



Higher National Unit specification: general information

Unit title: Care Planning in Practice

Unit code: FN61 35

Superclass: PM

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Source: Scottish Qualifications Authority

Version: 01

Unit purpose:

On completion of the Unit the candidate will be able to:

- 1 Explain and critically evaluate key components within the care planning process.
- 2 Undertake care planning and review and demonstrate skills in the care planning process through management of direct care to meet the needs of the individual.

Recommended prior knowledge and skills

Candidates should have good communication skills, both written and oral, preferably through achievement of Higher English or a *Communication* Unit at SCQF level 6. Ideally the candidate should have achieved a relevant qualification equivalent to SCQF level 7 to ensure that they have the underpinning knowledge to work at SCQF level 8. Exemplary candidates may still be considered through the completion of a pre-course interview part of which could take the form of a written assignment. The skills to undertake this Unit could also be demonstrated through an employer's reference or the process of application and interview in the absence of certificated learning.

Credit points and level

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

**SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

General information (cont)

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes of 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.

This Unit is in the framework of HNC/HND Care and Administrative Practice. Candidates must be working or on placement in a care setting and have a qualified practitioner as a supervisor/mentor to progress through this Unit.

Assessment

This Unit could be assessed in two ways.

Outcome 1 could take the form of a submitted essay which should be no more than 2,500 words.

Outcome 2 should be a record of Achievement to record the candidate's ability to carry out competencies and procedures effectively using a holistic approach. This will be carried out when the candidate is working or on placement in a care setting and monitored by a registered supervisor/mentor. Underpinning knowledge and understanding can be evidenced in the Record of Achievement by responses to oral questions by a senior practitioner. Assessment of the Outcome is an ongoing process that can occur when the opportunity arises at the work experience placement. However, it is recommended that there is a formal meeting of the candidate, the lecturer and the placement supervisor/mentor as necessary to review the candidate's progress.

Higher National Unit specification: statement of standards

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The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

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. Candidates 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 and critically evaluate key components within the care planning process.

Knowledge and/or Skills

- ◆ Relevant legislation and agency policy
- ◆ Approaches to planning care for patient groups
- ◆ Client autonomy and empowerment
- ◆ Advocacy and care planning
- ◆ Models used to plan and deliver care
- ◆ Assessment and planning strategies
- ◆ Identifying actual and potential problems
- ◆ Setting and achieving smart goals
- ◆ Integrated Care pathways
- ◆ Quality assurance and care planning

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ show understanding of relevant legislation and agency policy as it relates to the care planning process
- ◆ discuss approaches to care planning for two relevant patient groups related to your area of professional practice
- ◆ explain the concept of advocacy and empowerment in relation to the care planning process
- ◆ describe how a care model (theoretical framework) is used to plan and deliver effective care
- ◆ examine two different assessment strategies and how these relate to identifying and prioritising needs
- ◆ define actual and potential problems and discuss short and long term goals
- ◆ critically evaluate two relevant quality assurance processes within the clinical area and in relation to care planning.

Higher National Unit specification: statement of standards (cont)

Unit title: Care Planning in Practice

Assessment Guidelines

Candidates could demonstrate their knowledge and skills by submitting an essay of 2,500 words to cover all of the Evidence Requirements.

Outcome 2

Undertake care planning and review and demonstrate skills in the care planning process through management of direct care to meet the needs of the individual.

Knowledge and/or Skills

- ◆ Ethical practice and planning care
- ◆ Stages of care planning process and the patient's involvement
- ◆ Holistic assessment, assessment tools and the assessment interview
- ◆ Clinical decision making within parameters of the care practitioner's role
- ◆ Needs assessment identification and prioritisation
- ◆ Referral and referral processes to other members of the multidisciplinary team
- ◆ Evaluation and review of individual care needs
- ◆ Documentation and record keeping
- ◆ Planning and preparing a discharge plan
- ◆ Discharging an individual into the care of another service

Evidence Requirements

It will be necessary for the candidate to recognise areas of competence and their parameters of their role and be observed by a registered supervisor/mentor undertaking the following:

- ◆ Formulate, develop and document a person entered plan of care, where possible, in partnership with patients, clients, their carer, family and friends, within a framework of informed consent and ethical practice.
- ◆ Undertake and document as comprehensive, systematic and accurate assessment of the physical, psychological, social, environmental, genetic and spiritual needs of patients, client.
- ◆ Identify and priorities care needs based on the assessment of a patient or client.
- ◆ Demonstrate sound clinical judgement within the limits of own abilities.
- ◆ Undertake activities that are consistent with the care plan and within the limits of one's own abilities.
- ◆ Provide for members of the multidisciplinary team, evaluative commentary and information on care based on personal observations and actions.
- ◆ Detect, record. Report and respond to signs of deterioration or improvement in individuals, document and communicate these changes to senior colleagues.
- ◆ Evaluate and document the Outcomes of intervention and demonstrate knowledge and understanding of the need to regularly assess the patient's or clients response to care interventions.
- ◆ Identify and demonstrate situations in which referral was made to other members of the multidisciplinary team in order to meet care needs.

Higher National Unit specification: statement of standards (cont)

Unit title: Care Planning in Practice

- ◆ Recognise parameters of own role and demonstrate situations in which referral to registered practitioner was required.
- ◆ Demonstrate the principles of clear and accurate record keeping.
- ◆ Working within your scope of practice, plan and prepare discharge plans with individual patient/client and contribute to the discharge of individuals into another service.

Assessment Guidelines

An assessment in the form of a record of achievement of practice should be used for recording evidence of the candidate's ability. A registered supervisor/mentor will observe the candidate carrying out competencies/procedures. Candidates will provide evidence of:

- ◆ Using appropriate interpersonal skills when carrying out competencies/skills procedures.
- ◆ Prompting safe ethical practice which complies with employer's policies and procedures.
- ◆ Signed off as proficient when deemed competent by a registered supervisor/mentor.

Evidence can be compiled in the form of a record of achievement and completed care plans. The candidate will need to have had significant opportunities to observe and experienced practitioner and then practice the skills and competencies detailed under Outcome 3 prior to assessment. The candidate is judged to have achieved the Outcome when they are able to demonstrate the skill/competencies while managing direct care for individual patients/clients under the supervision of a registered practitioner.

Assessment of the Outcome is an ongoing process that can occur when the opportunity arises at the work experience placement. However, it is recommended that there is formal meeting of the candidate, the lecturer and the placement supervisor/mentor as necessary to review the candidate's progress.

Higher National Unit specification: support notes

Unit title: Care Planning in Practice

This part of the Unit specification is offered as guidance. The support notes 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.

Guidance on the content and context for this Unit

Outcome 1

Candidates should be aware of relevant current legislation, agency policy and the roles of these within the planning process. Candidates should explore the approaches of care used with different client groups and discuss initiatives behind these for example *Promoting Health Supporting Inclusion*; Scottish Executive (2002) identified the key principles of rights, independence, choice and inclusion. Therefore in order to care for individuals with learning disabilities these key principles should be included in the planning process. Approaches in mental health care delivery should be examined along with the policies that have driven care to be delivered within the community. The key principles that underpin care planning in mental health settings should be discussed including the 10 Essential Shared Capabilities and person centred care approach should be explored. If candidates are practicing within an adult clinical setting the person centred approach will be explored and utilised. The partnership approach to planning care for children should be researched. Emphasising the key to providing excellent care is the relationship between the practitioner, the child and their family. The Nottingham model and Casey's model could be explored in relation to planning and delivering care for children. Other models which should be examined are Roper Logan & Tierney's (200) Activities of Living Model, Orem's Self Care Model (1971), the Tidal model (2007) and Roy and Andrew's (1999) Adaptation model. Candidates should also be encouraged to examine what models or combination of models are utilised within their area of practice. Candidates must understand their area the importance of person centred care planning and the drivers and policy related underpinning it, ie The NHS Scotland Healthcare Quality Strategy (2010). Candidates should understand the reasons for care plans and the care planning process. It is understood that candidates may be in a variety of clinical settings. Each of these areas of practice will have a variety of care planning processes and candidates are required to research a variety of care planning documentation relating to various professions.

Higher National Unit specification: support notes (cont)

Unit title: Care Planning in Practice

Assessment should look at the admission process, the assessment interview and how to undertake this for different client groups. Preparation of the environment and documentation required should be explored, as well as; data collecting identifying subjective or objective data, appropriate use of questioning and effective listening and its importance to the assessment stage. This could be simulated using role play before the candidate is exposed to clinical practice. Assessment tools should be explored in relation to care planning and discussed when appropriate to evaluate the effectiveness of interventions. Cannard, MUST, Waterlow and the Risk Assessment Matrix are examples of tools that could be examined. If the candidate has access to the NES e-learning resources this should be utilised. Interpreting information and identifying actual and potential problems and prioritising needs will be explored in depth. Distinguishing between information that is relevant to care planning and information which is not should also be explored. On researching planning care, examples of care plans documenting clear goals and how they will be achieved should be simulated using case studies. The use of real and simulated case studies can provide an opportunity to apply learning. When setting goals the candidate must demonstrate they understand that the goals must be SMART.

Candidates must examine the practitioner in the role of the patient's advocate, protecting their human and legal rights and providing assistance in embedding those rights within the care planning process. Case studies should be used to explore the issues around informed consent and advocacy. The aspect of empowerment in involving the individual in their care plan and goal setting must be examined and demonstrated. Independent advocates should be explored and the role of the practitioner in working with the client and their advocate.

Candidates should be exposed to a variety of Integrated Care Pathways. Candidates should understand their use in specific clinical areas and recognise where standard care pathways are inappropriate. The candidate should also be examined in relation to, clinical governance initiatives policy and procedure guidelines, best practice and SIGN guidelines.

Outcome 2

It is important that the candidate is able to demonstrate an understanding of professional values and ethical dilemmas, in line with National Occupational Standards and Codes of Practice as applied to their professional practice within the assessment, care planning, and implementation and evaluation process.

The candidate must understand that throughout all stages of the care process they must work in partnership with the patient to enable them to take charge of their life and health and make informed choices. Tutorials could explore factors that help facilitate user self-empowerment within the care planning process.

Higher National Unit specification: support notes (cont)

Unit title: Care Planning in Practice

Candidates will be given the opportunity to assess patients/clients and develop, implement and evaluate care plans. The candidate, with the guidance and support of a mentor or supervisor, should ensure the individual service user is involved in the process. The candidate should ensure the individual's beliefs and preferences are listened to and adhered to within the process. Candidates must explore how to undertake an holistic assessment taking into account relevant physical, social, psychological, spiritual, genetic and environmental factors that may be relevant to the individual. The importance of collecting data on the individual's present illness, health behaviours, past medical history, social history, and employment history should be examined. The importance of the assessment interview being well structured to progress logically in order to facilitate the practitioner's thinking and make the patient feel comfortable in telling their story must be emphasised. The ability to recognise the need for professional and clinical supervision and to recognise limitations of one's competence should be discussed as central to good practice. The candidate must have an understanding of the importance of immediately reporting any issues outside their sphere of competence without delay to the appropriate member of staff.

The structure of assessment should take into consideration the care setting and also the purpose of the assessment data. Candidates need to show they understand that assessment is a cyclical process not a one off process that is repeated frequently as the individual's condition changes and how the care plan needs to reflect this. The actual format of the planning process should meet the needs of the individual areas of practice and the patient/client and thus show evidence of a needs-led assessment and individualistic approach.

Promotion of independence and the empowerment of the service user should be clearly evidenced.

Candidates must have an understanding of the decision making processes within assessment and the need for problem-solving and flexibility required for competent professional practice.

They should have an understanding of the individual's role in the process as well as the importance of confidentiality. In order to meet individual's needs the candidate must have an understanding of multi-disciplinary working and the effective sharing of appropriate information.

Risk assessment is an integral part of care planning and where this has been a feature of the process this should be clearly identified.

When planning care it is vital the care practitioner knows when to refer on and how to do this to other members of the multidisciplinary team. The candidate must also have an in-depth knowledge of methods and procedures for communicating plans of care to colleagues and clients/patients.

The candidate must demonstrate evaluating goal achievement and discounting care plans. The candidate must be aware that a systematic process of evaluation requires the practitioner to use critical thinking when comparing expected Outcomes to actual results.

Higher National Unit specification: support notes (cont)

Unit title: Care Planning in Practice

The principles of accurate record keeping and review must be researched. The candidate must demonstrate recording and reporting on the review and revision of care plans within confidentiality agreement and according to their role and responsibility.

Candidates must recognise the importance of keeping a clear, accurate and up to date care plan to communicate the individual's past and present health status to all members of the health care team involved in providing care. Candidates should explore computerised records and electronic documentation. Candidates should explore how a care plan is a record that documents client care legally in relation to liability, accountability and quality improvement.

The candidate must be aware of organisational guidelines, policies and practice with regard to the discharge of individuals and contact with other services. Discharge planning documentation should be discussed in relation to providing continuity of care when clients leave hospital and still require services. Candidates must demonstrate their ability to make prompt contact with the appropriate service to advise them of the discharges and make appropriate arrangements for transport and escorts when these services are required for the individual. National guidelines and best practice statements must be researched relating to all subject areas.

The acquisition of competencies/skills/ procedures should be seen as a process and a Record of Achievement can demonstrate that candidates have:

- ◆ underpinning knowledge/an evidence base relating to procedures/competencies and skills
- ◆ promoting safe practice which complies with employer's policies and procedures
- ◆ observed the procedure being carried out correctly (this may be on one or more occasions depending on candidate competence)
- ◆ demonstrated the procedure under supervision (this may be on one or more occasion depending on candidate competence)
- ◆ judged to have carried out the procedure completely/proficiently when supervised by a registered member of staff, preferably the named supervisor/mentor.

Guidance on the delivery and assessment of this Unit

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.

Care Planning is a mandatory Unit in the HND Care and Administrative Practice. It is essential that candidates are aware that they need to achieve all Evidence Requirements for the award. It can however, be taken as a stand-alone Unit.

Open learning

The Unit could be delivered by open or distance learning. However, it would require planning by the centre to ensure sufficiency and authenticity of candidate evidence. Arrangements would have to be made to ensure that the assessment was conducted under supervision.

Higher National Unit specification: support notes (cont)

Unit title: Care Planning in Practice

Opportunities for the use of 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 e-checklists. Centres which wish to use e-assessment must ensure that the national standard is applied to all candidate evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. Further advice is available in *SQA Guidelines on Online Assessment for Further Education (AA1641, March 2003)*, *SQA Guidelines on e-assessment for Schools (BD2625, June 2005)*.

Opportunities for developing Core Skills

There are opportunities for developing Core Skills of *Problem Solving* at SCQF level 6, *Communication* at SCQF level 6, *Information and Communication Technology (ICT)* SCQF level 6 although there is no automatic certification of Core Skills or Core Skills components.

Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

History of changes to Unit

Version	Description of change	Date

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General information for candidates

Unit title: Care Planning in Practice

In undertaking this Unit you will learn about the models used to plan care and the care process. You will have the opportunity to become familiar with organisational policies and procedures in relation to care planning and record keeping. You will need to apply a range of assessment and observation methods that are appropriate to your profession in order to meet the needs of the individual and formulate a person centred plan of care. You will then implement and review appropriate methods of interventions and this good be in partnership with the multidisciplinary team other services and or agencies. You will have the opportunity to develop knowledge and skills to enable you to produce effective care plans for clients within your area of practice. In order to do this you must have advanced skills in communication, observation, advocacy, planning and decision making and working with others. Practical work experience is essential for this Unit. You will need to be working or on a placement in a care setting and have a qualified practitioner as a supervisor/mentor as you progress through this Unit.

Outcome 1 will introduce you to the key components of care planning. Subject topics which will be examined include empowerment, advocacy, assessment strategies and quality assurance.

Outcome 2 requires you to produce in collaboration with the relevant personnel and client's/patients effective café plans to meet care needs. You will demonstrate your ability to undertake a new assessment and demonstrate your ability to discharge individuals into the care of another service. You will understand your role in the care planning discharges process along the patients journey and recognise when to communicate and refer to members of the multidisciplinary team.

The Unit is assessed in two ways:

Assessment for Outcome 1 should take the form of an essay to demonstrate your ability to understand components of the care planning process.

Assessment for Outcome 2 will be a record of achievement this will be completed when you are working or on placement in a care setting and monitored by your registered supervisor/mentor.