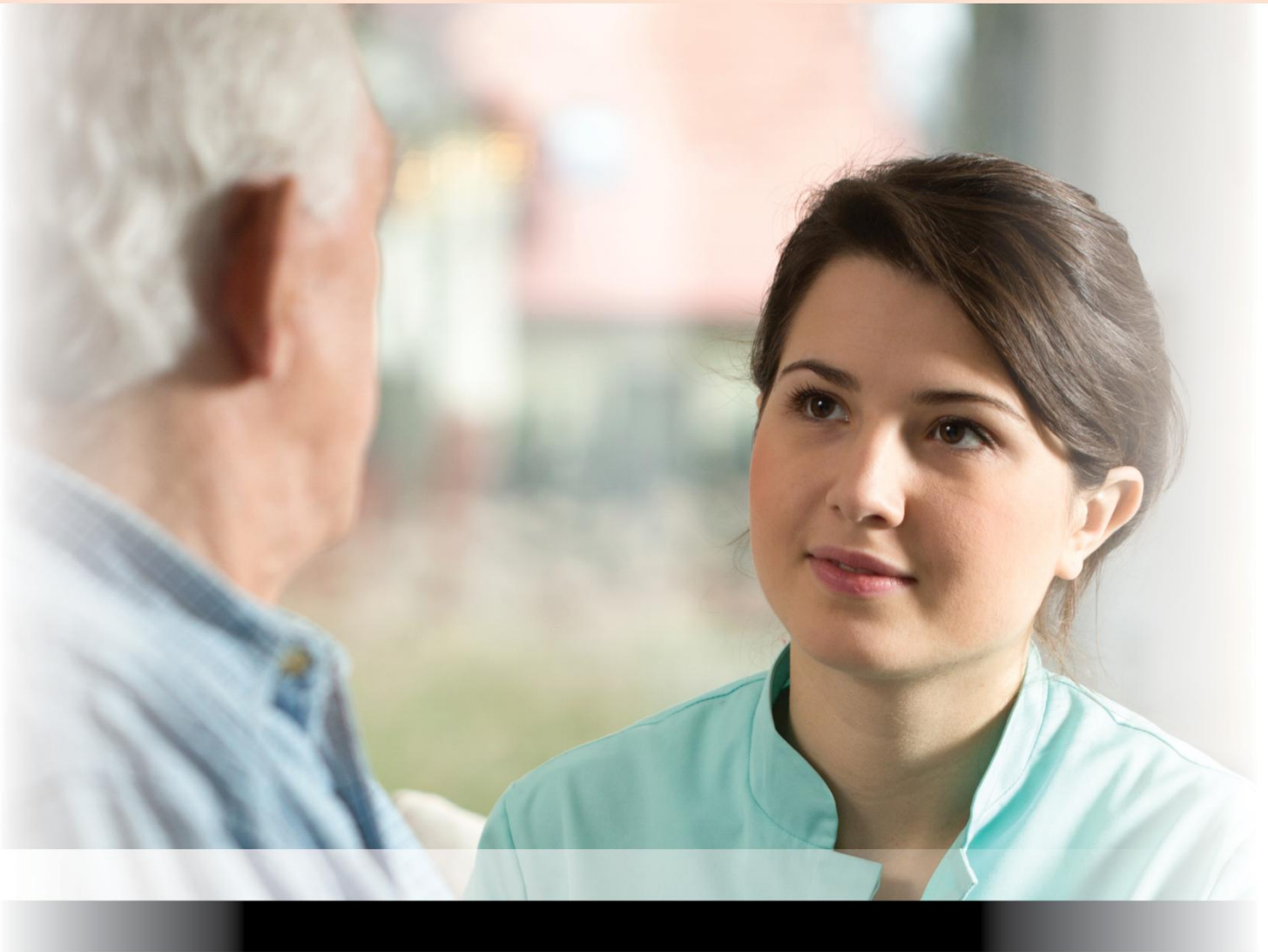




Highfield Level 2 End-Point Assessment for ST0216 Healthcare Support Worker

End-Point Assessment Kit



Highfield Level 2 End-Point Assessment for ST0216 Healthcare Support Worker

EPA Kit

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Versions:

ST0216 / v1.1

HCSW v3.4

How to use this EPA Kit

Welcome to the Highfield End-Point Assessment Kit for the Healthcare Support Worker apprenticeship standard.

Highfield is an end-point assessment organisation that has been approved to offer and carry out end-point assessments for the Level 2 Healthcare Support Worker apprenticeship standard.

The EPA Kit is designed to outline all you need to know about the end-point assessments for this standard and will also provide an overview of the on-programme delivery requirements. In addition, advice and guidance for trainers on how to prepare apprentices for the end-point assessment is included. The approaches suggested are not the only way in which an apprentice may be prepared for their assessments, but trainers may find them helpful.

Highfield also offers the Highfield Healthcare Support Worker Apprenti-kit that is a comprehensive learning resource, which is designed to be used on-programme.

For more information, please go to the Highfield Products website. Please note that the use of this kit is not a prerequisite for apprentices undertaking the Healthcare Support Worker end-point assessment.

In this kit, you will find:

- an overview of the standard and any on-programme requirements
- a section focused on amplification
- guidance on how to prepare the apprentice for gateway
- detailed information on which part of the standard is assessed by which assessment method
- suggestions on how to prepare the apprentice for each part of the end-point assessment
- a section focused on the end-point assessment method where the assessment criteria are presented in a format suitable for carrying out 'mock' assessments

Introduction

Standard overview

Healthcare support workers (HCSWs) work as part of a team providing high-quality and compassionate care to individuals. HCSWs carry out well-defined routine clinical duties, like monitoring an individual's conditions (by checking things like blood pressure, temperature or weight), checking on their overall progress, comfort and wellbeing. Depending on where the HCSWs work, they may also help them to eat, drink, wash, dress or go to the toilet. HCSWs will prepare individuals for healthcare activities carried out by other members of the healthcare team, looking after them before, during and/or after those activities in line with their care plan. HCSWs will also carry out non-clinical duties and, depending on where they work, this could include things like keeping records, making beds, tidying up their work area and returning or cleaning the equipment used during a clinical activity.

HCSWs will be able to address straightforward problems in their day-to-day work, reporting concerns and changes to the appropriate person in a timely manner. HCSWs work in a range of healthcare settings and their team may include workers from both health and social care. HCSWs will report to a registered healthcare practitioner who will directly or indirectly supervise their work.

On-programme requirements

Although learning, development and on-programme assessment is flexible, and the process is not prescribed, the following is the recommended baseline expectation for an apprentice to achieve full competence in line with the Healthcare Support Worker apprenticeship standard.

The on-programme assessment approach will be agreed between the training provider and employer. The assessment will give an ongoing indication of an apprentice's performance against the final outcomes defined in the standard. The training provider will need to prepare the apprentice for the end-point assessment, including preparation for the observation of practice and collation of the portfolio of evidence (such as a provision of recordings of professional discussions or workplace evidence).

The training programme leading to end-point assessment should cover the breadth and depth of the standard using suggested on-programme assessment methods that integrate the knowledge, skills and behaviour components, and which ensure that the apprentice is sufficiently prepared to undertake the end-point assessment. Training, development and ongoing review activities should include:

- achievement of level 1 English and maths. If the apprentice began their apprenticeship training before their 19th birthday, they will still be subject to the mandatory requirement to study towards and achieve English and maths. The

requirements for English and maths are optional for apprentices aged 19+ at the start of their apprenticeship training.

- completion of a portfolio through which the apprentice gathers evidence of their progress.

Portfolio of evidence

The apprentice must compile a portfolio of evidence during their time on-programme that is mapped against the knowledge, skills and behaviours (KSBs) assessed in the professional discussion underpinned by a portfolio of evidence.

It will typically contain **8 discrete pieces of evidence** (2 per grading theme). Evidence may be used to demonstrate more than 1 knowledge, skill or behaviour as a qualitative approach is suggested as opposed to a quantitative approach.

Evidence sources for the portfolio may include:

- witness testimonials
- written report of a case-based discussion
- written report of supporting an intervention
- clinical supervision reflection (relating to K25 and S25 **ONLY**)
- work-based observation
- evidence of ongoing professional development

This is not a definitive list and other evidence sources are possible. Given the breadth of context and roles in which this occupation works, the apprentice will select the most appropriate evidence based on the context of their practice against the relevant knowledge, skills and behaviours.

The portfolio should not include reflective accounts or any methods of self-assessment, except where evidencing K25 or S25. Any employer contributions should focus on direct observation of performance (for example, witness statements) rather than opinions.

The portfolio must be accompanied by a Portfolio Matrix. This can be downloaded from our website. The Portfolio Matrix must be fully completed including a declaration by the employer and the apprentice to confirm that the portfolio is valid and attributable to the apprentice.

The portfolio of evidence must be submitted to Highfield at gateway. It is not directly assessed but underpins the professional discussion. The apprentice must have access to their portfolio of evidence during the professional discussion.

Use of Artificial Intelligence (AI) in the EPA

Assessments must be carried out in accordance with the published assessment plan and all work submitted must be the apprentice's own. AI tools must not be used to generate evidence in its entirety or to replace the apprentice's own judgement, performance or competence. Any use of AI must be transparent, limited and properly referenced.

Where AI has been used by the apprentice as part of normal work activity (for example, drafting a document, worksheet or PowerPoint) this may form part of the portfolio provided that:

The apprentice has materially authored, verified and taken responsibility for the content:

- AI use is clearly declared and referenced within the work (include tool name, purpose and how outputs were verified)
- Source prompts, system settings and the portions influenced by AI are retained and available for review
- AI outputs must not substitute for authentic demonstration of competence against the standard

If an AI tool is used at any stage of an assessment method (for example, to prepare a presentation outline or to organise notes), its use must be fully referenced in the submission or assessor records, and must not compromise authenticity, validity or security. Assessors must be satisfied that decisions remain rooted in the apprentice's knowledge, skills and behaviours, and in direct evidence gathered through observation, questioning and professional discussion.

AI tools must not be used to produce assessment evidence end-to-end, to fabricate logs/records or to simulate performance.

Readiness for end-point assessment

For an apprentice to be ready for the end-point assessments:

- the apprentice must have achieved level 1 English and maths. The requirements for English and maths are mandatory for all apprentices aged between 16-18 at the start of their apprenticeship training. The requirements for English and maths are optional for apprentices aged 19+ at the start of their apprenticeship training.
- the apprentice must have gathered a **portfolio of evidence** against the required elements to be put forward to be used as the basis for the professional discussion.
- the apprentice must have gathered their organisation's policies and procedures as requested by Highfield. For guidance, a list of examples has been provided below.
 - Escalation/reporting of changes to an individual's health
 - Safeguarding/whistleblowing
 - Confidentiality, duty of care and disclosure
 - Safe supply and management of stock
 - Cleaning, disinfecting and disposal of materials and equipment
 - Reporting of incidents, errors or near misses

This list is not definitive. The policies and procedures may already be included as part of the portfolio of evidence.

- the line manager (employer) must be confident that the apprentice has developed all the knowledge, skills and behaviours defined in the apprenticeship standard and

that the apprentice is competent in performing their role. To ensure this, the apprentice must attend a formal meeting with their employer to complete the Gateway Readiness Report.

- the apprentice and the employer should then engage with Highfield to agree a plan and schedule for each assessment activity to ensure all components can be completed within a **mandated** end-assessment window. Further information about the gateway process is covered later in this kit.

If you have any queries regarding the gateway requirements, please contact your EPA customer engagement manager at Highfield Assessment.

Order of end-point assessments

There is no stipulated order of assessment methods. This will be discussed with the apprentice, training provider and/or employer with our scheduling team when scheduling the assessments to ensure that the learner is provided with the best opportunity to attempt the assessment.

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The Highfield approach

This section describes the approach Highfield has adopted in the development of this end-point assessment in terms of its interpretation of the requirements of the end-point assessment plan and other relevant documents.

Specific considerations

Highfield's approach does not deviate from the assessment plan.

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Gateway

How to prepare for gateway

After apprentices have completed their on-programme learning, they should be ready to pass through 'gateway' to their end-point assessment.

Gateway is a meeting that should be arranged between the apprentice, their employer and training provider to determine that the apprentice is ready to undertake their end-point assessment. The apprentice should prepare for this meeting by bringing along work-based evidence, including:

- customer feedback
- recordings
- manager statements
- witness statements

As well as evidence from others, such as:

- mid and end-of-year performance reviews
- feedback to show how they have met the apprenticeship standards while on-programme

In advance of gateway, apprentices will need to have completed the following. The requirements for English and maths listed below are mandatory for all apprentices aged between 16-18 at the start of their apprenticeship training. The requirements for English and maths listed below are optional for apprentices aged 19+ at the start of their apprenticeship training.

- Achieved level 1 English
- Achieved level 1 maths
- Submitted a suitable portfolio of evidence to be used as the basis for the professional discussion (see the Portfolio Matrix)
- Submitted their organisation's policies and procedures as requested by Highfield

Therefore, apprentices should be advised by employers and providers to gather this evidence and undertake these qualifications during their on-programme training. It is recommended that employers and providers complete regular checks and reviews of this evidence to ensure the apprentice is progressing and achieving the standards before the formal gateway meeting is arranged.

The gateway meeting

The gateway meeting should be attended by the apprentice and a representative from the employer and training provider.

The **Gateway Readiness Report** should be used to log the outcomes of the meeting and agreed by all 3 parties. This report is available to download from the Highfield Assessment website.

The report should then be submitted to Highfield. If you require any support completing the Gateway Readiness Report, please contact your EPA customer engagement manager at Highfield Assessment.

Reasonable adjustments

Highfield Assessment has measures in place for apprentices who require additional support. Please refer to the Highfield Assessment Reasonable Adjustments policy for further information/guidance.

ID requirements

Highfield Assessment will complete an identification check before starting any assessment and will accept the following as proof of an apprentice's identity:

- a valid passport (any nationality)
- a signed UK photocard driving licence
- a valid warrant card issued by HM forces or the police
- another photographic ID card, such as an employee ID card or travel card

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The Healthcare Support Worker apprenticeship standard

Below are the knowledge, skills and behaviours (KSBs) from the standard and related assessment criteria from the assessment plan. On-programme learning will be based upon the KSBs and the associated assessment criteria are used to assess and grade the apprentice within each assessment method.

Working to protocol	
Knowledge	Skills
K1 The legislation, policies, standards, local ways of working and codes of conduct that apply to own role K2 The scope of practice, limitations of own competence and who to ask for support K3 The principles of ‘ person-centred care and support ’, including principles of equality, diversity and inclusion, active participation, consent and choice K4 The principles of a ‘ duty of care ’ and ‘safeguarding’, including the signs and types of abuse and ways to reduce the risk of abuse	S1 Work in line with legislation, policies, standards, local ways of working and codes of conduct that apply to own role S2 Work within the scope of practice, the limits of own knowledge and skills, escalating and reporting to others when needed S3 Work as part of a multi-disciplinary team to provide safe non-discriminatory person-centred care and support in line with individual’s established consent S4 Implement a duty of care , recognising and responding to safeguarding and protection concerns and acting in the best interest of individuals to ensure they do not come to harm
Observation of practice with questions	
Pass criteria	
WP1 Works within the limits of the role of a healthcare support worker and adheres to legislation, policies, standards codes of conduct and local ways of working (K1, S1)	

WP2 Recognises when something is outside of their scope of practice or their own competence and uses the escalation and reporting mechanisms relevant to their role (K2, S2)

WP3 Establishes **consent**, or checks that **consent** has been established, from the individual and works with others from the **multi-disciplinary team** to provides safe, person-centred and non-discriminatory care (K3, S3)

WP4 Applies the principles of **duty of care**, recognising and responding to safeguarding and/or protection concerns to ensure individuals do not come to harm (K4, S4)

Amplification and guidance

Legislation, policies, standards, local ways of working and codes of conduct could include:

- Health and Safety at Work etc. Act
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Management of Health and Safety at Work Regulations (MHSWR)
- Regulatory Reform (Fire Safety) Order
- Control of Substances Hazardous to Health Regulations (COSHH)
- Manual Handling Operations Regulations (MHOR)
- Provision and Use of Work Equipment Regulations (PUWER)
- Lifting Operations and Lifting Equipment Regulations (LOLER)
- General Data Protection Regulations (GDPR)
- Data Protection Act
- Caldicott Report
- Health and Social Care Act
- Health and Care Act
- Public Health (Control of Diseases) Act and Public Health (Infectious Diseases) Regulations
- Information Governance Policy
- Equality legislation
- Organisational policies and procedures

- Formally agreed guidance on how to carry out tasks in your workplace
- Less formally agreed ways of working
- Less formally documented by individual employers and the self-employed or formal policies

Person-centred care and support refers to viewing the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs; considering a person's desires, values, family situation, social circumstances and lifestyle; seeing the person as an individual and working together to develop appropriate solutions.

Equality means treating everyone fairly and ensuring they have the same opportunities, rights and access, regardless of personal characteristics.

Diversity means recognising, valuing and respecting the difference between people. This may include differences in background, ethnicity and religion.

Inclusion means ensuring that all individuals are treated equally and fairly, have access to opportunities and are actively involved as valued members of society. Through inclusive practice, care workers support and enable individuals to maintain their best interests, dignity and independence to achieve positive outcomes and planned goals. This may include helping individuals with:

- enabling them to take part in favourite activities
- meeting holistic needs and preferences, for example social, physical, intellectual, emotional and spiritual needs
- accessing educational or vocational opportunities
- promoting positive risk-taking

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.

Consent means an informed agreement to an action or decision. The process of establishing consent will vary according to an individual's assessed capacity to consent. Consent may be implied, written or verbal.

Duty of care means that a worker must aim to provide high-quality care to the best of their ability and say if there are any reasons why they may be unable to do so.

Signs and types of abuse may include:

- physical abuse:
 - unexplained bruises
 - burns
 - fractures
 - fear of physical contact
- domestic violence or abuse:
 - isolation from friends and family
 - constant fear or anxiety
 - financial control
 - frequent injuries with unlikely explanations
- sexual abuse:
 - bruising or pain in sensitive areas
 - reluctance to be touched
 - withdrawal from relationship
 - inappropriate sexual knowledge or behaviour
- psychological or emotional abuse:
 - low self-esteem, anxiety and depression
 - confusion
 - withdrawal
 - fearfulness
- financial or material abuse:
 - sudden financial difficulties

- missing money or possessions
 - unusual transactions
 - reluctance to discuss finances
- modern slavery:
 - untreated medical issues
 - fear of authorities
 - restricted freedom
 - working long hours for little or no pay
 - poor living conditions
- discriminatory abuse:
 - exclusion from activities
 - derogatory remarks
 - unequal treatment due to race, gender, disability, age or other protected characteristics
- organisational or institutional abuse:
 - rigid routines
 - neglect of individual needs
 - overuse of medication or restraint
- neglect or acts of omission:
 - poor hygiene
 - malnutrition and dehydration
 - untreated medical conditions
 - lack of essential care or support
- self-neglect
 - extreme poor hygiene
 - hoarding and unsafe living conditions
 - refusal of care

- malnutrition
- lack of medical attention
- online abuse
 - secrecy around using electronic devices
 - sudden, unexplained financial transactions
 - withdrawal from family and friends
 - talking about new friends

Ways to reduce the risk of abuse may include:

- working with person-centred values
- encouraging active participation
- promoting choice and rights
- supporting individuals with awareness of personal safety
- managing risk
- focusing on prevention

A **multi-disciplinary team** is a group of people who work together to provide personalised and co-ordinated care to individuals. A multi-disciplinary team could include:

- nurses and doctors
- physiotherapists and occupational therapists
- speech and language therapists
- social workers
- mental health professionals
- family members

Provision of care		
Knowledge	Skills	Behaviours
K5 The signs and symptoms that an individual is in pain, distress or discomfort K6 The signs and symptoms that an individual's health and wellbeing is changing and ways to report changes K7 Techniques and principles to perform basic life support K8 The physiological states, their normal ranges and the correct tools or equipment used to measure them K9 The importance of prescribed medication and the limitations of own role in relation to medication K10 The principles of hydration, nutrition and food safety K11 The activities of daily living and ways to support individuals in developing and maintaining their independence in carrying out these activities K14 Local systems to manage appointments, including IT and telephone systems, how and where to sign-post individuals	S5 Recognise and respond to the signs and symptoms that an individual is in pain, distress or discomfort to maximise comfort and wellbeing S6 Recognise and respond to changes in individuals' health and wellbeing S7 Perform basic life support S8 Undertake physiological measurements, selecting and using the correct tools or equipment S9 Assist the registered practitioner in encouraging individuals to take or use their prescribed medication S10 Promote access to fluids and nutrition in line with an individual's care plan S11 Support individuals with activities of daily living to maximise independence in line with their desired outcomes and plan of care S14 Support others with appointments, enquiries and referrals	B1 Treat people with dignity

K16 The meaning of ‘capacity’, the differences between mental illness, dementia and learning disability and the impact of these conditions on an individual’s needs K17 The principles of health promotion, availability of services to support individuals with lifestyle choices and how referrals can be made if required	S16 Recognise and respond to limitations in an individual’s mental capacity S17 Act on opportunities to support others to maximise their health, well-being and positive lifestyle choices	
Observation of practice with questions		
Pass criteria		
PC1 Checks and responds to signs and symptoms that an individual’s health is changing or if they are in pain, distress or discomfort acting to maximise their dignity, comfort and wellbeing and following the correct procedure for reporting the changes or situation (K5, K6, S5, S6, B1) PC2 Undertakes physiological measurements on an individual, selecting and using the correct tools or equipment (K8, S8) PC3 Checks the care plan and provides the correct, safe access to fluids and nutrition (K10, S10) PC4 Works according to the care plan and the individual’s desired outcomes to support them with the activities of daily living in a way that supports and maximises independence (K11, S11)		
Professional discussion underpinned by a portfolio of evidence		
Pass criteria	Distinction criteria	
PC5 Describes the techniques and principles for providing basic life support and how they apply them in their own practice (K7, S7)	PC10 <i>Reviews the extent to which their support has maximised the health, wellbeing and positive lifestyle choices of individuals (K17, S17)</i>	

PC6 Describes how they assist registered practitioners in encouraging individuals to take or use prescribed medicines within the limitations of their own role and organisational policy (K9, S9) PC7 Explains how they have supported others with appointments, enquiries and/or referrals using relevant IT and telephone systems (K14, S14) PC8 Defines mental capacity and describes the difference between mental illness, dementia and learning disability, giving an example of when they recognised and responded to an individual's mental capacity (K16, S16) PC9 Explains the principles of health promotion, outlining the services available and how referrals are made, acting on opportunities to support others in maximising their health, well-being and positive lifestyle choices (K17, S17)	
Amplification and guidance	
Signs and symptoms that an individual is in pain, distress or discomfort include: • physical pain: ○ limping ○ restlessness ○ agitation • internal pain: ○ refusing food or drink ○ sleep disturbances ○ nausea ○ cramping • neuropathic pain:	

- numbness
 - burning sensations
 - unexplained limb pain
- acute pain:
 - sudden and intense pain
 - rapid breathing
 - visible distress
- chronic pain:
 - fatigue
 - withdrawal
 - difficulty concentrating
- environmental discomfort:
 - fidgeting
 - covering ears
 - mood changes
- emotional discomfort:
 - tearfulness and aggression
 - avoidance of social interaction
 - appetite changes
- social discomfort:
 - avoiding eye contact
 - anxiety in group situations
 - refusing to participate in group activities

Wellbeing may include aspects that are:

- social

- emotional
- cultural
- spiritual
- intellectual
- economic
- physical

Ways to report changes includes:

- following organisational procedures
- using clear language when discussing observations
- using specific reporting tools, such as body maps, if necessary
- sharing urgent concerns immediately

Basic life support refers to a variety of non-invasive emergency procedures performed to assist in the immediate survival of a patient, including cardiopulmonary resuscitation, haemorrhage control, the stabilisation of fractures, spinal immobilisation and basic first aid. Resuscitation techniques and equipment used to perform basic life support include:

- chest compressions
- rescue breaths
- an automated external defibrillator (AED)
- a face shield
- a bag valve mask (BVM)

Physiological states refers to the condition or state of the body or bodily functions.

Examples of **normal ranges** include:

- a body temperature of 37°C.

- a blood pressure in the range of 120/80mmHg – 140/90mmHg. This may vary depending on age and other contributing factors. Readings should be reported for risk assessment.
- a pulse rate range of 60 – 100 beats per minute. This may vary depending on disease and other contributing factors. Readings should be reported for risk assessment.
- a breathing rate of 12 – 20 breathes per minute. This may vary depending on age and other contributing factors. Readings should be reported for risk assessment.
- a BMI weight of 18.5 – 24.9, which is considered a healthy range in adults. This will vary depending on age and other contributing factors. Readings should be reported for risk assessment.

Activities of daily living may include:

- feeding oneself
- drinking
- bathing/washing
- personal hygiene/grooming
- toileting/continence
- dressing
- work
- homemaking
- leisure

Capacity refers to the ability of someone to make their own decisions and should make reference to the Mental Capacity Act.

Principles of health promotion include:

- empowerment, for example:
 - considering culture, mental capacity, physical, sensory or learning disabilities and individuals who do not speak or write English
 - focusing on wellness and what can be achieved rather than what cannot

- education, for example:
 - giving appropriate information in a way the individual understands
 - using effective communication
 - gaining consent prior to each activity/procedure
- prevention
- applying a holistic approach to care
- inclusion
- respecting an individual's rights and choices, for example:
 - tailoring care to any needs and preferences
- collaboration, for example, involving individuals and, if appropriate, families and carers in care

Physiological measurements could include:

- body temperature
- weight
- height
- blood pressure
- pulse
- breathing rate

A **care plan** is a document that outlines the needs, preferences and agreed support methods of an individual. A care plan will typically include:

- the individual's personal information
- medical diagnoses and any current medication
- nutrition and fluid needs, for example:
 - any allergies or dietary restrictions
 - preferred mealtime routines
 - any required assistance

- mobility needs
- manual handling needs
- preferred communication style
- identified risks and safeguarding concerns

Dignity means valuing a person as an individual. Treating an individual with dignity includes treating them with kindness and with no judgement.

Communication		
Knowledge	Skills	Behaviours
K15 Communication techniques to maximise understanding including for individuals with specific communication needs or wishes K18 Ways to record and store information securely and in line with national and local policy and legislation, including the safe use of technology K19 The principles and organisational policies for confidentiality, duty of confidence and disclosure	S15 Communicate with individuals using techniques designed to facilitate understanding S18 Record and store information related to individuals securely and in line with local and national policies, including the safe use of technology S19 Report and share information related to individuals securely and in line with local and national policies, maintaining confidentiality	B2 Show respect and empathy for those you work with
Observation of practice with questions		
Pass criteria		
C1 Selects and applies communication techniques to promote understanding appropriate to the needs of the individual(s), showing respect and empathy in line with organisational policies and procedures (K15, S15, B2)		

C2 Records, stores, reports, shares or discloses information correctly and in line with **national and local policy and legislation**, using technology safely and securely and maintaining **confidentiality** at all times (K18, K19, S18, S19)

Amplification and guidance

Communication techniques may include:

- verbal communication:
 - vocabulary
 - linguistic tone
 - pitch
 - accent/regional variations
 - jargon/complex terminology
- non-verbal communication:
 - Position/proximity
 - Eye contact/facial expressions
 - Touch
 - Signs
 - Symbols and pictures
 - Physical gestures
 - Body language
 - Behaviour
 - Writing
 - Objects of reference
 - Human and technological aids
 - Written
 - Braille
 - British Sign Language
 - Makaton

National and local policy and legislation may include:

- General Data Protection Regulations (GDPR)
- Data Protection Act
- Freedom of Information Act
- Care Act
- Human Rights Act
- Computer Misuse Act
- Access to Health Records
- National Health Services (NHS) Code of practice

Confidentiality is practice of keeping sensitive and personal information secure.

Empathy involves the worker considering the individual's experience from their perspective, putting themselves in the individual's position and imagining what it feels like for the individual rather than how the worker would feel if they were in the individual's position.

Health, safety, stock and equipment management

Knowledge	Skills
K12 Local systems to order and manage supplies and stocks	S12 Contribute to the storage of supplies and equipment
K13 Methods to safely clean and dispose of materials and equipment, including ways to handle hazardous materials and substances	S13 Contribute to the cleaning, disinfecting and disposal of materials and equipment
K20 The principles of infection prevention and control and the importance of good personal hygiene , hand hygiene and correct use of Personal Protective Equipment (PPE)	S20 Maintain a safe and healthy working environment, using a range of techniques for infection prevention and control, including hand hygiene and the use of Personal Protective Equipment (PPE)

K21 The health and safety legislation , the principles of safe moving and handling of equipment and other objects and assistance of individuals	S21 Move and handle equipment or other items safely and assist individuals
Observation of practice with questions	
Pass criteria	
HS1 Uses and stores equipment and supplies correctly in line with organisational policy and procedures for the safe supply and management of stock (K12, S12) HS2 Cleans, disinfects or disposes of materials or equipment in line with organisational policy and procedures for handling hazardous materials and substances safely (K13, S13) HS3 Applies the correct infection prevention and control measures to the tasks they are carrying out, including hand hygiene and use of Personal Protective Equipment (PPE) (K20, S20) HS4 Moves and handles equipment or other items and assists individuals safely and in line with health and safety legislation (K21, S21)	
Amplification and guidance	
Hazardous materials and substances include: • cleaning products • bodily fluids • sharps • clinical waste • medications Principles of infection prevention and control include: • hand hygiene • using personal protective equipment (PPE) • regular cleaning and disinfection	

- safe waste handling
- recognising and reporting the signs of an infection

Personal hygiene involves those practices performed by an individual to care for one's bodily health and wellbeing through cleanliness.

Personal protective equipment (PPE) may include:

- gloves
- aprons
- masks

Health and safety legislation includes:

- Health and Safety at Work etc. Act
- Manual Handling Operations Regulations
- Provision and Use of Work Equipment Regulations (PUWER)

Principles of safe moving and handling include:

- completing a risk assessment
- using the correct equipment
- maintaining clear communication
- promoting dignity and independence
- following training and organisational policies

CPD and reflection		
Knowledge	Skills	Behaviours
K23 The principles of continuing personal development and the local arrangements for appraisal and supervision K24 The principles of the ‘Care Certificate’ K25 The principles of reflective practice	S23 Participate in appraisal and supervision to support ongoing personal development S24 Participate in training and development activities including the Care Certificate Standards S25 Reflect on own practice	B3 Be adaptable, reliable and consistent
Professional discussion underpinned by a portfolio of evidence		
Pass criteria	Distinction criteria	
CR1 Explains how they take part in appraisal and supervision, summarising the impact on their ongoing personal development. Discusses how they have been adaptable, reliable and consistent in their approach to work tasks (K23, S23, B3) CR2 Outlines the principles of the Care Certificate and describes how it has contributed to their training and development (K24, S24) CR3 Identifies times when they reflect on their own practice, explaining their choices and describing the impact it has on their daily work (K25, S25)	CR4 <i>Evaluates the impact of reflective practice on their way of working (K25, S25)</i>	
Amplification and guidance		
Principles of continuing personal development include: • keeping informed on current best practice • self-directed learning and development		

- engaging in regular development activities
- recording and reflecting on learning
- being open to feedback

Principles of the Care Certificate include:

- understand your role
- your personal development
- duty of care
- equality and diversity
- work in a person-centred way
- communication
- privacy and dignity
- fluids and nutrition
- awareness of mental health, dementia and learning disabilities
- safeguarding adults
- safeguarding children
- basic life support
- health and safety
- handling information
- infection prevention and control

Principles of reflective practice include:

- learning from experience
- being honest
- continuous improvement

Work tasks could include:

- supporting with social activities
- monitoring health
- assisting with eating, mobility and personal care

Quality	
Knowledge	Skills
K26 The principles of ‘quality improvement’ K27 Ways to source evidence to support improvement in the workplace	S26 Contribute to improvement activities in the workplace, for example collecting and logging data for audit S27 Use evidence to make suggestions for improving practice
Professional discussion underpinned by a portfolio of evidence	
Pass criteria	Distinction criteria
Q1 Identifies how they contribute to quality improvement activities in the workplace, by giving examples of how they have helped to collect data or used evidence to make improvements to practice (K26, K27, S26, S27)	Q2 <i>Evaluates how far the evidence they have collected has contributed to improvement activities in the workplace (K26, K27, S26, S27)</i>
Amplification and guidance	
Principles of quality improvement include: • care improvement methods • being efficient • being safe • being timely • being effective	

- being equitable

Risk, health and safety	
Knowledge	Skills
K22 The meaning of ' risk ' in the workplace, ways to identify and raise concerns and own responsibilities in relation to incidents, errors and near misses	S22 Take action in response to identified concerns, risks, incidents or errors and near misses arising in the workplace
Professional discussion underpinned by a portfolio of evidence	
Pass criteria	Distinction criteria
R1 Defines risk in relation to their place of work and describes their actions when raising concerns and reporting incidents, errors or near misses in line with organisational policies and procedures (K22, S22)	R2 <i>Evaluates the impact on the organisation of their response to identified risks, incidents or errors and/or near misses in their place of work (K22, S22)</i>
Amplification and guidance	
Risk is the likelihood for harm to occur. Incidents are any unintended or unexpected event that could have or did lead to harm. Errors are a failure of a planned action or activity. For example, the use of an incorrect plan to achieve an outcome. Near misses are events that do not cause harm but have the potential to cause injury or ill health.	

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Assessment summary

The end-point assessment for the Healthcare Support Worker apprenticeship standard is made up of two assessment methods:

1. A two-hour observation of practice with questions
2. A 60-minute professional discussion underpinned by a portfolio of evidence

As an employer/training provider, you should agree a plan and schedule with the apprentice to ensure all assessment components can be completed effectively.

Each component of the end-point assessment will be assessed against the appropriate criteria laid out in this kit, which will be used to determine a grade for each individual. The grade will be determined using the combined grades.

Observation of practice with questions

The observation is graded at pass only. Apprentices will be marked against the pass criteria outlined in this kit.

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- **Unsuccessful** apprentices will not have achieved all of the pass criteria

The observation will be conducted in the apprentice's normal place of work.

Professional discussion underpinned by a portfolio of evidence

Apprentices will be marked against the pass and distinction criteria outlined in this kit.

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- To achieve a **distinction**, apprentices must achieve all of the pass criteria **and** all of the distinction criteria
- **Unsuccessful** apprentices will not have achieved all of the pass criteria

The professional discussion may be conducted using technology such as video link, as long as fair assessment conditions can be maintained.

Grading

The apprenticeship includes pass and distinction grades, with the final grade based on the apprentice's combined performance in each assessment method.

To achieve a pass, the apprentice is required to pass each of the two assessment methods.

To achieve a distinction, the apprentice must achieve a distinction in the professional discussion underpinned by a portfolio of evidence and a pass in the observation of practice with questions.

The overall grade for the apprentice is determined using the matrix below:

Observation of practice with questions	Professional discussion underpinned by a portfolio of evidence	Overall grade awarded
Fail either of the two assessment methods		Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

Retake and resit information

Apprentices who fail one or more end-point assessment methods can take a resit or a retake at the employer's discretion. The apprentice's employer needs to agree that a resit or retake is appropriate. If a resit is chosen, please call the Highfield scheduling team to arrange the resit. If a retake is chosen, the apprentice will require a period of further learning and will need to complete a retake checklist. Once this is completed, please call the Highfield scheduling team to arrange the retake.

A resit is typically taken within three months of the EPA outcome notification. The timescale for a retake is dependent on how much retraining is required but is typically taken within 6 months of the EPA outcome notification.

When undertaking a resit or retake, the assessment method(s) will need to be reattempted in full, regardless of any individual assessment criteria that were passed on any prior attempt. The EPA Report will contain feedback on areas for development and resit or retake guidance.

Any EPA component resit/retake must be taken within a six-month period from the EPA outcome notification, otherwise, the entire EPA must be retaken in full. Apprentices should have a supportive action plan to prepare for the resit/retake.

Apprentices who achieve a pass grade cannot resit or retake the EPA to achieve a higher grade.

Where any assessment method has to be resat or retaken, the apprentice will be awarded a maximum EPA grade of pass, unless there are exceptional circumstances that are beyond the control of the apprentice as determined by Highfield.

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Assessing the observation of practice with questions

The assessor will observe the apprentice in their workplace and ask questions. The apprentice completes their day-to-day duties under normal working conditions. Simulation is not permitted. The assessor will only observe one apprentice at a time. The apprentice must be given two weeks' notice of the observation with questions.

The observation with questions must take **two hours**. The time for questioning is included in the overall assessment time. The total time for the observation element is 90 minutes. The time allocated for questioning is 30 minutes. The assessor can increase the time by up to 10% to allow the apprentice to complete a task or respond to a question if necessary.

The observation with questions may be split into discrete sections held on the same working day. This includes breaks and moving between locations during the working day. Breaks will not count towards the total assessment time.

The assessor will brief the apprentice on the format of the observation with questions, including the timescales that they will be working to, before the start of the observation. The time taken for this briefing is not included in the assessment time.

The assessor should observe the following during the observation:

- working as part of the healthcare team
- providing care and support to individuals
- communicating in a way that facilitates understanding
- maintaining the health and safety of the workplace, individuals, colleagues and themselves through safe work practices
- adhering to protocols relevant to their role, the service or intervention they are providing and the organisation they are working in

The observation of practice with questions must take place in the apprentice's workplace (for example, their employer's premises or a customer's premises). Equipment and resources needed for the observation must be provided by the employer and be in good and safe working condition. Questioning that occurs after the observation should take place in a quiet room, free from distractions and influence.

Questions must be asked after the observation. The assessor will ask a **at least four questions**. Follow-up questions are allowed where clarification is required.

Before the assessment

Employers/training providers should:

- ensure the apprentice knows the date, time and location of the assessment
- ensure the apprentice knows which healthcare support worker criteria will be assessed (outlined on the following pages)
- encourage the apprentice to reflect on their experience and learning on-programme to understand what is required to meet the standard and identify real-life examples
- be prepared to provide clarification to the apprentice, and signpost them to relevant parts of their on-programme experience as preparation for this assessment

Grading the observation of practice with questions

The observation of practice with questions is graded at a pass only. Apprentices will be marked against the pass criteria included in the tables on the following pages (under 'Observation of practice with questions criteria').

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- **Unsuccessful** apprentices will have not achieved all of the pass criteria

Observation of practice with questions mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment. Highfield recommends that the apprentice experiences a mock observation of practice with questions in advance of the end-point assessment, with the training provider/employer giving feedback on any areas for improvement.

In designing a mock assessment, the employer/training provider should include the following elements in its planning:

- the mock observation of practice with questions should take place in a suitable location.
- a two-hour time slot should be available for the observation of practice with questions, if it is intended to be a complete mock observation of practice with questions covering all relevant standards (outlined in the following pages). However, this time may be split up to allow for progressive learning.
- consider a video or audio recording of the mock observation of practice with questions and allow it to be available to other apprentices, especially if it is not practicable for the employer/training provider to carry out a separate mock observation with questions with each apprentice.

- ensure that the apprentice's performance is assessed by a competent trainer/assessor, and that feedback is shared with the apprentice to complete the learning experience. Mock assessment sheets are available to download from the Highfield Assessment website and may be used for this purpose.
- use at least four structured, 'open' questions that do not lead the apprentice but allows them to give examples for how they have met each area in the standard.

For example:

- working to protocol
 - How do you apply the principles of duty of care to your practice?
- provision of care
 - Tell me about a time you responded to changes in an individual's health.
- communication
 - How do you ensure that your communication is understood?
- health, safety, stock and equipment management
 - What infection prevention and control measures do you apply in your daily work?

Observation of practice with questions criteria

Throughout the **two-hour** observation of practice with questions, the assessor will review the apprentice's competence in the criteria outlined below.

Apprentices should prepare for the observation with questions by considering how the criteria can be met.

Working to protocol
To pass, the following must be evidenced.
WP1 Works within the limits of the role of a healthcare support worker and adheres to legislation, policies, standards codes of conduct and local ways of working (K1, S1)
WP2 Recognises when something is outside of their scope of practice or their own competence and uses the escalation and reporting mechanisms relevant to their role (K2, S2)
WP3 Establishes consent, or checks that consent has been established, from the individual and works with others from the multi-disciplinary team to provides safe, person-centred and non-discriminatory care (K3, S3)
WP4 Applies the principles of duty of care, recognising and responding to safeguarding and/or protection concerns to ensure individuals do not come to harm (K4, S4)

Provision of care
To pass, the following must be evidenced.
PC1 Checks and responds to signs and symptoms that an individual's health is changing or if they are in pain, distress or discomfort acting to maximise their dignity, comfort and wellbeing and following the correct procedure for reporting the changes or situation (K5, K6, S5, S6, B1)
PC2 Undertakes physiological measurements on an individual, selecting and using the correct tools or equipment (K8, S8)
PC3 Checks the care plan and provides the correct, safe access to fluids and nutrition (K10, S10)
PC4 Works according to the care plan and the individual's desired outcomes to support them with the activities of daily living in a way that supports and maximises independence (K11, S11)

Communication

To pass, the following must be evidenced.

- C1** Selects and applies communication techniques to promote understanding appropriate to the needs of the individual(s), showing respect and empathy in line with organisational policies and procedures (K15, S15, B2)
- C2** Records, stores, reports, shares or discloses information correctly and in line with national and local policy and legislation, using technology safely and securely and maintaining confidentiality at all times (K18, K19, S18, S19)

Health, safety, stock and equipment management

To pass, the following must be evidenced.

- HS1** Uses and stores equipment and supplies correctly in line with organisational policy and procedures for the safe supply and management of stock (K12, S12)
- HS2** Cleans, disinfects or disposes of materials or equipment in line with organisational policy and procedures for handling hazardous materials and substances safely (K13, S13)
- HS3** Applies the correct infection prevention and control measures to the tasks they are carrying out, including hand hygiene and use of Personal Protective Equipment (PPE) (K20, S20)
- HS4** Moves and handles equipment or other items and assists individuals safely and in line with health and safety legislation (K21, S21)

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Assessing the professional discussion underpinned by a portfolio of evidence

In the professional discussion underpinned by a portfolio of evidence, the assessor and the apprentice will have a formal two-way conversation. It will consist of the independent assessor asking the apprentice questions to assess their competence against the relevant criteria outlined in this kit.

The apprentice must have access to their portfolio of evidence during the professional discussion. Apprentices can refer to and illustrate their answers with evidence from their portfolio of evidence during the professional discussion. However, the portfolio of evidence is not directly assessed.

The apprentice must be given two weeks' notice of the professional discussion. It will take place in a suitable environment and can be conducted by video conferencing. It must last for **60 minutes**. The independent assessor can increase the time of the professional discussion by up to 10% to allow the apprentice to respond to a question if necessary.

The assessor will ask **at least eight questions**. Follow-up questions are allowed where clarification is required.

Before the assessment

Employers/training providers should:

- ensure the apprentice knows the date, time and location of the assessment
- ensure the apprentice knows which criteria will be assessed (outlined on the following pages)
- encourage the apprentice to reflect on their experience and learning on-programme to understand what is required to meet the standard
- be prepared to provide clarification to the apprentice, and signpost them to relevant parts of their on-programme experience as preparation for this assessment

Grading the professional discussion underpinned by a portfolio of evidence

Apprentices will be marked against the pass and distinction criteria included in the tables on the following pages (under 'Professional discussion underpinned by a portfolio of evidence criteria').

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- To achieve a **distinction**, apprentices must achieve all of the pass criteria **and** all of the distinction criteria

- **Unsuccessful** apprentices will have not achieved all of the pass criteria

Professional discussion underpinned by a portfolio of evidence mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment. Highfield recommends that the apprentice experiences a mock professional discussion underpinned by a portfolio of evidence in preparation for the real thing. The most appropriate form of mock professional discussion underpinned by a portfolio of evidence will depend on the apprentice's setting and the resources available at the time.

In designing a mock assessment, the employer/training provider should include the following elements in its planning:

- the mock professional discussion underpinned by a portfolio of evidence should take place in a suitable location.
- a 60-minute time slot should be available to complete the professional discussion underpinned by a portfolio of evidence, if it is intended to be a complete professional discussion covering all relevant standards. However, this time may be split up to allow for progressive learning.
- consider a video or audio recording of the mock professional discussion underpinned by a portfolio of evidence and allow it to be available to other apprentices, especially if it is not practicable for the employer/training provider to carry out a separate mock assessment with each apprentice.
- ensure that the apprentice's performance is assessed by a competent trainer/assessor, and that feedback is shared with the apprentice to complete the learning experience. Mock assessment sheets are available to download from the Highfield Assessment website and may be used for this purpose.
- use at least eight structured, 'open' questions that do not lead the apprentice but allows them to express their knowledge and experience in a calm and comfortable manner. For example:
 - CPD and reflection
 - How have the principles of the Care Certificate contributed to your professional development?
 - Can you tell me how reflective practice has impacted your way of working?
 - Provision of care
 - What are the key differences between mental illness, dementia and learning disability?

- How has the support that you have provided maximised the wellbeing of individuals?
- Quality
 - Can you describe a time when you have helped make improvements to practice in your setting?
 - How have you helped to collect data that contributed to improvements in your setting?
- Risk, health and safety
 - What does risk mean in your workplace?
 - Tell me about a time you had to report an error.

Professional discussion underpinned by a portfolio of evidence criteria

Throughout the **60-minute** professional discussion underpinned by a portfolio of evidence, the assessor will review the apprentice's competence in the criteria outlined below.

Apprentices should prepare for the professional discussion underpinned by a portfolio of evidence by considering how the criteria can be met.

CPD and reflection
To pass, the following must be evidenced.
CR1 Explains how they take part in appraisal and supervision, summarising the impact on their ongoing personal development. Discusses how they have been adaptable, reliable and consistent in their approach to work tasks (K23, S23, B3)
CR2 Outlines the principles of the Care Certificate and describes how it has contributed to their training and development (K24, S24)
CR3 Identifies times when they reflect on their own practice, explaining their choices and describing the impact it has on their daily work (K25, S25)
To gain a distinction, the following must be evidenced.
CR4 <i>Evaluates the impact of reflective practice on their way of working (K25, S25)</i>

Provision of care
To pass, the following must be evidenced.
PC5 Describes the techniques and principles for providing basic life support and how they apply them in their own practice (K7, S7)
PC6 Describes how they assist registered practitioners in encouraging individuals to take or use prescribed medicines within the limitations of their own role and organisational policy (K9, S9)
PC7 Explains how they have supported others with appointments, enquiries and/or referrals using relevant IT and telephone systems (K14, S14)
PC8 Defines mental capacity and describes the difference between mental illness, dementia and learning disability, giving an example of when they recognised and responded to an individual's mental capacity (K16, S16)
PC9 Explains the principles of health promotion, outlining the services available and how referrals are made, acting on opportunities to support others in maximising their health, well-being and positive lifestyle choices (K17, S17)
To gain a distinction, the following must be evidenced.
PC10 <i>Reviews the extent to which their support has maximised the health, wellbeing and positive lifestyle choices of individuals (K17, S17)</i>

Quality
To pass, the following must be evidenced.
Q1 Identifies how they contribute to quality improvement activities in the workplace, by giving examples of how they have helped to collect data or used evidence to make improvements to practice (K26, K27, S26, S27)
<i>To gain a distinction, the following must be evidenced.</i>
Q2 <i>Evaluates how far the evidence they have collected has contributed to improvement activities in the workplace (K26, K27, S26, S27)</i>

Risk, health and safety
To pass, the following must be evidenced.
R1 Defines risk in relation to their place of work and describes their actions when raising concerns and reporting incidents, errors or near misses in line with organisational policies and procedures (K22, S22)
<i>To gain a distinction, the following must be evidenced.</i>
R2 <i>Evaluates the impact on the organisation of their response to identified risks, incidents or errors and/or near misses in their place of work (K22, S22)</i>

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