



Higher National Unit specification

General information

Unit title: Safe Practice in Care (SCQF level 6)

Unit code: H9XD 33

Superclass: PM

Publication date: October 2015

Source: Scottish Qualifications Authority

Version: 01

Unit purpose

The Unit is designed to introduce learners to the range of knowledge and skills required in the context of promoting and preserving Safety in Practice. It aims to give all learners greater understanding of Safe Practice and covers how to assess and recognise the needs and potential vulnerability of individuals requiring care. The Unit will enable learners to develop the knowledge and practical skills that underpin safe and effective practice.

Outcomes

On successful completion of the Unit the learner will be able to:

- 1 Explain safe and effective practice in care settings.
- 2 Explain skills required to uphold safety in the delivery of care.
- 3 Explain the need to seek assistance in unsafe situations.

Credit points and level

1 Higher National Unit credit at SCQF level 6: (8 SCQF credit points at SCQF level 6)

Recommended entry to the Unit

The Unit is suitable for learners who are beginning employment in Health or Social Services, or entering employment in a new Health or Social Service organisation or who are changing or developing their role within a Health and Social Service organisation. It is also suitable for learners undertaking a placement or volunteering in a Health or Social Service organisation.

Higher National Unit specification: General information (cont)

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Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes for this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

Centres wishing to develop their own assessments can refer to a list of existing ASPs which are available to download from SQA's website (<http://www.sqa.org.uk/sqa/46233.2769.html>) for a comparable standard.

Equality and inclusion

This Unit specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

Higher National Unit specification: Statement of standards

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Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Learners should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Explain safe and effective practice in care settings.

Knowledge and/or Skills

- ◆ Current Health and Safety legislation relevant to the care setting
- ◆ Risk assessment and the need to preserve safety
- ◆ Application of health and safety legislation in a care context
- ◆ Role boundaries in care settings

Outcome 2

Explain skills required to uphold safety in the delivery of care.

Knowledge and/or Skills

- ◆ Standards for care practice
- ◆ Respond to individual's needs
- ◆ Practice safely in a care setting
- ◆ Communicate effectively
- ◆ Record and report using relevant documentation

Outcome 3

Explain the need to seek assistance in unsafe situations.

Knowledge and/or Skills

- ◆ Factors that may lead to danger, harm and abuse
- ◆ Safeguarding and protecting
- ◆ Reducing risk of harm
- ◆ Seeking help and assistance
- ◆ Dealing with emergencies

Higher National Unit specification: Statement of standards (cont)

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Evidence Requirements for this Unit

Learners will need to provide evidence to demonstrate their Knowledge and/or Skills across all Outcomes by showing that they can:

- ◆ describe the importance of applying health and safety legislation in the care context.
- ◆ explain how to uphold health and safety relevant to one specific care setting.
- ◆ understand and describe the risk assessment process
- ◆ follow the standards for care to apply the assessment of risk in a care setting.
- ◆ provide an example of the limitations of the role.
- ◆ demonstrate the application of safe practice.
- ◆ understand how and when to report any concerns about abuse and discriminatory practice.
- ◆ recognise when an individual requires specialist care.
- ◆ demonstrate accurate record keeping and reporting skills.



Higher National Unit Support Notes

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Unit Support Notes are offered as guidance and are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Learners need to be enabled to promote health and safety and to protect themselves as well as others from harm and abuse. They should ensure that they:

- ◆ know organisational policy in relation to health and safety, including personal safety, and ensure their actions support this.
- ◆ are aware of their right to work in a safe environment in which the risks to personal safety have been minimised.
- ◆ understand the standards for providing safe care.
- ◆ communicate effectively.
- ◆ are able to take action to deal with emergencies.
- ◆ know the boundaries and limitations of their role.
- ◆ know when it is appropriate and acceptable to ask for help.
- ◆ know how to report risks or concerns in the workplace.

Guidance on the content and context for this Unit

Outcome 1: Explain safe and effective practice in care settings.

The learner will be required to provide evidence of their knowledge and understanding of the purpose and relevant areas of current Health and Safety legislation for example:

Health and Safety at Work Act 1974.

A useful printable summary entitled 'What you need to know' is available from;
<http://www.hse.gov.uk/pubns/law.pdf>

Moving and Handling:

The regulations set out a hierarchy of measures to reduce the risks of manual handling. These are in regulation 4(1) and as follows:

- ◆ Avoid hazardous manual handling operations so far as reasonably practicable
- ◆ Assess any hazardous manual handling operations that cannot be avoided
- ◆ Reduce the risk of injury so far as reasonably practicable

Higher National Unit Support Notes (cont)

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The guidance on the Manual Handling Regulations includes a risk assessment filter and checklist to help employers assess manual handling tasks. A revised version of the MHOR published in March 2004 also includes a checklist to help you assess the risk(s) posed by workplace pushing and pulling activities.

In addition, employees have duties to take reasonable care of their own health and safety and that of others, who may be affected by their actions. They must communicate with their employers so that they too are able to meet their health and safety duties.

Employees have general health and safety duties to:

- ◆ follow appropriate systems of work laid down for their safety.
- ◆ make proper use of equipment provided for their safety.
- ◆ co-operate with their employer on health and safety matters.
- ◆ inform the employer if they identify hazardous handling activities.
- ◆ take care to ensure that their activities do not put others at risk.

<http://www.hse.gov.uk/msd/pushpull/regulations.htm>

COSHH Control of Substances Hazardous to Health is another important area and again information on this can be found on the Health and Safety at Work website, which provides information on what hazardous substances are and what to do if you encounter a spillage. COSHH covers substances that are hazardous to health. Substances can take many forms and include:

What they are:

- ◆ Chemicals
- ◆ Products containing chemicals
- ◆ Fumes
- ◆ Dusts
- ◆ Vapours
- ◆ Mists
- ◆ Nanotechnology
- ◆ Gases and asphyxiating gases and
- ◆ Biological agents (germs)

If packaging has any of the hazard symbols then it is classed as a hazardous substance.

What to do: Always try to prevent exposure at source.

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For example:

- ◆ Avoid using a hazardous substance or use a safer process.
- ◆ Prevent exposure, eg use water-based rather than solvent-based products, apply by brush rather than spraying.
- ◆ Substitute it for something safer, eg swap an irritant cleaning product for something milder, or use a vacuum cleaner rather than a brush.
- ◆ Use a safer form, eg can you use a solid rather than liquid to avoid splashes or a waxy solid instead of a dry powder to avoid dust.

<http://www.hse.gov.uk/coshh/>

Other areas of legislation that could be referred to include those governing:

RIDDOR, Fire Safety, Electrical Safety.

Outcome 2: Explain skills required to uphold safety in the delivery of care.

Other important pieces of legislation relevant to working in care settings should also be explored. These should include the National Care Standards.

Learners should know how the standards developed and their purpose which is to ensure everyone in Scotland receives the same high quality of care no matter where they live. They should also be clear that the Standards explain what we can expect from any care service we use.

The standards were written from the point of view of the person using the service. They can also help if an individual feels they need to raise concerns or complain.

The 6 main principles behind the Standards are the need to treat individuals with:

- ◆ Dignity
- ◆ Privacy
- ◆ Choice
- ◆ Safety
- ◆ Realising Potential
- ◆ Equality and Diversity

<http://www.gov.scot/Topics/Health/Support-Social-Care/Regulate/Standards>

These principles are also enshrined in Scotland's Human Rights and their web site is an excellent teaching and learning resource as it contains film clips for learners to watch and discuss.

<http://www.scottishhumanrights.com/careaboutrights>

Learners should also explore the relevance of the Scottish Social Services Council Codes of Practice in promoting high quality services.

Higher National Unit Support Notes (cont)

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According to the Scottish Social Services Council the organisation has a key role in the following areas:

‘Registering people who work in social services and regulating their training and education;

To raise the standards of practice by social care workers and increase the protection of people who use social services (this includes assessing and monitoring the fitness of workers to practice in social services);

Publish the SSSC Codes of Practice for all social service workers and their employers’.

The following codes of practice have particular relevance for this Unit:

(3). ‘As a social service worker you must promote the independence of service users while protecting them as far as possible from danger or harm’.

This includes ‘promoting the independence of service users and helping them to ‘understand and exercise their rights’.

(4). ‘As a social service worker you must respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people’.

This includes ‘recognising that service users have the rights to take risks and helping them to identify and manage these risks’. Furthermore, it includes taking ‘measures to reduce the risk of service users doing harm to themselves or other people’.

(SSSC Codes of Practice 2014)

Further information about the Codes of Practice for Social Services Workers can be accessed from the following link:

<http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/60-protecting-the-public/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers>

Health Improvement Scotland in 2011 published the Healthcare Quality Standards document in which they identify the requirement for a Healthcare Quality Strategy, which covers Clinical governance and risk management.

The main part of this that is of relevance to learners is the objective of ensuring quality at the point of care that ensure healthcare is person-centred, safe and effective. The specific areas identified are defined as follows:

Person-centred:

- ◆ provide care in partnership with people using services
- ◆ treat people using services with dignity and respect
- ◆ provide care in partnership with other core services

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Safe:

- ◆ ensure required standards are met
- ◆ identify, investigate, take action on and learn from concerns
- ◆ identify and manage healthcare risks

Effective:

- ◆ plan and deliver continuous improvement, and
- ◆ identify, share, learn from and deliver best practice

http://www.healthcareimprovementscotland.org/previous_resources/standards/healthcare_quality_standard.aspx

Learners should then go on to consider what specific skills they will require to deliver care according to the above standards. Of primary importance at this stage in their learning are verbal and non-verbal communication skills.

This part of the teaching and learning could be delivered using small group exercises in class. Learners could work on a specific care area to identify and explain good practice in the following:

Principles of effective communication:

- ◆ Communicate in a consistent manner from one situation to another
- ◆ Be a good listener
- ◆ Provide effective feedback that is clear
- ◆ Be clear and concise in the feedback you provide
- ◆ Always end a communication on a positive note

Each small group could then provide examples in which they demonstrate the following:

- ◆ Effective communication both verbal and non-verbal
- ◆ recognise the use of the voice and body in developing effective communication skills
- ◆ identify and practice listening techniques as one component of effective communication

Learners could be given a care scenario relevant to a specific area, they could then write a report using a pre-prepared format relevant to that care setting.

For example:

- 1 Mary has been admitted to hospital after a fall at home.
- 2 Mary has been admitted to a care home from hospital after a fall.

Mary is able to walk with the help of a frame and is quite cheerful and happy. She has prescribed medication for her arthritis, which she must take three times a day. Being an independent person, she keeps her own medication in her room and takes it herself.

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Mary however is rather deaf and often does not hear what is said to her. Because of the embarrassment she feels about not hearing she tends to say yes to all questions and this has resulted in some minor safety risks.

The task would then be to prepare, or contribute to, a basic care plan for Mary's daily living providing information in the following areas:

- ◆ Medication record
- ◆ Fluid intake monitoring
- ◆ Mobility
- ◆ Emotional wellbeing
- ◆ Risk assessment

Questions for discussion could then be:

Does the plan contain all of the information you need to ensure the care provided is recorded accurately?

Does the plan cover a medical history of the individual?

Does it identify any known allergies?

Does it cover falls risks?

Does it link with the codes of practice?

Has the individual contributed to the information it contains?

Outcome 3: Understand the need to seek assistance in unsafe situations

This Outcome helps the learner to consider a range of factors that may lead to harm or abuse and to discuss what is required of them to:

- ◆ be able to take action to deal with emergencies.
- ◆ know the boundaries and limitations of their role.
- ◆ know when it is appropriate and acceptable to ask for help.
- ◆ know how to report risks or concerns in the workplace.

The first area to be covered, in this part of the Unit is The Adult Support and Protection (Scotland) Act 2007. Learners need to know the purpose of this legislation, which identifies people requiring assistance under this act as 'adults at risk'.

They should know that 'Adults at risk' might include people over 16 who:

- ◆ find it difficult to keep themselves or their property (their home, the things they own) safe.
- ◆ might be harmed by other people.
- ◆ might be more vulnerable because of a disability, illness or mental disorder (this could mean people with mental health problems, people with dementia, people with learning disabilities).

Higher National Unit Support Notes (cont)

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Adult Support and Protection Act 2007

<http://www.dumgal.gov.uk/CHttpHandler.ashx?id=11104&p=0>

Adults with Incapacity Act 2000

<http://www.legislation.gov.uk/asp/2000/4/contents>

Learners should be made aware of the framework this legislation provides for safeguarding the welfare and finances of adults, who lack the capacity to make decisions, due to mental disorder, or inability to communicate.

The Act provides the following ways for safeguarding a person's welfare and managing his/her financial affairs or both.

'Power of attorney (Part 2 of the Act). This is a means by which individuals, whilst they have capacity, can grant someone they trust powers to act as their continuing (financial) and/or welfare attorney'.

Access to Funds scheme (Part 3 of the Act). This is a way of accessing the adult's bank or building society account/s in order to meet his/her living costs. This scheme is best suited to 'steady state' estates where the income and outgoings are easily regulated'.

Guardianship order (Part 6 of the Act). Guardianship can cover property and financial matters or personal welfare, including health, or a combination of these. It is likely to be suitable where the person has long-term needs in relation to these matters, and has lost, or has never had, capacity to take decisions or action on these matters for him or herself'.

Intervention order (Part 6 of the Act). This would normally be suitable where there is a single action or decision to be taken on behalf of the adult. This could, for example, be a financial or property transaction or a legal action on behalf of the adult such as signing a tenancy agreement. Intervention orders can cover both financial and welfare matters'.

(Scottish Government 2008)

Further information regarding the AWI legislation can be accessed from the following link:

<http://www.gov.scot/Publications/2008/03/25120154/1>

It is also important for learners to be aware of how the Mental Health (Care and Treatment) (Scotland) Act 2003 is used to protect vulnerable adults. This legislation applies to people who have been diagnosed as having a 'mental disorder' and may be unwilling or unable to access treatment for their condition. The legislation defines mental disorder as anyone who has a mental illness, personality disorder or learning disability.

In summary, the legislation covers the following areas:

'When and how people can be treated if they have a mental disorder;

When people can be treated or taken into hospital against their will; and

What people's rights are, and the safeguards which ensure that these rights are protected.'

(Mental Welfare Commission for Scotland)

Higher National Unit Support Notes (cont)

Unit title: Safe Practice in Care (SCQF level 6)

The legislation contains are three main kinds of compulsory powers:

'Emergency detention — this would allow someone to be detained in hospital for up to 72 hours where hospital admission is required urgently to allow the person's condition to be assessed'.

'Short-term detention — this would allow someone to be detained in hospital for up to 28 days. It will only take place where it is recommended by a specially trained doctor (a psychiatrist) and agreed by a mental health officer.'

'Compulsory Treatment Order (CTO) — This has to be approved by a Tribunal. A mental health officer would have to apply to the Tribunal. The application would have to include two medical recommendations and a plan of care detailing the care and treatment proposed for the patient. The patient, the patient's named person and the patient's primary carer would be entitled to have any objections that they have heard by the Tribunal. The patient and the named person would be entitled to free legal representation for the Tribunal hearing'.

There are also a range of principles that anyone who takes action under this legislation must adhere to in order to safeguard the person subject to compulsory measures. This includes, but are not limited to:

'Non-discrimination — People with mental disorder should, wherever possible, retain the same rights and entitlements as those with other health needs'.

'Equality — All powers under the Act should be exercised without any direct or indirect discrimination on the grounds of physical disability, age, gender, sexual orientation, language, religion or national or ethnic or social origin'.

'Respect for diversity — Service users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities and diverse backgrounds and properly takes into account their age, gender, sexual orientation, ethnic group and social, cultural and religious background'.

(Scottish Government 2004)

Further information about the Mental Health (Care and Treatment) (Scotland) Act 2003 can be accessed from the following link:

<http://www.gov.scot/Publications/2004/01/18753/31686>

Further information the Adults with Incapacity Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 can also be found on the Mental Welfare Commission for Scotland website:

<http://www.mwscot.org.uk/>

The learner should also understand codes of practice and conduct applicable to their role and the need to adhere to the principles and values that underpin the care setting including the rights of children and young people.

Higher National Unit Support Notes (cont)

Unit title: Safe Practice in Care (SCQF level 6)

Children and Young People Act 2014
www.legislation.gov.uk/asp/2014/8/contents/enacted

Learners should be aware of all aspects of preserving safety in the care setting.

For example; the SPSP '10 essentials of safety' as follows:

- ◆ Hand Hygiene
- ◆ Leadership walk rounds
- ◆ Daily goal setting
- ◆ Safety briefing in general wards
- ◆ Surgical briefing and Pause
- ◆ Early warning scores
- ◆ Ventilator bundles
- ◆ Central line insertion bundle
- ◆ Central line management bundle
- ◆ Peripheral cannula maintenance bundle

Candidates should be aware of their responsibilities for safety in practice. This should include recognition and response to the deteriorating individual, dementia care, risk assessment, falls, vulnerable individuals, public protection and end of life care.

Candidates should demonstrate good interpersonal skills, kindness, sensitivity and compassion when working with individuals.

In order to understand methods of reducing the risk of harm learners should consider the position of older people living out with their own home. Research shows that they are three times more likely to fall than if they were living in their own homes and the results of a fall are often much more serious; there are ten times more hip fractures in care environments.

Many factors can contribute to this heightened risk, such as physical frailty, the presence of long-term conditions, physical inactivity, taking multiple medications and the unfamiliarity of new surroundings. For this reason, it is important that all care environments for older people implement a person centred process to manage and reduce falls and fractures. This will help to improve the overall quality of care for an individual and will have a huge impact on a person's independence and participation in life.

The 'Good Practice Self-Assessment Resource' which was prepared to provide training and reassurance to care staff that they do not have to address this issue in isolation as support is available from the wider health and social care team.

Managing falls and fractures in care homes for older people.
<http://www.laterlifetraining.co.uk/wp-content/uploads/2011/07/falls-and-fractures-guidance-care-homes-interactive-V3.pdf>

This resource provides the answers to many of the questions care staff have in relation to the prevention and management of falls and fractures, it discusses what to do if someone falls, how to deal with the person and how to get help and assistance in this type emergency.

Higher National Unit Support Notes (cont)

Unit title: Safe Practice in Care (SCQF level 6)

The pack meets the Care Inspectorate requirements for falls prevention and is straightforward and appropriate to the level of this Unit. It is suitable for use in a simulated class situation using a manikin.

Learners should be able to use various assessment tools to assess the individual's condition and know when and to whom to report a change or deterioration in the individual's condition.

It is important that learners understand the limitations of their role. They should also understand the legal and professional accountability in relation to the care that they give, to communicate and exchange information safely, responsibly and effectively, in accordance with agreed procedures and to identify different sources of information.

Learners should also be encouraged to explore dilemmas that can arise in the management of risk when supporting service users who are considered vulnerable. For example, it is noted that the 'tensions often exist' when supporting service users to exercise their independence, whilst simultaneously trying to protect them from potential harm. These 'tensions' may be particularly apparent when supporting service users who are considered vulnerable, for example, people with learning disabilities or people with dementia. Social care workers therefore need to consider whether the life choices of service users are 'simply poor' or actually pose an unreasonable risk to their welfare. In these circumstances, it may be necessary to override the person's right to self-determination in order to protect them from the consequence of their own actions.

(Bigby and Frawley, 2011)

The links below provides access to relevant literature reviews in relation to effective risk assessment:

<http://www.scotland.gov.uk/resource/doc/194419/0052192.pdf>

<http://www.gov.scot/Publications/2007/08/07090727/2>

Throughout their course learners are expected to promote, and preserve health and safety, and to demonstrate this through their practice. They must also understand the importance of promoting equality and diversity in care by working in a fair and anti-discriminatory way.

Guidance on approaches to delivery of this Unit

It is recommended that when delivering this Unit it is possible to share common instruments of assessment with partner Higher Education Institutions to allow for a straightforward accreditation of prior learning in situations where there are articulation agreements.

Outcome 1

The purpose of this Outcome is to assess the practical application of health and safety legislation including incident reporting. The learner will be expected to be familiar with the theory behind the legislation but will also be expected to apply the theory in real life situations.

Higher National Unit Support Notes (cont)

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Outcome 2

This Outcome will teach the learner the fundamental skills required to work safely and effectively within a care setting. The learner should understand what Person Centred Care means and be able to apply this in practice, including understanding and applying the care planning process. The learner must also participate in a range of essential skills, under supervision and in keeping with organisational policy, legislation and professional standards

Outcome 3

The learner should be able to use various assessment tools to assess the individual's condition and know when and to whom to report a change or deterioration in the individual's condition. It is important that the learners understand the limitations of their role.

They should also understand the legal and professional accountability in relation to the care that they give, to communicate and exchange information safely, responsibly and effectively, in accordance with agreed procedures and to identify different sources of information.

Throughout learners are expected to promote and preserve safety in practice and its application to practice. Learners must also understand the importance of promoting equality and diversity in care by working in a fair and anti-discriminatory way

Guidance on approaches to assessment of this Unit

Evidence can be generated using different types of instruments of assessment. The following are suggestions only. There may be other methods that would be more suitable to learners.

Centres are reminded that prior verification of centre devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

This Unit could be assessed through; a reflective account, a pre-prepared integrated case study with written questions and/or evidence of observation and discussion by a supervisor/mentor in the candidates' practice placement or own area of practice.

This final option could be evidenced by:

- ◆ Log book
- ◆ Skills passport
- ◆ Learning contract
- ◆ This should be included in a final portfolio of evidence for the completed NPA

Higher National Unit Support Notes (cont)

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Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at www.sqa.org.uk/e-assessment.

Opportunities for developing Core and other essential skills

There are opportunities to develop the Core Skills of:

Communication at SCQF level 6

Problem Solving at SCQF level 5

Working with Others at SCQF level 5

Communication: will be evidenced via the candidate's work with individuals and groups as well as within written assessments.

Problem Solving: may be evidenced through case discussion with clinical supervisor about the most appropriate courses of action for care delivery.

Working with Others — will be evidenced in the candidate's ability to interact, communicate and negotiate with those with whom they come into contact and to work collaboratively with other professionals and individuals, recognition of professional boundaries and professional conduct in practice.

History of changes to Unit

Version	Description of change	Date

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General information for learners

Unit title: Safe Practice in Care (SCQF level 6)

This section will help you decide whether this is the Unit for you by explaining what the Unit is about, what you should know or be able to do before you start, what you will need to do during the Unit and opportunities for further learning and employment.

This Unit will introduce you to safe practice and preserving safety in practice within the limits of the support role in the care environment. It will also introduce you to health and safety legislation, how to implement policies and procedures to ensure you deliver care effectively, and practice safely, will also be covered. This will include developing skills in the recognition of deterioration situations; for example, dementia care, risk assessment and falls, vulnerable individuals, public protection and end of life care.

You will be encouraged to demonstrate good interpersonal skills, kindness, sensitivity and compassion when working with individuals.

You will have assessments for this Unit and these may be a reflective account, a pre-prepared integrated case study, with written questions, and/or evidence of observation and discussion by a supervisor or mentor in your practice placement or if you are already working in care, your own area of practice.

All of this should be included in a final portfolio of evidence for the completed NPA.

The submission of these assessment materials will help you improve your inter-personal and communication skills.