

## JET TRAINING SYSTEM, ADVICE FOR ASSESSORS and CANDIDATES

### CARE CERTIFICATE

**This Competency Unit Framework is designed to help the Assessor to find the evidence for ensuring the validity of this Certification and guarantee the quality of that evidence.**

**Assessor – Someone who is designated as competent to judge the ability of the candidate**

**Candidate – The worker who is taking on the new care certificate standards and is seeking the CARE CERTIFICATE**

Some comments in the programme are meant to be fun, to probe, sometimes to feel a better answer could have been achieved, it may also provoke emotions and feelings. Some things written should not be said or done, but in reality, in some places, they have been said and done. These deliberate to ensure reactions that the range of situations which can be found, mostly happily happen and occasionally some unhappily happen to individual's in care and support. Best of Luck!

#### HOW IT WORKS

1. The candidate reads the instructions
2. The candidate reads the Introduction to the Care Certificate, this outlines the 15 standards that they will encounter
3. The candidate then reads the Workbook One., each booklet has a reading time
4. The candidate then signs the booklet when read, the assessor asks if the candidate has read the booklet and are there any areas that need discussing
5. The Candidate then answers the Multiple Choice questions on the JET Training web-site eLearning.
6. The scores are automatically calculated once the questions are answered, when a question is answered correctly, the candidate will see that they have answered it correctly and will have a 1/1 against the question
7. Where a question is answered wrongly, it will show why it is wrong, from a simple **No**, as it should be obvious why it is wrong, or an explanation where clarification is needed.
8. The assessor then checks the Multiple Choice score, and where a question has been answered wrongly, discusses why the answer was wrong, and clarifies the candidates understanding of the correct answer.
9. If the candidate score 100%, the assessor writes excellent on the paper copy, for other results the assessor writes an appropriate comment, all which confirms the assessor has read the answers and is commenting on how the candidate has done
10. The candidate is given the competency unit for the standard, and they have to answer the questions written plus answer the Multiple Choice questions associated with the standard.
11. When the candidate has completed the Competency Testing for the standard they are undertaking, they sign the bottom of the page and the assessor checks to see that the answers are correct, and questions the candidate about their ability to carry out the tasks involved. The then tick the range boxes to show where the standard is met. The ticks in the boxes show where the standard is met, and where the assessor does not agree, they put a cross against where they feel the candidate has not met the standard.
12. Once the assessor is satisfied that the candidate meets the required standard, they sign the unit off next to the candidates signature and dates the completion time.
13. Once this has done, the assessor will give the candidate a certificate to say they have met the requirements for that standard
14. Once the 15 competencies have been completed, a competency certificate id =s issued.
15. Once all the standards have been met, the assessor checks the candidates file and on the **Completion Checklist** ticks to say they have seen all the documentation and are satisfied they have met the standard, highlighting the total score and the amount if any of the 100% correct unit answers
16. Once this is done the assessor can sign the **CARE CERTIFICATE** and the candidate receives this as confirmation that they have met the standards as laid down by Skills for Care

## KEY WORDS AND PHRASES

**ABUSE:** Abuse may be physical, sexual, emotional or psychological. It may be related to a person's age, race, gender, sexuality, culture or religion and may be financial, institutional in nature. It includes both self-neglect and neglect by others.

**ACTIVE PARTICIPATION:** 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 as a passive recipient. Ways to support active participation may include assistive technology, for example use of electronic or other devices.

**ADVICE AND SUPPORT:** Advice and support can come from within or outside of your organisation and may include raising any concerns you may have.

**AGREED WAYS OF WORKING:** This refers to company policies and procedures. This includes those less formally documented by individual employers and the self-employed or formal policies such as the Dignity Code, Essence of Care and Compassion in Practice.

**AT WORK:** The definition of „at work“ may include within the home of the individual you are supporting. **BARRIERS:** These can include barriers of culture, gender, religion, language, literacy, health issues, disability, sensory or physical impairment.

**CARE AND SUPPORT:** Care and support enables people to do the everyday things like getting out of bed, dressed and into work; cooking meals; seeing friends; caring for our families; and being part of our communities. It might include emotional support at a time of difficulty or stress, or helping people who are caring for a family member or friend. It can mean support from community groups or networks: for example, giving others a lift to a social event. It might also include state-funded support, such as information and advice, support for carers, housing support, disability benefits and adult social care.

**CLINICAL WASTE:** This includes 'sharps', such as needles, bodily fluids and used dressings.

**COMMUNICATION:** This includes verbal and nonverbal communication such as signs, symbols, pictures, writing, objects of reference, human and technical aids, eye contact, body language and touch. Communication may take place face to face, by telephone, email, text, via social networks, written reports and letters.

**CONTINUING PROFESSIONAL DEVELOPMENT:** This is the way in which a worker continues to learn and develop throughout their careers, keeping their skills and knowledge up to date and ensuring they can work safely and effectively.

**DILEMMA:** A difficult situation or problem.

**DIVERSITY:** celebrating differences and valuing everyone. Diversity encompasses visible and nonvisible individual differences and is about respecting those differences.

**DUTY OF CARE:** Your duty of care means that you must aim to provide high quality care to the best of your ability and say if there are any reasons why you may be unable to do so.

**EQUALITY:** being equal in status, rights, and opportunities.

**FUNCTIONAL LEVEL:** The essential elements of literacy, numeracy and communication skills you need to perform your work confidently and effectively.

**HANDLING COMMENTS AND COMPLAINTS:** This includes recording them.

**HARM:** Harm includes ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical); the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or

behavioural); self-harm and neglect; unlawful conduct which adversely affects a person's property, rights or interests (for example, financial abuse).

**HEALTH AND SAFETY:** This could be in relation to the safety of yourself, your colleagues or the people you support.

**HEALTHCARE TASKS:** These include any clinical procedures carried out as part of a care or support plan, for example those relating to stoma care, catheter or injections. |

**INCLUSION:** ensuring that people are treated equally and fairly and are included as part of society.

**INDIVIDUAL:** This refers to any adult, child or young person accessing care or support; it will usually mean the person or people supported by the worker.

**KEY PEOPLE:** The people who are important to an individual and who can make a difference to his or her wellbeing. Key people may include family, friends, carers and others with whom the individual has a supportive relationship.

**LEGISLATION:** Important legislation includes the Data Protection Act, the Human Rights Act and the Mental Capacity Act. **MANAGING RISK:** Supporting individuals to exercise their choices and rights, recognising the balance between managing risk and enabling independence, choice and control.

**MOVING AND ASSISTING:** This is often referred to as „moving and handling“ in health and „moving and positioning“ in social care. **NEEDS:** Assessed needs can include a variety of physical, mental health, emotional, social, spiritual, communication, learning, support or care needs.

**OTHERS:** For example, your own colleagues and other professionals across health and social care.

**PERSONAL DEVELOPMENT PLAN:** Yours may have a different name, but it will record information such as agreed objectives for development, proposed activities to meet those objectives and timescales for review.

**PERSON-CENTRED VALUES:** These include individuality, independence, privacy, partnership, choice, dignity, respect and rights.

**REFLECT:** This is the process of thinking about every aspect of your work, including identifying how and where it could be improved.

**REPORTING:** This includes the recording of adverse events, incidents, confrontations, errors and issues.

**SECURE SYSTEMS:** This includes both manual and electronic systems.

**SELF-CARE:** This refers to the practices undertaken by people towards maintaining health and wellbeing and managing their own care needs. It has been defined as: “the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital.

**SERVICES:** Services may include translation, interpreting, speech and language therapy and advocacy services.

**SOURCES OF SUPPORT:** These may include formal or informal support, supervision and appraisal.

**STANDARDS:** These may include codes of conduct and practice, regulations, registration requirement (quality standards), National Occupational Standards and the Human Rights Act.

**STRESS:** While stress can have positive as well as negative effects, but in this document the word is used to refer to negative stress.

**WELLBEING:** A person's wellbeing may include their sense of hope, confidence and self-esteem, their ability to communicate their wants and needs, to make contact with others, to show warmth and affection, and to experience and show pleasure or enjoyment.

**WHISTLEBLOWING:** Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest' and may sometimes be referred to as „escalating concerns.“ you must report things that you feel are not right, are illegal or if anyone at work is neglecting their duties. This includes when someone's health and safety is in danger; damage to the environment; a criminal offence; that the company is not obeying the law (like not having the right insurance); or covering up wrongdoing.

