

Care Certificate *progress log, mapping and sign-off document*

Standard Number: 8

Standard Title: Fluids and nutrition

Document guidance

This document provides an overview of the outcomes and assessment criteria for Standard 8: Fluids and nutrition. It identifies the criteria within the Standard that should have been achieved upon successful completion of the underpinning knowledge within the Care Certificate workbook. Employees must demonstrate their competence in practice in order to fully achieve this Standard of the Care Certificate.

This progress log and sign-off document should be completed jointly by the employee and the manager/supervisor/assessor to confirm that all outcomes and criteria have been achieved in practice in the work setting. Supplementary evidence can be attached to demonstrate achievement and it is suggested to do so as good practice.

This document also provides an outline of the suggested mapping of outcomes and criteria within Standard 8: Fluids and nutrition of the Care Certificate to the recommended Qualifications and Credit Framework (QCF) unit, the National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England and the Common Induction Standards. This document does not necessarily indicate direct mapping of criteria and therefore assessors and/or managers should ensure they follow the guidance below. Please note that when the term assessor is used throughout this document this could be the manager, supervisor or assessor and will be decided by the employing organisation.

This document should always be used in conjunction with the guidance provided in the Care Certificate Framework Technical Document.

Guidance for assessors

Assessors must ensure that the learner has produced evidence for each assessment criterion that is valid, authentic, reliable, current and sufficient. Therefore assessors **must not assume** that if the mapping document indicates a criterion could have already been achieved, the mapped criteria within the QCF unit should automatically be awarded. Learners and assessors are responsible for ensuring that the outcomes and criteria within the QCF unit and standards below have been achieved to the required standard. For reference, within the column that refers to coverage of the relevant QCF unit, a **P** indicates that the Care Certificate criteria provides partial coverage of the relevant criteria within the QCF unit, whereas an **F** indicates full coverage.

The **Assessment method used** column is included to allow assessors to provide evidence of the type of assessment method that has been used to assess the Care Certificate criteria. This is likely to be noted as the Care Certificate Workbook; however, further evidence could include professional discussion, observation, question and answer, e-learning, witness testimony, etc. This column can also be completed to evidence competence using these example assessment methods.

The **Evidence location** column is included to provide a clear signpost to where the learner's evidence can be found. This may be within a portfolio of evidence, a continued professional development (CPD) file or electronically via e-learning or e-portfolio.

Unit number	Unit title	Level	Credit
M/601/8054	Support individuals to eat and drink	2	2

Care Certificate Standard 8 Outcome	Care Certificate Standard 8 Criteria	Knowledge/ Competence	Question within workbook	QCF unit: Support individuals to eat and drink (M/601/8054) P = Partial F = Full	National Minimum Training Standards: Standard 8 – Health and safety	Common Induction Standards: Standard 8 – Health and safety in an adult social care workplace	Assessment method used	Evidence location	Sign-off initials	Date
8.1 Understand the principles of hydration, nutrition and food safety	8.1a Describe the importance of food safety, including hygiene, in the preparation and handling of food	K	8.1a part i 8.1a part ii		8.10.1	S8 – 11.1				
	8.1b Explain the importance of good nutrition and hydration in maintaining health and wellbeing	K	8.1b part i 8.1b part ii	AC5.1 - P	8.10.2	S8 – 11.2				
	8.1c List signs and symptoms of poor nutrition and hydration	K	8.1c part i 8.1c part ii		8.10.3	S8 – 11.3				
	8.1d Explain how to promote adequate nutrition and hydration	K	8.1d		8.10.4	S8 – 11.4				
8.2 Support individuals to have access to fluids in accordance with their plan of care	8.2a Ensure drinks are within reach of those that have restrictions on their movement/ mobility	C		AC2.3 – P	8.10.4	S8 – 11.4				
	8.2b Ensure that drinks are refreshed on a regular basis	C		AC2.3 – P	8.10.4	S8 – 11.4				
	8.2c Ensure that individuals are offered drinks in accordance with their plan of care	C		AC2.3 - P	8.10.4	S8 – 11.4				

	8.2d Support and encourage individuals to drink in accordance with their plan of care	C		AC3.2 – P AC3.3 – P	8.10.4	S8 – 11.4			
	8.2e Report any concerns to the relevant person. This could include: • Senior member of staff • Carer • Family member	C		AC5.3 – P					
8.3 Support individuals to have access to food and nutrition in accordance with their plan of care	8.3a Ensure any nutritional products are within reach of those that have restrictions on their movement/ mobility	C		AC2.3 – P	8.10.4	S8 – 11.4			
	8.3b Ensure food is provided at the appropriate temperature and in accordance with the plan of care i.e. the individual is able to eat it	C		AC2.3 – P	8.10.4	S8 – 11.4			
	8.3c Ensure that appropriate utensils are available to enable the individual to meet their nutritional needs as independently as possible	C		AC2.4 – P	8.10.4	S8 – 11.4			
	8.3d Support and encourage individuals to eat in accordance with their plan of care	C		AC3.2 – P & AC3.3 – P	8.10.4	S8 – 11.4			

	8.3e Report any concerns to the relevant person. This could include: <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member 	C		AC5.3 – P	8.10.4	S8 – 11.4				
	8.3f Report any concerns to the relevant person. This could include: <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member 	C		AC5.3 – P						

Declaration of completion

I confirm that the evidence provided by the employee meets the full requirements for **Standard 8: Fluids and nutrition of the Care Certificate**.

Employee signature: _____

Name of assessor*: _____

Assessor* signature: _____

Completion date: _____

*The Assessor can be your Manager, Supervisor or someone else authorised by your employing organisation. This individual provides confirmation that all learning outcomes and assessment criteria for the Care Certificate standard identified above have been completed and signed off by and authorising person.