
Social care (Adults, England)

Knowledge set for nutrition and well-being

1. Guidance notes

What are knowledge sets?

Knowledge sets are sets of key learning outcomes for specific areas of work within adult social care. They are designed to improve consistency in the underpinning knowledge learned by the adult social care workforce in England.

It is intended that the key learning outcomes within each knowledge set will be used by employers to develop in-house learning and by training providers, publishers and awarding bodies to produce learning programmes, resources (CD-ROMs, videos, workbooks) and, potentially, awards. The key learning outcomes are intended to provide **minimum** standardised outcomes that employers may use either to produce their own in-house learning or learning packages or as a benchmark when buying in training provision or learning packages.

Knowledge sets are written in a particular way to ensure that each learning outcome can be identified. However, learning programme writers may choose to produce learning programmes or learning sessions where the outcomes are in a different order to that presented here or in a more integrated way. The learning outcomes are intended as a minimum. Further outcomes should be added to meet needs specific to workplaces and to people who use services.

Why were knowledge sets commissioned?

The amount and complexity of underpinning knowledge required by adult social care workers has long been unclear. The concept of knowledge sets came from a need to help employers understand the amount and complexity of underpinning knowledge required to deliver a “gold star service” to people who use services and to their carers, e.g. families and friends. In addition to the Skills for Care *Common Induction Standards* and the Health and Social Care national occupational standards (NOS – the standards that underpin the NVQs), the knowledge sets provide a consistent guide to the underpinning knowledge required to assist employers to ensure that workers in a range of work settings have sufficient knowledge and understanding to meet the needs of the people who use the services, and of carers.*

The development of knowledge sets is designed to empower employers to produce appropriate in-house learning sessions for their workers or to buy in learning with some degree of confidence about what will be included in the learning packages. The knowledge sets will facilitate consistency in learning packages produced throughout England so that employers can have greater confidence about the learning that employees transferring from other organisations and other regions may have received.

* ‘Carer’ is used throughout to indicate a person delivering social care other than as their employment, e.g. a family member or friend, as distinct from social care staff.

How and when might knowledge sets be used?

Knowledge sets are designed to be used separately or alongside the *Common Induction Standards* and as part of a worker's continuing professional development. Their aim is to provide specific standardised knowledge and understanding to help social care workers undertake their role.

The knowledge sets have been mapped to:

- the *Common Induction Standards*
- Health and Social Care NOS at levels 2, 3 and 4
- the General Social Care Council (GSCC) Code of Practice for social care workers.

It is important to note that this mapping is not absolute. As a result, this Nutrition and Well-being knowledge set may also provide underpinning knowledge to other Health and Social Care NVQ units.

Where and how will knowledge sets be undertaken?

The employer and employee will decide the most suitable method of undertaking this learning in line with the needs of the service and the people who use it. Employers may choose to offer knowledge sets delivered in-house by their own trainers or on the premises of external training providers. They may use specialists in the field in the delivery of some training.

Who will use knowledge sets?

Employers will use knowledge sets to provide knowledge and understanding in particular subjects for their workers so that the service benefits from:

- essential learning for specific tasks
- enhanced worker practice
- staff being supported to complete their NVQs by a systematic approach to underpinning knowledge.

Social care **workers** will use knowledge sets to:

- assist their development of new skills to open up career options and as part of their continuing professional development
- improve self confidence
- support transition between different service settings in the social care sector
- ensure that they are working in accordance with current good practice.

Professional language or correct terminology has been used. Knowledge sets have been written primarily for employers rather than for individual learners. Individual learners might find the "progress log" document accompanying each knowledge set more useful than the main knowledge set document itself. Employers, training providers and learners may wish to look at the 'key words and concepts' section at the end of this knowledge set.

Education and training providers, publishers and awarding bodies will also use knowledge sets in the design of training programmes, materials and awards.

Service setting and role

The knowledge sets contribute to the continuing professional development of workers in a wide variety of settings, and they are therefore not service specific. Learning programme writers and training providers can use the knowledge sets as a framework of minimum underpinning

knowledge when they are developing customised training provision appropriate to a particular learner or type of learner and to a particular service provision.

The term “learner” here includes both paid and unpaid staff, carers or family members, friends and others interested in learning about a specific subject area.

Lists used within the key learning outcomes

The learning outcomes have been expanded from single statements to include specific guidance to the learning programme writers or training providers. The lists are not exhaustive and are included as examples. They may be expanded upon to suit specific service areas and learners.

In addition, the meanings of key words and concepts included within the learning outcomes have been listed at the end of each knowledge set.

Using current legislation and guidance

Legislation and guidance is constantly being amended or added to and it is very important that training providers refer to the most recent legislation and guidance applicable to any given knowledge set when developing programmes or materials.

Values statement

The key purpose identified for those working in health and social care settings is “to provide an integrated, ethical and inclusive service, which meets agreed needs and outcomes of people requiring health and/or social care.”

Topics covered by knowledge sets

At the end of 2005 Skills for Care’s Occupational Standards and Qualifications committee had approved an initial four knowledge sets for publication:

- Infection prevention and control
- Dementia
- Medication
- Workers not involved in direct care.

In early 2007, the committee approved a further two knowledge sets on ‘Nutrition and Well-being’ and on ‘Safeguarding Vulnerable Adults’.

At the same time, work was in progress to develop further knowledge sets. An employer’s guide to support their implementation and share good practice was also planned.

Knowledge set progress logs

In addition to the knowledge set documents themselves (such as the present document), there is also a “progress log” edition for each knowledge set. Both types of document are freely downloadable at www.skillsforcare.org.uk (see Our Projects/Types of Learning/Knowledge Sets). A progress log will be required for each individual worker/learner for each knowledge set. Individuals should be enabled to keep copies of their progress logs showing their “signed off” progress for their NVQ portfolios.

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2. Learning outcomes

Main area	Learning outcome	Cross references		
		NVQ units (possible examples)	Common Induction Standards	GSCC Code of Practice (workers)
1. Preparation/presentation of food and drink	1.1 Understand the common factors which affect dietary requirements: <ul style="list-style-type: none"> • Age • Culture (also special events/occasions) • Religion/faith tradition • Medical conditions and allergies (dysphagia, diabetes, coeliac disease, renal disease, mental health, physical disability, etc) • Personal choice (vegetarian/vegan; menu; photographs of food and drink) • Timing and availability of food and drink 	HSC 213, 214, 3103, 414	1.1 1.3 1.4 2.1	1.1–1.6 6.8
	1.2 Understand the importance of the appropriate preparation and presentation of food and drink: <ul style="list-style-type: none"> • Food hygiene • Personal hygiene (worker and individual) • Consistency and texture of food and drink • Temperature of food and drink • Variety • Attractive appearance of food and drink (colour, layout) • Portion size • Supplementary/complementary foods ('PEG' feeds – see keywords) • Reconstitution and moulding of food • Individuals are enabled to prepare their own food as appropriate 	HSC 22, 213, 214, 357	2.1 3.1 3.5	3.6 6.1, 6.8
	1.3 Understand the importance of creating an appropriate environment in which to eat and drink, including (where relevant to the working environment): <ul style="list-style-type: none"> • Choice of eating area and companions (dining room, bedroom, lounge, outdoors) • Positioning and support of individual to aid swallowing, digestion and general comfort 	HSC 213, 214, 414	1.1 1.3 2.1 2.3 3.2 4.1 4.2 5.2 5.3	1.1–1.6 2.4 3.1, 3.4, 3.6, 3.8 4.1–4.4 6.1, 6.3, 6.5

Main area	Learning outcome	Cross references		
		NVQ units (possible examples)	Common Induction Standards	GSCC Code of Practice (workers)
	<ul style="list-style-type: none"> An attractive and clean environment (correctly laid table/tray, cutlery, crockery, cruet, table coverings/mats, napkins/other protection for clothing) Aids to facilitate eating and drinking (special crockery and cutlery, plate guard, cup with spout, dentures, spectacles, hearing aids) In residential setting – restaurant style layout and serve one table at a time Position of worker if assisting an individual with eating and drinking Ensure individuals are not rushed through their meals 			
2. Roles and boundaries	<p>2.1 Understand the role, and responsibilities and boundaries of the worker with regard to following the policies and procedures of the care setting on assessment of dietary requirements:</p> <ul style="list-style-type: none"> Person-centred approach Nutritional screening (recognising malnutrition) Care planning Risk assessment Oral health 	HSC 213, 214, 328, 329, 416	1.3 1.4 2.1 5.2 5.3	1.1–1.6 2.1–2.7 3.1–3.8 4.1–4.4 5.1–5.8 6.1–6.8
	<p>2.2 Understand the role, responsibilities and boundaries of the worker in relation to monitoring the condition and therapies of the individual:</p> <ul style="list-style-type: none"> Documentation and record-keeping Observing and reporting concerns Seeking advice and guidance Education of individuals and their significant others 	HSC 21, 213, 214, 31, 41	1.2 4.3	2.1–2.3 3.1, 3.4 4.1–4.4 6.1–6.4
	<p>2.3 Understand the role, responsibilities and boundaries of the worker in relation to food handling and serving:</p> <ul style="list-style-type: none"> Personal hygiene Food hygiene Promoting independence Assisted feeding 	HSC 22, 213, 214, 32, 42	2.1 3.5 4.1 4.2	1.1–1.6 2.1–2.7 3.1–3.8 4.1–4.4 5.1–5.8 6.1–6.8

Main area	Learning outcome	Cross references		
		NVQ units (possible examples)	Common Induction Standards	GSCC Code of Practice (workers)
	<p>2.4 Understand the roles, responsibilities and boundaries of personnel in relation to nutrition and well-being:</p> <ul style="list-style-type: none"> • Social care worker • Workers not involved in direct care (cook, administrator, ancillary worker) • Managers (registered, senior) • Specialist personnel (medical personnel, dietician, speech and language therapist, occupational therapist, physiotherapist) 	HSC 213, 214, 328, 329	2.1 2.3	4.4 6.5, 6.7
3. Diet and well-being	<p>3.1 Understand what constitutes a well balanced diet:</p> <ul style="list-style-type: none"> • Water • Carbohydrates • Proteins • Fats • Minerals • Vitamins • Fibre 	HSC 213, 214		6.8
	<p>3.2 Understand the factors to consider when purchasing food and drink:</p> <ul style="list-style-type: none"> • Fresh food (availability) • Frozen foods • Processed food (canned, ready meals) • Nutritional values • Cost and value for money • Supporting individuals to work within budgets 	HSC 213, 214		6.8
	<p>3.3 Understand the importance of appropriate storage of food and drink, including for carriage and delivery, and incorporating stock rotation:</p> <ul style="list-style-type: none"> • Refrigerator (temperature, hygiene) • Freezer (temperature, star-rated [★] compartments) • Dry cupboard • Larder 	HSC 22, 213, 214, 32, 42	3.5	6.8

N.B. Regular water and fluid intake is vital to ensure people remain well hydrated. It can help stimulate the appetite, assist in nutrients being absorbed by the body, and can help with many conditions including: ulcers, constipation, urinary infection, and incontinence. It is, however, necessary to be aware that with PEG feeding (see key words) there may be a risk of volume overload
www.caredirections.co.uk/frame_comment_50.htm

Main area	Learning outcome	Cross references		
		NVQ units (possible examples)	Common Induction Standards	GSCC Code of Practice (workers)
	<p>3.4 Understand the importance of using the most appropriate method of cooking and re-heating food (steaming, roasting, baking, microwaving, frying) according to:</p> <ul style="list-style-type: none"> • Care setting (community, residential) • The needs of the individual 	HSC 213, 214	1.1 1.3 1.4 2.1 3.1	6.8
4. Legislation and guidance related to food and drink	<p>4.1 Understand the legislation, regulations and guidance that govern nutrition and food preparation and handling:</p> <ul style="list-style-type: none"> • Health and Safety at Work Act 1974 • Management of Health and Safety at Work Act (amended 1994) • Food Safety Act 1990 • The food safety (General Food Hygiene) regulations (Department of Health 1995) • Human Rights Act 1998 • Care Standards Act 2000 • Health Act 1999 • Community Care Act 1990 • Mental Health Act 1983 • Data Protection Act 1998 • Disability Discrimination Act 1995 and updates • National Service Framework for Older People • RCN guidelines – Clinical Study 17 ‘Recipe for change’ 	HSC 22, 213, 214, 32, 42	1.2 2.2 3.1 3.2 5.1	6.8
<p>This list of legislation, regulations and guidance is given as an example and is subject to change. It is important when designing learning packages, in-house training, etc., that the most recent legislation, regulations and guidance are included and that the learning relates to the role of the worker</p>				
	<p>4.2 Understand the organisation’s policies and procedures with regard to nutrition and well-being, food and drink preparation and presentation</p>	HSC 213, 214	2.1 2.2 3.1	2.5, 2.7 3.2 6.8

3. Key Words and Concepts

Carbohydrate (starches and sugars)	Source of energy foods – e.g. pasta, rice, bread, potatoes.
Care plan	A required document that sets out in detail the way daily care and support must be provided to an individual. It may also be known as an 'individual plan'; 'plan of support', etc.
Care planning	The process of producing a care plan using a team approach and including the individual, their family and friends.
Complementary food	Nutritional products providing all the nutrients usually present in a well balanced meal.
Consistency	The degree of viscosity or firmness of the food.
Dysphagia	Difficulty in swallowing.
Fats	Source of energy, e.g. oil, butter, margarine.
Fibre	Helps towards a healthy working gut – e.g. vegetables and grains.
Individual(s)	The person or persons receiving care and support.
Minerals	E.g. calcium, iron, sodium, zinc – essential for maintenance of a healthy body.
Nutrition	A process which involves the intake, digestion and absorption of nutrient materials (food and drink).
PEG	Percutaneous Endoscopic Gastroscopy – a feeding tube which passes through the abdominal wall directly into the stomach, so that nutrition can be provided without swallowing, or in some cases to supplement ordinary food. www.corecharity.org.uk (Digestive Disorders Foundation) factsheet 13
Person-centred approach	An approach to care planning and support that empowers individuals to make decisions about what they want to happen in their lives. The decision then provides the basis of any plans that are developed and implemented.
Protein	Useful for growth, repair and maintenance of body – e.g. meat, fish, eggs, cheese, milk.
Significant others	The family, friends and advocates of the individual receiving care and support.
Supplementary food	An additional food or drink product which is given to make up for a deficiency identified during nutritional assessment.
Vegetarian	A person who advocates or practices the exclusion of one or more of the following from their diet: meat, fish, eggs, milk, cheese. There are sub-categories of vegetarian depending upon what is excluded from their diet.
Vitamins	E.g. A,B,C,D,E – essential for maintenance of a healthy body.
Water	Essential to life – prevents dehydration, regulates body temperature, helps prevent strain on kidneys.