary Care agencies within Buckinghamshire, Berkshire and Surrey were contacted for the project, with questionnaires being sent to the following:

Berkshire - 60

Buckinghamshire - 41

Surrey - 57

Total 158 questionnaires:

- 4 questionnaires returned
- 12 agencies contributed with 15 senior individuals taking part in the working groups from external agencies
- 3 in-house homecare senior staff and re-enablement senior staff from Slough Local Authority
- 2 team meetings consisting of 20 staff members forming working groups discussing their perceived needs, one team from Buckinghamshire and one team from Surrey
- 1 meeting with the personalisation manager for Bracknell Forest Borough Council
- 1 meeting with Bucks County Council to discuss the project
- Reading LA were involved through JS who was part of the steering group and one of the working groups, but due to transformation within the authority they were not able to support any further at this time

All Local Authorities were contacted in Berkshire, Buckinghamshire County Council and Surrey County Council, also Berks, Bucks and Surrey Care Associations, the UKHCA (UK Home Care Association), the National Skills Academy, Skills for Care and Skills for Health.

Presentations to the Domiciliary Care Forums in Bracknell Forest Borough, Wokingham Local Authority, Reading Local Authority and Slough Local Authority, attendance at the forums ranged from 8 – 15 agencies at each raising awareness of the project and the new Health and Social Care QCF Diplomas.

Held working groups in Bracknell, Surrey, Buckinghamshire, Reading with 12 external agencies attending in total.

There was also a working group held in Slough that consisted of external agencies and in-house home care and re-enablement staff from the Local Authority.

The evidence collated was qualitative and is displayed in Appendix 3.

Following consultation with the Sector Skills Councils, Skills for Care advised the project group to look at the Sector Qualification Strategy to gain information about research undertaken by them for the Domiciliary Care sector specifically.

The UKHCA explained no research had been undertaken by them to define the specific training needs of the home care sector. They have agreed that this research is important for their home care members to ensure that the new QCF diplomas are fit for purpose. They have agreed to continue this piece of research with their 16000 members nationally. They will disseminate a questionnaire to their members.

The National Skills Academy has undertaken research looking specifically at the role of Personal Assistants and will continue to identify their training needs. They explained that as an academy they are in the process of developing an endorsement programme for either organisations or courses that are deemed to be good examples for the sector.

Project findings

The Skills for Care Sector Qualification (SQS) identifies ‘*more than one million people aged 65 and over currently use publicly funded social care and in the next 20 years people aged 85 and over is set to increase by over 60% compared to a 10% increase in the overall population.*’

The SQS goes on to discuss how the workforce can be remodelled to meet these ever increasing demands. With the emerging personalisation agenda the SQS states ‘*the greatest increase will be in the numbers of personal assistants and other workers providing self directed care....Domiciliary care will fall*’

The project has highlighted the fact that the current NVQ level 2 in Health and Social Care are not fit for purpose, because it consists of only 6 units and many of the units are focused on residential settings. The Dom Care workforce’s role is very unique from other care workers within the adult social care sector, due to the lone working requirement and the level of responsibility and accountability that falls to the Dom Care Worker. At present all Dom Care workers must complete the level 2 NVQ in Health and Social Care which will soon be replaced with the new QCF diplomas at level 2 in Health and Social Care. The draft diplomas are available and bearing in mind they may adapt and change will be finalised by Sept 10 ready to roll out nationally.

The research identified the current role of Dom Care workers and the skills they need to be competent in these tasks see appendix 3 for the results. We compared and mapped the draft Health and Social Care QCF units at level 2 and 3 to the results to determine if there are any gaps. Gaps are highlighted in yellow. We are unable to determine if these gaps will remain until the QCF qualification is completed with the rules of combination identified. It is likely that the gaps will be filled through the rules of combination criteria!

Different Local Authorities and Councils are doing different things in terms of re-enablement with some outsourcing support to Dom Care Agencies, while others are keeping these

services in house. Many agencies who consulted during the project do not provide clinical health care support to clients in the community; however some agencies are beginning to extend their offer by supporting people with more complex health care needs; this meets the requirements of the personalisation agenda, through providing holistic support to clients in the community.

The results of the questionnaires and working groups are outlined in appendix 3. Supporting clinical health care is an area of training that has been identified as a potential for carers and one agency in Buckinghamshire has already begun to extend their offer, through offering stoma care and Pegg feeds to customers within their packages of care.

An agency in Bracknell Forest Borough is supporting the Local Authority by offering personal assistants through their personalisation agenda. Another example of differentiation is the in-house home care and re-enablement team in Slough which offers a more comprehensive package to clients than the external agencies in the area. See appendix 3 for the details. Re-enablement teams undertake a variety of tasks that require specialist training for example physiotherapy or occupational therapy. The Slough Local Authority is merging their in-house home care and re-enablement teams to ensure a more comprehensive package to their customers.

Domiciliary Care workers are working in the community, on their own, often the first point of call for the client and their families, they have to communicate with other professionals who may be supporting the clients who may have very complex health care needs, they work late evenings, going into peoples homes which may not be as secure as a residential home for example (where there is a management team available for support). The Dom Care worker has to work autonomously, to be accountable, responsible, time manage effectively, have good decision making skills and good common sense. During the workshops and discussions some agencies felt that a level 3 qualification is beneficial to the staff however, due to funding and costs many explained they would only do the training that is a requirement.

Following the working group in Slough in May 2010 where both external agencies and in-house homecare and re-enablement staff came together to discuss their clients needs and staff training needs, there appeared to be differences between the training needs of the in-house and re-enablement teams and the needs of the external staff training needs. The in-house teams were undertaking more complex tasks around screening assessments, prescribing OT equipment, physiotherapy and social work support for example, while external agencies did not undertake these tasks. The group posed the question, could there be an opportunity or possibility of external agencies undertaking these tasks in the future? The group identified some recommendations for commissioners to effectively communicate with them as providers. Recommendations are within the conclusion. Recommendations are also identified for employers.

The draft QCF Health and Social Care units level 2

The QCF (Qualifications and Credit Framework) Health and Social Care level 2 qualification which is replacing the NVQ Health and Social Care level 2 from Jan 2010, comprises 39/40 credits equating to 390/400 notional learning hours.

Learners have to complete all units within mandatory group A totalling 9 units with 27 credits.

They then have to complete 12 credits from group B and C = 120 notional hours

The mandatory units (group A) are all generic for Health and Social Care with 27 credits = 270 notional hours allocated.

The draft award identifies the titles for the units but the unit content and rules of combination have not been disclosed to date.

The titles are relevant to the sector but without viewing the specific content it is difficult to determine if they are fit for purpose for the Dom Care Sector.

The draft programme outline identifies that there are health specific units at level 3 within the level 2 diplomas and this will allow the Dom Care worker where necessary to have the appropriate skills to support their clients effectively. There are also specific units to support knowledge in other specialism's eg, dementia, learning disabilities and substance misuse for example.

At present there are no identified units within the level 2 or 3 diploma that support progression opportunities for the Dom Care Worker to develop within their organisations, for example within the office environment, with case management, to become a risk assessor, supporting the manager through team management, mentoring, etc

This may become apparent when the rules of combination are defined, but all employers during the project identified the skills necessary for progression opportunities for their staff within Dom Care Services as identified within appendix 3.

The ethos of the QCF is that employers should be able to match their staff's qualifications to their job role to ensure that they are competent in the specific role that they are doing and as such where a member of staff is suitable for promotion, or is being trained to progress within the workplace there should be units available to support this progression.

Regardless of whether a Dom Care Worker wants to progress within their organisation or not we know that the Dom Carer is an autonomous worker, who needs to develop skills in line with their unique and responsible role. There are no units that look at time management, decision making, accountability and autonomous working, which are all the specific responsibilities they face while being the face of their organisation out in the community dealing with families and other professionals.

Conclusion

To conclude, this project has demonstrated the role that our Domiciliary/Home Care worker does at present and potentially could do to support individuals at home in the future. The diverse nature of their role is vast, and the levels of responsibility that they have to ensure the safety for themselves and their client's everyday only highlights the need to professionalise the care workforce and give them the credit they deserve. The project has identified that some units at level 3 are desirable to demonstrate their competence for autonomous, lone working; however some felt that a full level 3 may not be needed. With the opportunities within the QCF for a spiky profile which allows an individual to undertake a percentage of the qualification at another level, the Domiciliary Carer could still undertake a full level 2 with level 3 units included. If the draft diplomas remain unchanged there is scope for them to undertake some units at level 3, to support some health related tasks for example and there is a full suite of units to support dementia care, individuals with learning disabilities and mental health which is applauded.

The titles for the mandatory units and the variety of units available within the diplomas do appear to meet the needs of the Dom Care worker; however there is little opportunity for progression within this sector, unless individuals complete other QCF units within leadership and management programmes for example.

This project has completed an initial mapping of the draft units for the Health and Social Care QCF level 2, against the results of the project which identify some gaps; however it is likely that all of these gaps will be filled sufficiently when the rules of combination are finalised. Once this has been done a user friendly toolkit can be developed identifying the progression pathways for the Dom Care sector. In the interim a basic flow chart has been developed identifying progression opportunities, appendix 4.

The following recommendations have been identified for commissioners:

- **Clear communication.**
- **Clearly defined tendering processes**
- **Clear expectations of what the commissioners want from the providers**
- **An identification of potential opportunities for extended service provision in light of the personalisation agenda**
- **A clear description of the commissioners wants and needs with a detailed analysis of the limitations of external provision as identified by commissioners.**
- **Guidance and support on partnership working to ensure a collaborative approach to meeting the holistic needs of individuals within the community**
- **Guidance on the new quality assurance systems from local authorities with regards to the new CQC regulations.**

- **Guidance and support about meeting the new CQC standards for compliance within health and social care services, which focuses on outcomes rather than systems and processes, and places the views and experiences of people who use services at its centre (CQC judgement framework section 20 regulations of the Health and Social Care Act 2008)**

Recommendations to employers

- **Maintain close links with Local Authority commissioners to gain a full insight into their needs and wants for their area**
- **Good knowledge and understanding of the personalisation agenda and its impact on your service**
- **Good understanding of the new CQC regulations and how it impacts on your service**
- **Good understanding of the needs and wants of your customers and ensure this is communicated to commissioners**
- **Consider the expansion of your service offer and delivery in order to meet the ever changing needs and demands of your customers**
- **Ensure you have a comprehensive induction and training package in place to support your team**
- **Create a diverse skill mix within your team to meet a wider customer base**
- **Consider the development of the Personal Assistant role in order to expand your offer to customers wanting consistency and continuity of provision over lengthy periods**
- **Create a learning culture through strong workforce development to ensure you provide a quality provision to customers and commissioners**

The following identifies the original aims and objectives of the project to determine if they have been met sufficiently

The aim of the Domiciliary Care Progression pathway project:

To develop a progression pathway specific to the Domiciliary Care Sector, commencing with induction and leading to level 3, with a progression pathway to HE sector

Objectives:

- *A sector-specific accredited pathway for the domiciliary care workforce commencing with induction and progressing to supervisor and possibly management*

- *Pathway steps to meet Common Induction Standards and level 2 and level 3, mapped to existing QCF provision with a progression pathway to higher education*
- *Pathway approved by Skills for Care and CQC for employers to meet national standards within the sector compacts and rules of combination for Domiciliary Care*

Outcomes met:

The project has identified the needs of the Dom care workforce and an initial mapping exercise to the draft QCF has begun, until the rules of combination have been finalised it is not possible to finish this process.

The common induction standards and the QCF diplomas for Health and Social Care at levels 2 and 3 are being developed by the Sector Skills Council and as such the progression toolkit can not be developed.

The CQC have identified that all staff must complete training as identified by the Skills for Care the sector skills council, however to date the sector compacts have not been completed.

Actions and Recommendations:

1. The UKHCA to continue the research for all their members nationally to gain a more robust analysis of the Home care workforce nationally
2. To develop an information progression toolkit for employers and employees to navigate the QCF diplomas once they have been finalised and to progress through to HE
3. The development of accredited training for Personal Assistants in line with Sector Skills Council requirements
4. The development of a Foundation Degree in Health and Social Care for Local Authority in - house home care/ re-enablement staff, to progress from level 3 to social work degrees, occupational therapy or physiotherapy degrees.



HEALTH & SOCIAL CARE SPECIALISTS

Appendix 1



Time Line for Domiciliary Care Bid

Sept 09

<p>Oct 09</p>	<p>Identify existing QCF/NVQ level 2 & 3 provision related to occupation area (Also Sutton induction package)</p> <p>Send out invites to all partners for steering group date in Nov 09.</p> <p>Design questionnaire for all partners to complete before the steering group meeting. Questionnaire will gather base line information related to project, identifying specific training undertaken at present, staff needs being met, breakdown of their care staff and their roles, identifying how the roles have changed and the gaps they believe in training at present, identify their clients health and social care needs, is training meeting these at present? Do staff work to some capacity at level 3 through autonomous working?</p> <p>Send questionnaire out to all partners to complete</p> <p>Organize working group session venues with partners; there will be two to support geography of care staff. One in Berks one in Surrey.</p>
<p>Nov 09</p>	<p>Steering group 10th Nov 09 venue Bracknell College. 10am – 2pm</p>

	<p>Terms of reference completed</p> <p>Present all information to date related to existing provision of training</p> <p>Discuss questionnaire results</p> <p>Source sector skills Bodies information and funding agencies related to Dom care staff</p> <p>Identify a working group of care staff from partner organizations to support the identification of the 'Domiciliary Care staff work role today'.</p> <p>First working group meeting 24th Nov 09 venue to be organized. Surrey area 10am – 3pm</p> <p>The working group will look specifically at their Domiciliary care role and job descriptions. We will focus on their specific role and tasks that they complete on a day to day.</p> <p>We will discuss if the worker feels the current NVQ and induction provision meets their needs, how confident are they within their role, are there tasks they are unsure of, do they undertake roles solely at level 2 or do they have some tasks at level 3?</p>
Dec 09	<p>Working group meeting 2nd Dec 09 Berks area 10 – 3pm. Venue Bracknell College</p> <p>Working group meeting 4nd Dec 09 venue Chancery Court Bucks, cressex business park, high wycombe 10am – 3pm</p> <p>Map staff requirements with existing qualification provision.</p>
Jan 10	Continued mapping of qualification provision with staff and sector specific requirements

	Development of induction standards.
Feb 10	<p>Steering group meeting 3rd Feb 2010, 10am – 2pm Bracknell College– present findings to date Evaluate with steering group Discuss Sector Body agreement and any relevant funding information</p> <p>Final draft for induction pathway</p>
March 10	<p>Repro induction pathway</p> <p>Progression mapping to level 2 and 3 commenced</p> <p>Final steering group meeting 24th March 2010, 10 am – 2pm Bracknell College</p>

Gail Irvine Oct 09



Appendix 2

Domiciliary Care Progression Pathway

Terms of Reference

This piece of work is funded by Progress South Central and the lead partner is Dynamic Training UK.

Membership of this steering group will be a joint forum comprising of representatives from Skills for Care, Skills for Health, Care Associations, Private Domiciliary Care providers and training provider/Colleges

The aim of this project:

To develop a progression pathway specific to the Domiciliary Care Sector, commencing with induction and leading to level 3, with a progression pathway to HE sector

Objectives:

- Develop a Dom Care specific Induction package meeting all Common Induction standards
- Mapping to existing QCF level 2 and 3 provision
- Identifying areas for development and accreditation to be placed on the QCF (Qualification and Credit Framework) at levels 2 & 3
- Liaising with relevant sector skills bodies and funding agencies (LSC) to acquire endorsement for Rules of Combination (RoC) within recognised national standards requirements for the sector.
- Identifying potential existing progression routes to HE provision

Steering Group Members:

Gail Irvine – Dynamic Training UK (Chair)

Claire Gardner – Dynamic Training UK

Chris Wintle – Regional Manager Skills for Health

Jennifer Simnett – Reading Borough Council

Dawn Hadley – Glenore Home Care – Bucks

Jo Bridges – UKHCA

Cheryl Spence – Bracknell College

John Atkins – Homeinstead (Representing Surrey Care Association)

Karen Stevens – Skills for Care (Surrey and Sussex)

Christine Westwood – Smith – Skills for Care (Berks and MKOB)

Debbie Osler – Mac Care (Representing Berks Care Association)

Ann Stainton – Progress South Central

Role of the steering group:

The overall role of the steering group will be to promote, initiate, support, monitor and evaluate the project, ensuring it meets the needs of the Dom Care Sector.

Responsibilities:

- To attend or contribute to the 3 steering group sessions
- To disseminate the information questionnaire to colleagues within the sector and to inform Gail Irvine
- To identify individuals with substantial experience within the Domiciliary Care Sector to attend one of the working group sessions
- Monitor and evaluate the project.
- Review documents and make decisions within pre set time frames.
- Work in partnership with each other.
- Produce and agree final evaluation.

Meeting arrangements:

Steering group meetings will be held at Bracknell College, Eastern Road site 10 am – 2pm

- 10th Nov 09
- 3rd Feb 10
- 24th March 10

Working Groups 10am – 3pm

- 24th Nov 09 – Surrey venue to be confirmed
- 2nd Dec 09 – Berks venue Bracknell college, Eastern Road site
- 4th Dec 09 – Bucks venue Chancery Court, High Wycombe

Minutes and action points from the meetings will be recorded and distributed to the steering group by the project co-ordinator

Appendix 3

Results from project

What do Home/Dom carers from external agencies currently do?

Highlighted yellow are gaps in the draft QCF levels 2 & 3 units at present.

- Personal Care
 - Personal hygiene
 - Bathing
 - Showering
 - Dressing/sequencing for dementia care.
 - Moving & handling
 - Administration of medication
 - Hearing aids
 - Oral health
 - Pressure areas support
 - Continence care
 - Support with eating
 - Hair care, combing, washing, conditioning
 - Management and support of clinical waste and infection control
 - Supporting end of life
 - Skin Care to minimise risk of sores

- Independent living/health care
 - Sitting service
 - Promoting independence at all time
 - Monitor risks, hazards, health and safety
 - Stoma care
 - Catheter care
 - Pressure areas
 - Managing challenging behaviour
 - Dementia care
 - Supporting individuals with LD
 - Supporting individuals with Mental Health Conditions
 - Supporting individuals with alcohol and substance misuse
 - Supporting individuals with physical disabilities
 - Supporting individuals with communication and sensory impairments
 - Care planning
 - Risk assessments
 - Menu planning
 - Promoting dignity, respect, equality
 - Promoting and supporting cultural needs

- Domestic help
 - Shopping
 - Cleaning / vacuuming
 - Ironing
 - Preparing food
 - Support to pay bills
 - Support to post mail

- Communicating & recording information
 - Documents
 - Finance
 - Boundaries
 - Customer service skills
 - Assessing risks
 - Dealing with complaints

Skills / Training required

- Training in all above areas
- Recognising / dealing with different learning disabilities, dementia, Mental health needs, alcohol and substance misuse, challenging behaviours, epilepsy, diabetes (any needs as identified by the clients they are supporting)
- Equipment training for all and any equipment needed during their working activities
- Protection of vulnerable adults
- Accountability / taking responsibility
- Time management
- Team working
- Palliative care / bereavement/end of life/coping strategies
- 1st aid
- Manual handling
- Human rights, equality, diversity, supporting different cultures and belief systems,
- Recognising abuse and reporting and recording
- Checking equipment is safe etc
- Managing challenging behaviour
- De-escalation skills
- Person centred planning/care (personalisation agenda)
- All relevant legislation
- Literacy / numeracy
- Assertiveness / confidence
- Effective communication with clients, families, team
- Rapport building
- Good customer services skills
- Pain Management
- Medication support
- Mental capacity
- Food safety and nutrition
- Promoting health, well being, exercise

- Recording and reporting
- Health and Safety, hazards, risk management
- Lone working to remain safe
- Understanding professional boundaries
- Effective communication with other professionals and multi-disciplinary working
- Understanding complex relationships with families

What Other Roles could Home Carers potentially take on?

- Health requirements (supporting district nurses)
 - PEG feeding
 - Catheter care
 - Injections
 - Foot / nail care
 - Blood sugar count
 - Penile care
- Therapeutic activities
- Holistic well-being
- Working with other health professionals (e.g. OTs, physios) to promote recovery at home - motivating and supervising exercises etc.
- Social activities - promoting independence through re-integration into the community

What are in-house homecare and re-enablement staff currently doing?

- Person care - wash, dress, teeth, hair
- Medication administration
- Meals - Breakfast, snacks, drinks, microwave meals
- Feeding
- Shopping
- Laundry - in / out home
- Toileting
- Collect pension
- Pay bills
- Basic household tasks - make bed, wash up, empty rubbish
- Empty commodes
- Catheter / stoma care
- Manual handling including hoisting
- Monitor blood sugar levels
- Lone working
- Palliative care - making appointments
- Infection control
- All ages MH, LD, Dementia, SN, PD Children - pet care
- Safeguarding
- Recording & reporting - risk assessments
- Equal opportunities
- Pressure care
- Screening assessments

- Rehab personal care
- Carers needs / assessments
- Meal preparation
- Mobility - indoor / outdoor
- Prescribe / fit OT equipment / walking aids
- Manual handling assessment / advice
- Palliative care
- Catheter / stoma care
- Mental health
 - learning disabilities (18+)
 - Sensory needs
 - Physical disabilities
 - Dementia
- Liaison with hospitals - discharges - making appointments
- Safeguarding
- Recording and reporting
- Equal opportunities
- Pressure care
- OT / PT / SW assessments - risk assessments
- Access to other services - housing / welfare benefits

What could in house and re-enablement team could do to extend their offer with the right training.

- Minor dressings
- Nail cutting
- Blood pressure monitoring
- Administer medication
- End of life care - more than current level e.g. mouth care
- OT / physio therapy (h/care)
- SALT - swallowing techniques, communication

Skills Required for Progression / Management

- Supervisions & appraisals
- Coordination, time management skills
- Decision making skills
- Mentoring/coaching skills
- Promoting equality & diversity
- Employment law
- Rota management
- Sequencing
- Organisational skills
- Problem-solving skills
- Prioritisation
- Risk assessment skills
- Establishing rapport
- Listening skills
- Coaching skills
- Financial management
- Safeguarding Levels 2 & 3
- Dealing with complaints
- CPD for others and self

- **Managing conflict**

The following competencies were identified as being a training requirement for home/dom care staff

Tick if yes

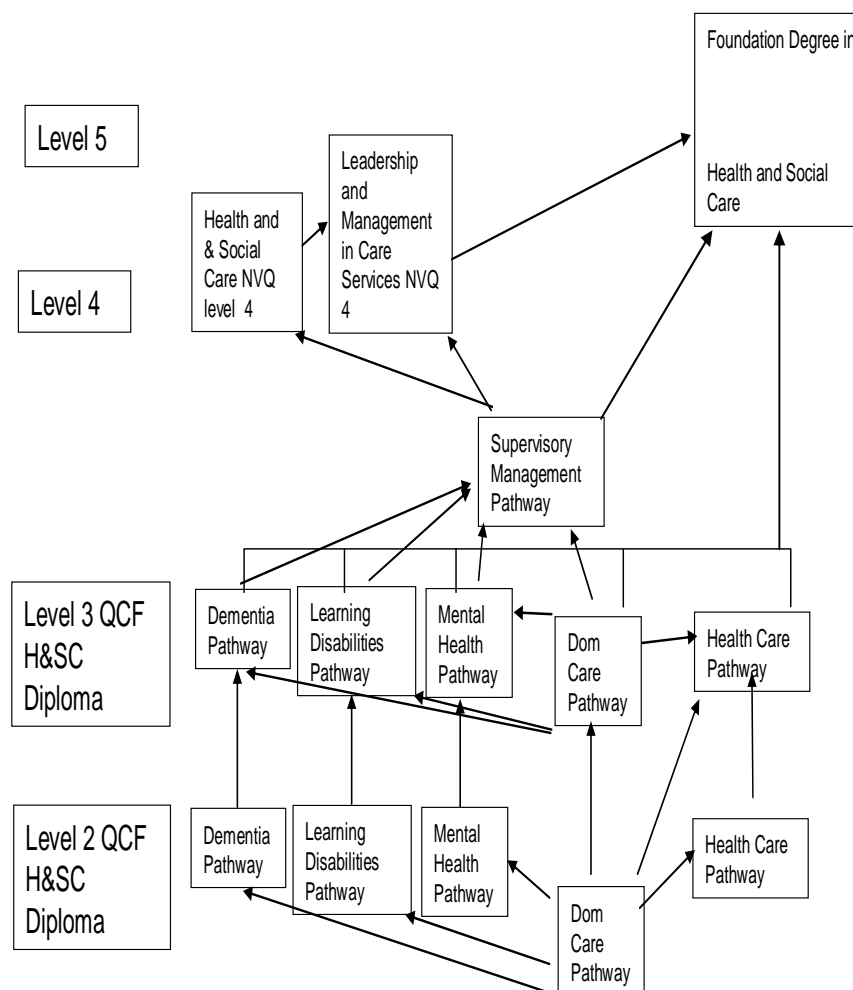
Communicate with, and complete records for individuals	X
Support the health and safety of yourself and individuals	X
Develop your knowledge and practice	X
Ensure your own actions support the care, protection and well-being of individuals	X
Carry out and provide feedback on specific plan of care activities	X
Support individuals to access and use information	X
Support individuals in their daily living	X
Support individuals to make journeys	X
Support individuals to meet their domestic and personal needs	X
Support individuals to access and participate in recreational activities	X
Support individuals to take part in development activities	X
Support individuals during therapy sessions	X
Provide food and drink for individuals	X
Help individuals to eat and drink	X
Help individuals to keep mobile	X
Help address the physical comfort needs of individuals	X
Undertake agreed pressure area care	x
Support individuals with their personal care needs	X
Support individuals to manage continence	X
Assist in the administration of medication	x
Support individuals prior to, during and after clinical procedures	X
Contribute to moving and handling individuals	X
Observe, monitor and record the condition of individuals	X
Support individuals to undertake and monitor their own health care	x
Support individuals who are distressed	X
Contribute to working in collaboration with carers in the caring role	X
Contribute to effective group care	X
Gain access to, and ensure individuals' homes are secure	X
Manage environments and resources during clinical activities	x

Protect yourself from the risk of violence at work	X
Relate to, and interact with, individuals	X
Ensure your own actions support the equality, diversity, rights and responsibilities of individuals	X
Enable individuals to negotiate specific environments	X
Contribute to the identification of the risk of danger to individuals and others	X
Contribute to the effectiveness of teams	X
Receive and pass on messages and information	X
Monitor, handle and maintain materials and equipment	X
Manage and organise time and activities to support individuals in the community	X
Maintain a safe and clean environment	X
Promote effective communication for and about individuals	X
Promote, monitor and maintain health, safety and security in the working environment	X
Reflect on and develop your practice	X
Contribute to care planning and review	X
Contribute to planning, monitoring and reviewing the delivery of service for individuals	X
Support individuals to access and use services and facilities	X
Support individuals to develop and maintain social networks and relationships	X
Support the social, emotional and identity needs of individuals	X
Contribute to the protection of individuals from harm and abuse	X
Contribute to the prevention and management of abusive and aggressive behaviour	X
Provide frameworks to help individuals to manage challenging behaviour	X
Carry out screening and referral assessment	X
Carry out assessment to identify and prioritise needs	X
Support individuals to live at home	X
Support individuals to retain, regain and develop the skills to manage their lives and environment	X
Help individuals to access learning, training and development opportunities	X
Recognise, respect and support the spiritual wellbeing of individuals	X
Move and position individuals	X
Work with families, carers and individuals during times of	X

crisis	
Contribute to assessing and act upon risk of danger, harm and abuse	X
Develop and sustain effective working relationships with staff in other agencies	X
Participate in inter-disciplinary team working to support individuals	X

Appendix 4

Draft Progression pathway for Dom Care Worker



Draft QCF Health and Social Care level 2

Dom Care pathway

Mandatory units

SHC 021	Introduction to communication in health, social care or children's and young people's settings
SHC 023	Introduction to equality and inclusion in health, social care or children's and young people's settings
SHC 022	Introduction to personal development in health, social care or children's and young people's settings
SHC 024	Introduction to duty of care in health, social care or children's and young people's settings
HSC 024	Principles of safeguarding and protection in health and social care
HSC 025	Role of the Health and Social Care Worker
HSC 026	Implement person centred approaches in health and social care
HSC 027	Contribute to health and safety in health and social care
HSC 028	Handle information in health and social care settings
	Optional units
HSC 3022	Support Individuals to live at home

HSC 3046	Introduction to personalisation in social care
HSC 2019	Gain entry to and ensure the security of individuals' homes
HSC 2007	Provide support to encourage independence in the task of daily living
	Additional units
HSC 2014	Support individuals to eat and drink
HSC 2016	Support individuals to manage continence
HSC 2017	Provide agreed support for foot care
HSC 2013	Support Care Plan Activities
SS OP 2.4	Contribute to supporting individuals in the use of assistive technology
HSC 2024 /CHS5	Undertake agreed pressure area care
HSC 2025 / HSC 222	Support individuals undergoing healthcare activities
? HSC 2004	Contribute to the monitoring of health conditions
HSC 3019	Support individuals to develop and maintain supportive social networks and relationships
HSC 3038	Work in partnership with families and carers
HSC 3045	Promote positive behaviour
HSC 3048	Support end of life care
HSC 3042	Apply principles for use of medication in social care
Y/501/0598	Administer Medication to individuals and monitor the effects

Draft QCF Health and Social Care level 3

Dom Care pathway

Mandatory Units

SHC 31	Promote communication in health, social care or children's and young people's settings
SHC 32	Engage in personal development in health, social care or children's and young people's settings
SHC 33	Promote equality and inclusion in health, social care or children's and young people's settings
SHC 34	Principles for implementing duty of care
HSC 034	Principles of protection
HSC 035	Role of the Health and Social Care Worker
HSC 036	Promote person centred approaches in Health and Social Care
HSC 037	Promote health and safety in Health and Social Care
HSC 038	Promote good practice in handling information in health and social care
	Optional Units
HSC 3022	Support individuals to live at home
HSC 3004	Plan and implement development activities
HSC 3013	Support individuals to access services and facilities
CHS 17	Carry out extended feeding techniques to ensure individuals' nutritional and fluid intake
	Additional Units

DEM 310	Understand the diversity of individuals with dementia and the importance of inclusion
? 302	Providing independent advocacy support
? 303	Maintaining the independent advocacy relationship
SS OP 3.5	Support the assessment of individuals with sensory loss
SS OP 3.6	Support the promotion of awareness of sensory loss
SS OP 3.4	Support individuals in the use of assistive technology
SS OP 3.2	Promote effective communication with individuals with sensory loss
SS OP 3.3	Support individuals with multiple conditions / disabilities
HSC 392	Work with families, carers and individuals during times of crisis
HSC 396	Enable people with mental health needs to develop coping strategies
HSC 397	Reinforce positive behavioural goals during relationships with individuals
Tbc- R/601/3526	Develop and sustain effective working relationships with staff in other agencies
HSC 3119	Promote the values and principles underpinning best practice
HSC 3048	Provide end of life care
CHS 5	Undertake agreed pressure care
HSC 2028 / CHS6	Move and Position individuals
Y/501/0598	Administer Medication to individuals and monitor the effects
HSC 3042	Apply principles for use of medication in social care

HSC 360	Manage environments and resources for use during healthcare activities
CHS 19	Undertake physiological measurements
CHS 132	Obtain venous blood samples
CHS 8	Insert and secure urethral catheters
HSC 3001	Raise awareness of health issues
HSC 3002	Provide support to continue therapies
CHS 17	Carry out extended feeding techniques to ensure individuals' nutritional and fluid intake
CHS 4	Undertake tissue viability risk assessment for individuals
HSC 3004	Plan and implement development activities
HSC 3013	Support individuals to access services and facilities

