



## **Qualification criteria:**

### **Level 3 Diploma in Adult Care**

for awarding organisations developing new qualifications

**May 2021**

## **Context**

Through consultation with the adult care sector, Skills for Care has reviewed and updated the content of the Level 3 Diploma in Adult Care criteria. The new criteria are detailed in this document.

During the consultation and development process, Skills for Care engaged with a wide range of sector stakeholders and subject matter experts<sup>1</sup>. Key themes emerged which included:

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## Section A:

### Summary of qualification content and accreditation requirements

#### Learner profile

Learners will work in adult social care and have responsibility for providing person-centred, values-driven care and support for those accessing the service. They will work under the direction of their manager or supervisor but will have a degree of autonomy. Learners would be expected to have met the standards of the Care Certificate as part of their induction programme. As well as demonstrating best practice, they will be working towards promoting and modelling it.

Learners may or may not have supervisory responsibility for others.

#### Content

Approved qualifications for the **Level 3 Diploma in Adult Care** will require learners to demonstrate understanding and effective practice in the following areas:

Topic	Ref
Responsibilities	DAC3A
Communication	DAC3B
Values and behaviours	DAC3C
Health and safety	DAC3D
Personal development	DAC3E

Within each of the 5 topic areas, content is split into sub-topics to support unit development and learner achievement.

Each sub-topic provides:

- a brief overview of the content
- minimum knowledge and practice requirements
- guidance notes – which include terminology, amplification, and advice.

## **Accreditation**

Qualifications developed to meet the criteria must also meet the General Conditions of Recognition set by Ofqual for fit for purpose qualifications. They should be valid, reliable, comparable, management and minimise bias.

## **Assessment**

Qualifications developed to meet the criteria must be assessed in accordance with the Assessment Principles developed by Skills for Care and Development to complement Ofqual requirements.

## **Units**

Qualifications developed to meet the criteria within this document must be presented as units as indicated. This is to aid consistency and understanding amongst learners and their employers. In this document a code number has been assigned to each area of content designated as a unit.

## **Recognition of prior learning**

To facilitate continuing professional development, it is recommended that units within this qualification be assigned a credit value, so that they can be readily used for

This will allow for mandatory (minimum) content to be covered in sufficient depth and takes account of additional content required for learners to contextualise their learning.

Where an awarding organisation wishes to include significant additional content in the 5 topic areas (therefore increasing the learning hours here and reducing hours of optional content), please outline the rationale for this when submitting the qualification for approval.

### **Qualification title**

To clearly identify the new Level 3 Diploma from the Level 3 Diploma in Adult Care, Skills for Care suggest renaming the qualification. To support employers navigate the qualification marketplace, we encourage awarding organisations to agree a common qualification title. Skills for Care request that members of the Joint Awarding Body Quality Group consider a new, shared, title and make Skills for Care aware of their decision. Skills for Care will only support qualifications that adhere to the shared title.

### **Launch of qualification**

To support employers',



2. different working relationships in care settings
3. why it is important to work in partnership with others
4. different skills and approaches used when working in partnership with others
5. how and when to access support and advice about:
  - partnership working
  - resolving conflicts in relationships and partnerships.

D. Work in partnership with **others**:

1. demonstrate ways of working that can help improve partnership working.

**Guidance notes:**

**Delegated healthcare tasks:** A delegated healthcare task is a health intervention or activity usually of a clinical nature, that a registered healthcare professional delegates to a paid care worker. It is recognised that not all care and support workers will have healthcare tasks delegated to them. However, it is important learners develop an understanding of what these are and the requirements around them. This is help prepare learners for potential delegated responsibility in the future. Delegated healthcare tasks may include, but are not limited to:

- supporting skin integrity and wound healing by changing dressing
- supporting a person's nutrition using a PEG (Percutaneous endoscopic gastrostomy)



**Working relationships:** learners must consider the following groups of people they have working relationships with (unless their role means they do not have a relationship with a particular group of people):

individuals accessing care and support services

the friends, family and loved ones of those accessing care and support services

peers and team members

other colleagues (paid and volunteers) within the organisation

managers and senior management

paid workers and volunteers from other organisations and teams.

**Others:** in this context, others may include:

individuals accessing care and support services

the friends, family and loved ones of those accessing care and support services

peers and team members

manager and senior management

paid workers and volunteers from other organisations and teams.



self-neglect.

4. **indicators** that an **individual** may be being abused
5. indicators of perpetrator behaviour.

C. Understand ways to reduce the likelihood of abuse or neglect occurring, including:

1. how the likelihood of abuse may be reduced by:

working with **person centred values**  
enabling **active participation**  
promoting choice and rights  
working in partnership with others.

2. the importance of an accessible complaints procedure for reducing the likelihood of abuse.

D. Know how to respond to suspected or disclosed abuse and neglect, including:

1. the **actions** to take if there are suspicions an individual is being abused or neglected
2. how to respond if an individual discloses that they are being abused
3. issues relating to consent to share information and how to share information about suspicions or disclosures of abuse or neglect
4. how to keep the individual and others appropriately informed and involved about their Safeguarding concern in line with policies and procedures
5. w

1. the importance of balancing online safety measures with the benefits individuals can gain from accessing online systems, and the individual's

multi-agency adult protection arrangements for a locality.

others.

**Unsafe practices** may include:

poor working practices

resource difficulties

operational difficulties.

**Wellbeing:** well-being is broad concept referring to an person's qu á á g md

DAC3A/MC	Mental capacity and restrictive practice
Knowledge and skill requirements	

- A. Understand the principles of mental capacity, including:
1. main purpose and **principles** of relevant **legislation** and **codes of practice** relating to

**Guidance notes:**

**Principles:** this must include the 'best interest' principle.

**Legislation and codes of practice:** including, but not limited to:

Liberty Protection Safeguards

Mental Capacity Act 2005

Human Rights Act 1998

Equality Act 2010

Mental Health Act 1983

Health and Social Care Act 2012

Care Act 2014

Data Protection Act 2018.

**Factors:** including, but not limited to, fluctuating capacity and time and decision specificity, as well as environment, noise, time of day, coercive/controlling behave

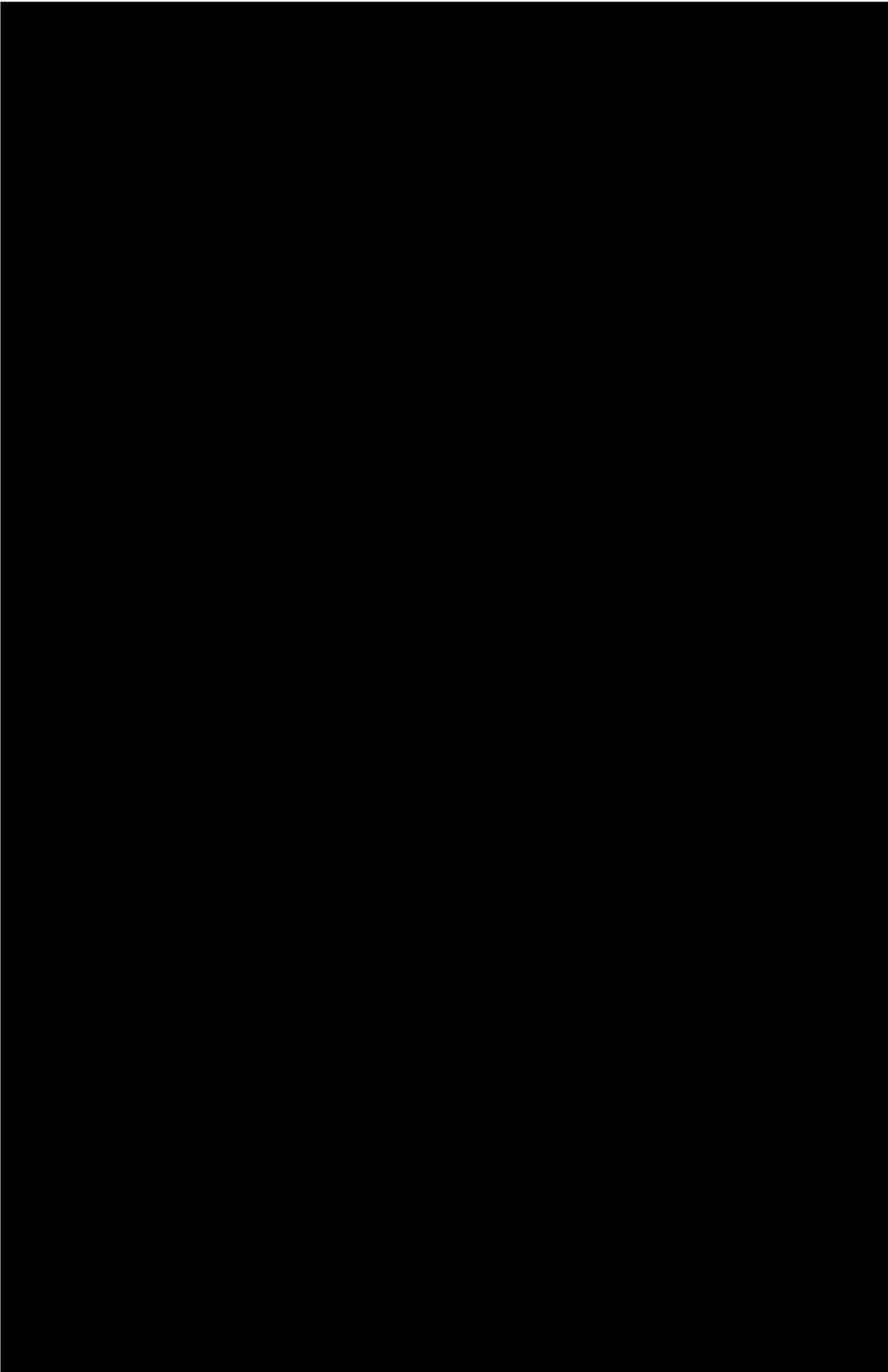




**Guidance notes:**

**Individual:** a person accessing care and support. The individual, or individuals,  
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## Guidance notes:

**Work setting:** this may include one specific location or a range of locations depending on the context of the learners' role.

**Communication styles, methods and skills:** learners should consider:

verbal: words, voice, tone, pitch, spoken and written

non-verbal: body language, proximity, eye contact, touch, gestures, behaviour

additional methods to support communication: signs, symbols and pictures, objects of reference

face to face communication (physically together or online), phone calls, email, letters, reports, text messages, the use of digital technology and technological aids, social networks, presentations

active listening skills including paraphrasing, reflection, summarising, reframing, providing encouragement

interpretation of non-verbal communication

ability to use silence to provide space and support.

**Barriers:** may include, but are not limited to:

environment

time

own physical, emotional or psychological state

physical, emotional or psychological state of others

own skills, abilities or confidence

own or others' prejudices

conflict.

**Others:** in this context, this refers to everyone a worker is likely to come in to contact with, including:

individuals accessing care and support services

carers, loved ones, family, friends of those accessing care and support services



DAC3B/HI	Handling information
<b>Knowledge and skill requirements</b>	
<p>A. Understand requirements for handling information in care settings, including:</p> <ol style="list-style-type: none"> <li>1. the main points of legal requirements, policies and codes of practice for handling information in care settings</li> <li>2. features of manual and electronic information storage systems that help ensure <b>data and cyber security</b></li> <li>3. how to support <b>others</b> to keep information secure</li> <li>4. what would be considered a '<b>data breach</b>' in the handling of information, and how to respond.</li> </ol> <p>B. Implement good practice in handling information, including:</p> <ol style="list-style-type: none"> <li>1. ensure data security when <b>storing and accessing</b> information</li> <li>2. maintain and promote confidentiality in day-to-day communication</li> <li>3. maintain <b>records</b> that are up to date, complete, accurate and legible</li> <li>4. support audit processes in line with own role and responsibilities.</li> </ol>	
<b>Guidance notes:</b>	

**Data and cyber security:** learners should consider features that ensure the confidentiality, availability and integrity of information. This should include reducing Data Breaches, securing devices, aq72.675 338laf e utsr-21(u)6()6(f)-21( )-21(i)6(m).

professionals from other services  
visitors to the work setting  
members of the community  
volunteers.

**Data breach:** this is the accidental or unlawful destruction, loss, alteration unauthorised disclosure of, or access to, personal or secure data.

**Storing and accessing:** where learners are required to store and access



DAC3C/PC	Person-centred practice
<b>Knowledge and skill requirements</b>	

A. Work in a person-centred way, including:

1. work with an **individual** and **others** to establish and understand the individual's **history, preferences, wishes, strengths and needs**
2. work with individuals to identify how they want to actively participate in their care and support, taking into account their **history, preferences, wishes, strengths and needs**
3. be **responsive** to individuals' changing needs or preferences and adapt actions and approaches accordingly
4. demonstrate respect for individuals' lifestyle, choices and relationships
5. promote understanding and application of **active participation** amongst others

B. Understand the application of person-centred practices in care settings, including:

1. how person-centred values can be applied in a range of sit47 450.4/F1 12 Tf1

3. how and why **person-centred values** and **strength-based approaches** must influence all aspects of care work
4. how to **use care plans** and **other resources** to apply person-centred values and **strength-based approaches**
5. how the active participation of individuals and others in care planning promotes person-centred values and strength-based approaches to meet the holistic needs of an individual, now and in



neighbours, people in the community and other professionals. Learners should consider intimacy, sexuality and sexual relationships.



## Guidance notes:

**Individual:** a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.

**Informed consent:** where an individual, with capacity to consent, voluntarily agrees to an action or decision based on awareness and understanding of risks, benefits and alternatives.

**Technologies:** these might include assistive technology and/or digital technology.

**Risk assessment methods:** in line with organisational policies, procedures and practices.

**Knowledge and skill requirements**

- A. Understand the importance of **individuals' well-being**, including:
1. the relationship between identity, self-image and self esteem and the impact this can have on an individual's well-being
  2. **factors** that positive and negatively influence the individuals' wellbeing
  3. the **range of services and resources** available to support individuals' wellbeing and how to access this
  4. how an individuals' wellbeing may affect their behaviours and relationships.
- B. Know how to monitor individuals' health, including:
1. h

## Guidance notes:

**Individuals' well-being:** in this context, well-being refers to that of people accessing care and support services. Well-being is broad concept referring to a person's quality of life. It takes into account health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.

**Factors:** factors affecting wellbeing will be different for different people. Learners should show consideration for environmental, physical, social and psychological factors.

**Range of services and resources:** learners should consider a range of services and resources available within their organisation and external to their organisation that could support individuals' different wellbeing strengths and needs.

**Early indicators:** these may also be referred to as 'soft signs' of deterioration and include: Restlessness, confusion, temperature changes, changes in mobility, pain, discoloured skin, changes in appetite, breathing difficulties, changes to urine or bowel habits, sickness, changes in mood or temperament.

**Appropriate tools:** tools will vary depending on learner's role and organisational practices. They may include, but not limited to: 'Stop and Watch', RESTORE2, NEWS2, SBARD (Situation, Background, Assessment, Recommendation, Decision) as well as technological aids.

**Appropriate action:** actions will vary depending on learners' role and organisational practices, as well as the specific change in an individual's wellbeing. Action may include referring to a colleague or another organisation.





4. h

carers, loved ones, family, friends of those accessing care and support services

colleagues and peers

managers and supervisors

professionals from other services

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<b>DAC3D</b>	<b>Health and Safety</b>						
<p><b>Overview:</b></p> <p>This section includes:</p> <table> <tr> <td>DAC3D/HG</td> <td>Health and safety (general)</td> </tr> <tr> <td>DAC3D/IP</td> <td>Infection prevention and control</td> </tr> <tr> <td>DAC3D/HT</td> <td>Health and safety (topics)</td> </tr> </table>		DAC3D/HG	Health and safety (general)	DAC3D/IP	Infection prevention and control	DAC3D/HT	Health and safety (topics)
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<b>DAC3D/HG</b>	<b>Health and safety (general)</b>
<p><b>Knowledge and skill requirements</b></p> <p>A. Understand own responsibilities, and the responsibilities of <b>others</b>, relating to health and safety, including:</p> <ol style="list-style-type: none"> <li>1. legislation relating to health and safety in a care <b>work setting</b></li> <li>2. the main points of health and safety <b>policies and procedures</b> agreed with the employer</li> <li>3. the main health and safety responsibilities of: <ul style="list-style-type: none"> <li>self</li> <li>the employer or manager</li> <li>others in the work setting.</li> </ul> </li> <li>4. specific <b>tasks</b> in the work setting that should not be carried out without special training.</li> </ol> <p>B. Understand procedures for responding to accidents and sudden illness, including:</p> <ol style="list-style-type: none"> <li>1. different types of accidents and sudden illness that may occur in own work setting</li> <li>2. procedures to be followed if an accident or sudden illness should occur.</li> </ol> <p>C. Carry out own responsibilities for health and safety, including:</p>	

1. use policies and procedures or other agreed ways of working that relate to health and safety
2. support others' understanding and follow safe practices
3. monitor potential health and safety risks
4. use risk assessment in relation to health and safety
5. minimise and manage potential risks and hazards
6. access additional support or information relating to health and safety.

**Guidance notes:**

**Others:** may include:

team members

other colleagues

those who use or commission their own health or social care services

families, carers and advocates

**Work setting:** this may include one specific location or a range of locations, depending on the context of a particular work role

**Policies and procedures:** may include other agreed ways of working as well as formal policies and procedures

**Tasks:** may include:

use of equipment

first aid

medication

health care procedures

food handling procedures



carers, loved ones, family, friends of those accessing care and support services

colleagues and peers

managers and supervisors

professionals from other services

visitors to the work setting

members of the community

volunteers.

**Decontamination:** after cleaning, environments and equipment may require disinfection and sterilisation.

**Appropriate use of Personal Protective Equipment (PPE):** this should include the different equipment available and donning/doffing and disposal.

**Hand hygiene:** refers to following recommended hand-washing techniques and the use of appropriate sanitizer.





3. use measures to protect own security and the security of others in the work setting.

**Guidance notes:**

No guidance notes provided.

<b>DAC3E</b>	<b>Personal Development</b>
<p><b>Overview:</b></p> <p>This section includes:</p> <p>DAC3E/CD                      Continuous development</p> <p>DAC3E/PW                      Personal wellbeing</p>	

<b>DAC3E/CD</b>	<b>Continuous development</b>
<p><b>Knowledge and skill requirements</b></p> <p>A. Know what is required to be competent in own role, including;</p> <ol style="list-style-type: none"> <li>1. the <b>duties and responsibilities</b> of own work role</li> <li>2. expectations of own work role as expressed in relevant <b>standards</b></li> <li>3. the relationship between <b>continuing professional development</b> and the provision of quality care</li> <li>4. <b>sources of support</b> for planning and reviewing own development.</li> </ol> <p>B. Demonstrate commitment to own development, including:</p> <ol style="list-style-type: none"> <li>1. assess own knowledge, performance and understanding against relevant standards</li> <li>2. work with <b>others</b> to identify and prioritise own learning needs, professional interests and development aspirations</li> <li><del>3.</del> work with others to agree own personal and professional development plan</li> <li>4. work with others to achieve and review <b>personal and professional development plan</b></li> <li>5. record progress in relation to personal and professional development.</li> </ol> <p>C. Understand the value of reflective practice, including:</p> <ol style="list-style-type: none"> <li>1. the benefits and <b>scope</b> of reflective practice</li> </ol>	

2. the importance of reflective practice in supporting continuous improvements to own practice and provision of quality care.

D. Use reflective practice to improve ways of working, including:

1. reflect on how **learning activities** have affected practice
2. reflect on how own values, beliefs and experiences may affect working practices
3. reflect on own ability to use initiative, make decisions and take responsibility for own actions
4. use reflections and feedback from others to evaluate own performance and inform development.

E. Develop leadership behaviours, including:

1. model high standards of practice to encourage others to make a positive difference
2. share ideas to improve services with others
3. promote partnership approaches to supporting individuals.

**Guidance notes:**

**Duties and responsibilities:** learners should discuss their duties and responsibilities in the context of providing person centred care and support.

**Standards:** may include Codes of Practice, regulations, minimum standards, national occupational standards.

**Continuing professional development:** refers to the process of monitoring and documenting the skills, knowledge and experience gained both formally and informally, beyond initial training.

**Sources of support:** may include:

- formal or informal support
- supervision

appraisal  
mentoring  
peer support  
within and outside the organisation.

**Others:** in this context, this will likely refer to line-manager, assessor and/or supervisor. It could also include:

individuals accessing care and support services  
carers, loved ones, family, friends of those accessing care and support services  
colleagues and peers  
professionals from other services.

**Personal and professional development plan:** may be known by different names, but will record information such as agreed objectives for personal and professional development, proposed activities to meet objectives, timescales for review.

**Scope:** learners should recognise that it is also important to reflect on the practice or behaviours of others as well as reflect on events, activities and situations in order to gain insight and understanding.

**Learning activities:** evaluation must cover a range of learning activities and must include reference to online learning e.g. e-learning, virtual classrooms, online tutorials, webinars, internet research as well as face to face methods (where learner has access).



happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.

**Factors:** these should be specific to the learner. The learner should show consideration of environmental, physical, social and psychological factors inside and outside the workplace.

**Indicators:** these should be specific to the learner. The learner should show consideration of physical, emotional and psychological indicators.

**Others:** may include team members, other colleagues, individuals accessing care and support services, families, carers and other professionals. Learners may also wish to consider their personal relationships.

**Strategies:** these should be specific to the learner. Strategies should include those that enable the learner to maintain their wellbeing as well as strategies to implement if indicators of deterioration are recognised.



### **3. Leadership and management skills**

Leadership and management skills continue to be highlighted as important for care workers' development - both in terms of their immediate role, but also in terms of their ability to progress into other roles.

Approved Level 3 Diploma in Adult Care qualifications must allow for learners to choose optional content that support the development of leadership and management skills. Skills for Care suggest that awarding organisations align leadership and management optional content with the Level 5 Diploma in Leadership and Management in Adult Care.



## Appendix 1: Consultation and development process

### Overview of the consultation and development process:

During 2020, Skills for Care engaged and consulted with a variety of sector stakeholders to understand the learning and development needs and priorities of, and for, care workers undertaking level 3 practice.

### What we did:

To understand high level priorities and needs, we:

- carried out 4 online consultation events
- ran an online survey.

To understand priorities and needs for specific areas of content, we:

- ran online surveys asking for feedback on a small number topics
- held focus groups with people accessing care services
- spoke to colleagues in CQC
- spoke to subject matter experts
- reviewed best practice developments.

To develop and update content, we:

- applied what we'd learnt from our consultation and engagement activity
- took direction from subject matter experts
- rationalised outcomes and criteria.

To ensure the new content accurately reflected what we'd heard from the sector, we:

- ran a final online survey
- made final changes based on feedback.

### Who we spoke to:

- awarding organisations

- care workers

- CQC (various roles)

- learning and development leads

- learning providers

registered managers  
social care employers



skin integrity

stoma care

wound care.

**Aspects of support:**

activity provision

advocacy

assistive technology

care planning and assessment

counselling skills

co-