

FP0M 04 (CHS136) Assist in the implementation of programmes and treatments with individuals who have severely restricted movement/mobility

About this Unit

This standard applies to anyone whose role requires them to assist the practitioner to support individuals who need significant assistance and who are unable to undertake the activities for themselves, for example as a result of a long term neurological or debilitating condition. Typical programmes and treatments could include 24-hour posture management, passive movement, respiratory care and control of oedema.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

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Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit.
<ul style="list-style-type: none"> ◆ The following forms of evidence ARE mandatory:
<ul style="list-style-type: none"> ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, how you approach the individual to gain consent to the treatment and how you record accurately and legibly the treatment carried out in the correct documentation. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, discuss with your assessor/expert witness the benefits of movement for the well being of the individual.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

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KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with clinical/corporate governance which affect your work practice in relation to assisting in the implementation of programmes and treatments with individuals who have severely restricted movement/mobility.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and clinical/corporate governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 Why it is necessary to obtain consent prior to working with an individual and the methods used to achieve this where the individual is not able to give their consent directly.	
5 The reasons why it is important to report signs of adverse reaction and the potential consequences of not doing so promptly.	
6 The policies and guidance which clarify your scope of practice and the relationship between yourself and the practitioner in terms of delegation and supervision.	
7 Policies and guidance relating to the moving and positioning of individuals and the impact they have upon your work.	
8 The main types of programmes and treatments carried out with people who have restricted mobility and movement and the reasons for using them.	
9 Why you should seek to support and encourage the individual to promote their own health and wellbeing and how this might be achieved.	
10 The factors that facilitate an effective and collaborative working relationship.	
11 The signs of adverse reaction to different programmes and treatment.	
12 The equipment and materials which can be used in relation to different programmes and treatments and the uses of each.	
13 The potential dangers associated with programmes, equipment and materials and the actions you should take to	

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You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
avoid them.	
14 What is involved in monitoring an individual's condition and why it is important that this is carried out accurately.	
15 The actions you should take if adverse reactions are shown.	
16 The information that should be recorded and the importance of doing this as near contemporaneously as possible.	
17 Record keeping practices and procedures in relation to diagnostic and therapeutic programmes/treatments.	
18 The sort of information that might be needed by the practitioner prior to or during the course of a programme or treatment.	
19 The physiological benefits of movement.	
20 The basic anatomy and physiology of the skin and the principles of pressure area care.	
21 The principles of 24-hour posture management.	
22 The basic anatomy and physiology of the lungs.	
23 The basic reaction to pain within the body.	
24 What types of information it is appropriate to give others about an individual's programme and treatment.	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Obtain valid consent from the individual before working with them.					
2	Correctly carry out the specified activities as directed and detailed within the individual's treatment plan.							
3	Effectively monitor the individual's condition during and after the programme/treatment.							
4	Seek prompt advice and assistance from a relevant contact where a programme activity or treatment called for is beyond the limits of your role.							
5	Take appropriate and prompt action, in line with relevant protocols and guidelines, in response to any condition or behaviour which indicate adverse reaction to the programme/treatment, reporting this promptly to the appropriate member of the individual's care team.							
6	Support and encourage the individual to promote their own health and wellbeing throughout the programme/treatment.							
7	Keep accurate, complete and legible records of the programme activities undertaken and the individual's condition, in accordance with local policies and procedures.							
8	Ensure that the individual is correctly positioned, taking into account the individual's condition, modesty and the treatment/programme to be carried out.							
9	Feed back to the practitioner regularly or when there is a change in the individuals' condition.							

DO = Direct Observation

RA = Reflective Account

Q = Questions

EW = Expert Witness

P = Product (Work)

WT = Witness Testimony

PD = Professional Discussion

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To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: