Unit 4222-221 Support care plan activities (HSC 2013)

Level: **2**
Credit value: **3**
UAN: **R/601/8015**

Unit aim
This unit is aimed at those working in a wide range of settings.
It provides the learner with the knowledge and skills required to prepare and implement activities within a care plan and contribute to the review of activities.

Learning outcomes
There are **four** learning outcomes to this unit. The learner will:
1. Be able to prepare to implement care plan activities
2. Be able to support care plan activities
3. Be able to maintain records of care plan activities
4. Be able to contribute to reviewing activities in the care plan

Guided learning hours
It is recommended that **13** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national standards
This unit is linked to HSC 25.

Support of the unit by a sector or other appropriate body
This unit is endorsed by Skills for Care and Development.

Assessment
Unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles

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Assessment Criteria

Outcome 1 Be able to prepare to implement care plan activities

The learner can:

1. identify sources of information about the individual and specific care plan activities
2. establish the individual's preferences about carrying out care plan activities
3. confirm with others own understanding of the support required for care plan activities.

Outcome 2 Be able to support care plan activities

The learner can:

1. provide support for care plan activities in accordance with the care plan and with agreed ways of working
2. encourage the active participation of an individual in care plan activities
3. adapt actions to reflect the individual's needs or preferences during care plan activities.

Outcome 3 Be able to maintain records of care plan activities

The learner can:

1. record information about implementation of care plan activities, in line with agreed ways of working
2. record signs of discomfort, changes to an individual's needs or preferences, or other indications that care plan activities may need to be revised.

Outcome 4 Be able to contribute to reviewing activities in the care plan

The learner can:

1. describe own role and roles of others in reviewing care plan activities
2. seek feedback from the individual and others on how well specific care plan activities meet the individual's needs and preferences
3. contribute to review of how well specific care plan activities meet the individual's needs and preferences
4. contribute to agreement on changes that may need to be made to the care plan.

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Additional guidance

- A **care plan** may be known by other names e.g. support plan, individual plan. It is the document where day to day requirements and preferences for care and support are detailed.
- An **individual** is someone requiring care or support.
- **Others** may include:
  - The individual
  - Family members
  - Advocate
  - Line manager
  - Other professionals.
- **Agreed ways of working** will include policies and procedures where these exist.
- **Active participation** is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.