

Qualification Specification

LEVEL 2 SPECIALIST AWARD FOR CHEFS IN HEALTH & SOCIAL CARE

(QAN: 603/2227/5)

MAY 2018

Offered in partnership with the Institute of Hospitality



Contents

Section		Page
1	Introduction Structure	2
2	Centre requirements Approval Resource requirements	3
3	Delivering the qualification Initial assessment and induction Physical resources	5
4	Assessment	6
5	Units Nutrition and Hydration Food Modification in Health Care	8
Appendix 1	Relationships to other qualifications	17

1. Introduction

STRUCTURE

Qualification Overview

This qualification forms part of the CTH (Institute of Hospitality) suite of hospitality industry qualifications. It is designed to complement existing NVQ qualifications in professional cookery and the Trailblazers Commis Chef Apprenticeships Standard. The qualification is based on the recommendations of:

- National Occupational Standards (NOS) related to professional cookery and health and social care
- Recommendations of good practice outlined by the National Association of Care Catering and the HCA.

This qualification is specifically designed for people who cater for patients or residents in a health and social care setting and aims to develop their awareness of diet and appetite issues that may arise in this environment. It covers the importance of nutrition and hydration in maintaining health and wellbeing, how multi-professional teams work together to provide the level of nutritional care needed by different people, the needs of Dysphagia sufferers and how the condition impacts on diets and menus, how to cook food and amend menus for Dysphagia sufferers, the role of appetite and its influencing factors, and how to cook and hold food to maximise its effect on appetite.

This qualification specification provides information for centres about the delivery of the CTH (Institute of Hospitality) Level 2 Specialist Award for Chefs in Health and Social Care and includes the unit information, assessment methods and delivery arrangements.

To achieve the Level 2 Specialist Award for Chefs in Health & Social Care, learners must achieve **9** credits from the mandatory unit.

Unit accreditation number	Unit Reference	Unit title	Credit value
	HSC001	Nutrition and hydration	2
	HSC002	Food Modification in Health Care Settings	7

Delivery hours

CTH IoH Level 2 Specialist Award for Chefs in Health & Social Care:

- The Guided Learning Hours (GLH) are 65 hours.
- The Total Qualification Time (TQT) is 90 hours.
- The total credit required to achieve the qualification is 9 credits.

Unit grading structure

The grading structure for each of the Units within the Qualification is that the learner is required to achieve a result of Pass in each of the Units in order to be awarded credit for each.

2. Centre Requirements

APPROVAL

Centres wishing to offer this qualification must use the CTH's **standard** Qualification Approval Process. New centres will need to gain both centre and qualification approval.

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualification before designing a course programme.

RESOURCE REQUIREMENTS

Centre staffing

Staff delivering this qualification must be able to demonstrate that they meet the following occupational expertise requirements. They should:

- be occupationally competent or technically knowledgeable in the area for which they are delivering training and / or have experience of providing training. This knowledge must be to the same level or above as the training being delivered
- have recent relevant experience in the specific area they will be assessing
- have credible experience of providing training.

Centre staff may undertake more than one role, e.g. tutor and assessor or internal quality assurer, but cannot internally quality assure their own assessments.

Assessors/Internal Quality Assurer

Assessor / Internal Quality Assurer TAQA qualifications are valued as qualifications for centre staff, but they are not currently a requirement for the qualification. A teaching qualification such as the following would be sufficient:

- Ofqual Regulated Level 3 Award and Level 4 Certificate in Education and Training
- NVQ Level 3 in Learning and Development PTTLS, CTTLS, DTTLs
- NVQ Level 4 in Learning and Development Further Education Teacher's Certificate

There is no requirement for a separate Assessor when delivering this qualification. Once Trainers have been approved to deliver the qualification, they can assess Learners. It is best practice for Trainers to hold a formal (regulated) assessing qualification or attend relevant Assessor CPD training with an Awarding Organisation (AO). However, as a minimum, Trainers must follow the principles outlined in the current National Occupational Standards for Learning and Development: Standard 9 – Assess learner achievement. Centres must be able to prove this, to be approved.

Internal Quality Assurer

Internal Quality Assurers (IQAs) must be vocationally competent and have a relevant vocational qualification (see Vocational qualifications table) and:

- hold an assessing qualification and follow the principles outlined in the current National Occupational Standards for Learning and Development: Standard 11 – Internally monitor and maintain the quality of assessment (Centres must be able to prove this) or
- hold a quality assurance qualification or
- have attended QA approved IQA training relevant to this qualification. It is best practice for IQAs to hold a formal (regulated) IQA qualification and to hold, or be working towards, a formal (regulated) teaching qualification. Note: IQAs cannot quality assure a course for which they were the Trainer and / or Assessor.

Continuing professional development (CPD)

Centres must support their staff to ensure that they have current knowledge of the occupational area, that delivery, mentoring, training, assessment and verification is in line with best practice, and that it takes account of any national or legislative developments.

3. Delivering the Qualification

Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:

- if the learner has any specific training needs,
- support and guidance they may need when working towards their qualification
- any units they have already completed, or credit they have accumulated which is relevant to the qualification
- the appropriate type and level of qualification.

We recommend that centres provide an induction programme so the learners fully understand the requirements of the qualification, their responsibilities as a learner, and the responsibilities of the centre. This information can be recorded on a learning contract.

Physical Resources

This qualification is aimed at learners who need to gain their experience working in a professional kitchen and should use appropriate equipment in terms of the size and scale, which must be of industrial quality.

When being assessed, learners will need to have sufficient space to work efficiently, hygienically and in a safe manner.

As a minimum, it is expected that centres seeking approval for this qualification have access to a well-equipped industrial kitchen including:

- cooking facilities to enable full access to the qualification for example ovens / ranges, grills, griddles and deep fat fryers
- worktop space – stainless steel workstations or tables
- washing facilities – hand washing, food preparation and washing up
- refrigerator space
- small and large equipment – it is recommended that centres review the range of equipment requirements against the units. It may be necessary to purchase additional equipment in order to offer the qualification.

4. Assessment

The following assessments must be used with this qualification:

Unit HSC001: Nutrition & Hydration

The learner will be able to:	Assessment method	Assessment location
LO 1 – Understand the impact of nutrition and hydration on health and wellbeing	Multiple choice questions	Approved centre
LO 2 – Understand nutrition and hydration for population sub-groups	Multiple choice questions	Approved centre
LO 3 – Know the roles of multidisciplinary teams, national standards and guidelines	Multiple choice questions	Approved centre

Unit HSC002 Food Modification in Health Care Settings

The learner will be able to:	Assessment method	Assessment location
LO 1 – Understand the impact of Dysphagia on patients or residents	Multiple choice questions	Approved centre
LO 2 – Plan, prepare, cook and finish food for patients or residents suffering from Dysphagia	Practical observation	Approved centre

Recognition of prior learning (RPL)

RPL is a process for recognising learning from previous training, qualifications or experience to avoid duplication of learning. It considers whether a learner can demonstrate and prove that they meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.

RPL evidence must be: valid, reliable, authentic, current, sufficient.

It is the Centre's responsibility to make sure it does not disadvantage a learner or compromise the integrity of the qualification when using the RPL process. If sufficient understanding of a subject is in doubt training must take place.

RPL must be current, i.e. within 3 years. RPL should only be used as rationale for a reduction in contact / guided learning hours, the Learner must still undertake assessment of all learning outcomes and criteria of the qualification in order to gain an up-to-date qualification certificate. Evidence of prior training submitted for RPL consideration must be authenticated by the Centre; a certificate is not valid without referenced learning outcomes or evidence from the original training provider.

Entry Requirements

- Learners must be aged 18 or over
- There are no other formal entry requirements but to benefit from the learning we advise that Learners have a minimum of Level 1 in literacy or numeracy or equivalent

Prior knowledge, skills or understanding which the learner is required to have before taking the qualification

- Basic cooking knowledge and skills
- Food safety knowledge

Progression

The following are possible progression routes:

- Level 3 NVQ in Professional Cookery
- Level 3 Chef de Partie Apprenticeship Standard

5. The Units

Structure of units

These units each have the following:

- CTH reference number
- unit accreditation number (UAN)
- title
- level
- credit value
- guided learning hours
- unit aim
- relationship to NOS, other qualifications and frameworks
- learning outcomes which are comprised of a number of assessment criteria

Nutrition & Hydration

Unit title:	Unit HSC001 Nutrition & Hydration
UAN:	
Level	2
Credit value:	2
GLH	15
Aim:	In this unit the learner will develop an understanding of how nutrition and hydration impact on health and wellbeing, the essential components of food and drink and how nutritional requirements differ between different population groups. The learner will also know the roles of a multi-professional team and the guidelines they need to adhere to in a health and social care setting.

LEARNING OUTCOME 1

The learner will understand the impact of nutrition and hydration on health and wellbeing

Assessment criteria

The learner can:

1. Explain nutrition and hydration **requirements** to maintain health and wellbeing
2. Identify the **types** of fluids that help to maintain hydration
3. Explain **factors** that can affect nutritional intake
4. Identify **causes** of malnutrition
5. Explain the **consequences** of malnutrition
6. Explain the **consequences** of dehydration and chronic dehydration

Range

Requirements

Eatwell guide including food groups and nutrient factors, covering:

- Carbohydrates including fibres
- Fat
- Protein
- Vitamins
- Minerals
- Hydration levels (6-8 glasses) and factors affecting hydration levels

Factors

- Culture and religion
- Individual preferences and habits
- Disease – Diabetes, Dementia, Cancers
- Physical factors – oral hygiene, loss of appetite

- Psychological factors – depression, eating disorders
- Income, lifestyle and social convention i.e ethics, morals, religious beliefs
- Advertising and fads
- Family and peer group influences
- Neglect

Causes

- Dysphagia - eating, drinking or swallowing problems
- Effects of medication
- Communication difficulties – difficulties in speech
- Understanding of healthy and balanced diet appropriate to individual needs

Consequence of malnutrition

- Reduced immunity
- Increased susceptibility to disease
- Impaired physical and mental development
- Reduced productivity
- Increased risk of mortality

Consequence of dehydration

- Tiredness
- Headaches
- Loss of strength or stamina
- Heat exhaustion
- Risk to infections i.e. UTIs

Consequence of chronic dehydration

- Constipation
- Increased risk of kidney stones
- Muscle damage
- Loss of life

LEARNING OUTCOME 2

The learners will know about nutrition and hydration for population subgroups

Assessment criteria

The learner can:

1. Explain the specific nutritional requirements of different **population subgroups**
2. Identify the **factors** affecting nutritional intake of subgroups
3. Explain common **nutritional terminology**
4. Explain the **importance** of understanding dietary needs for population subgroups

Range

Population subgroups

- Young people and vulnerable adults
- Older people
- People of different genders
- Pregnant and lactating women

- People with health problems, conditions or diseases
- People with dementia
- People with disabilities
- People with learning disabilities
- People from different cultures
- Vegetarians and vegans
- People with food intolerance and or allergies

Factors

- Health problems, illness and medical conditions
- Individual preferences and habits
- Physical factors – decreased sense of taste, oral hygiene
- Psychological factors – depression, eating disorders, loss of appetite
- Income, lifestyle and social convention
- Advertising and fads
- Family and peer group influences
- Neglect

Nutritional terminology

- Recommended Dietary Allowance (RDA)
- Balanced diet
- Healthy eating
- Eating for Good Health

Importance

To ensure that the needs of a variety of people are catered for, to maximise health benefits, to maintain nutritional content and fluid intake, to aid recovery where possible.

LEARNING OUTCOME 3

Know the roles of a multidisciplinary teams, national standards and guidelines

Assessment Criteria

The learner can:

1. List the common **types** of multidisciplinary teams who have different areas of expertise when supporting care for those with experience on dysphagia
2. Describe the specialist **services** provided by each type of multidisciplinary team
3. Outline potential **challenges** of working within multidisciplinary teams
4. Identify the **function** of standards and National guidelines
5. Identify key **national organisations** that have contributed to hospital food and residential care homes food standards

Range

Types

- Speech and Language Therapist (SaLT)
- GP
- Dietician
- Physiotherapist
- Occupational Therapist

Services

- Speech and Language Therapist – working with people who have trouble swallowing
- GP – initial diagnosis and referral
- Dietician – helping clients making informed choices about food and nutrition and helping health care professionals about diet and nutrition, assessing diagnosing dietary and nutritional problems
- Physiotherapist – help with position whilst eating and drinking
- Occupational Therapist – helps with identifying and using utensils for eating and drinking
- Psychologist – dealing with difficult feelings surrounding eating and drinking
- Gastroenterologist - a specialist in treating conditions of the gullet, stomach, and intestines
- Geriatrician – a specialist in the care of elderly people
- Ear, Nose and Throat specialist

Challenges

- Communication
- Collaboration inertia
- Collaborative advantage
- Problems with decision making
- Trust
- Managing dynamic
- Knowing what's safe to eat and drink

Function

- A set of standards to help improve quality
- Information on how to monitor services that are being provided and highlight areas for improvement

National organisations

- Royal College of Nursing (RCN)
- Hospital Caterers Association (HCA)
- National Association of Care Catering (NACC)
- Nutritional Advisory Group for Elderly People (NIAGE)
- Food Standards Agency (FSA)
- British Dietetic Association (BDA)
- Royal Colleges Speech and Language Therapists (RCSLT)
- British Medical Association (BMA)
- British Association for Parenteral and Enteral Nutrition (BAPEN)

Food Modification in Health Care Settings

Unit title:	HSC002 Food Modification in Health Care Settings
UAN:	
Level	2
Credit value:	7
GLH	50
Aim:	In this unit the learner will understand the importance of appetite and menu planning when preparing, cooking and finishing food for people who may suffer a range of illnesses causing Dysphagia that require the food they eat to be modified and / or enriched.

LEARNING OUTCOME 1

The learner will understand the impact of Dysphagia on patients or residents

Assessment criteria

The learner can:

1. State what is meant by the term **Dysphagia**
2. Explain the **factors** that influence eating behaviours
3. Understand how to **adapt** menus to support care plans and diet sheets for those requiring texture modified diets
4. Describe the condition of Dysphagia; its **causes** and its **impact** on sufferers
5. Identify the **symptoms** of Dysphagia
6. Explain how Dysphagia affects the **health and well-being** of sufferers
7. State the definitions of **types and texture** of food needed by individuals who have Dysphagia
8. Identify the **factors** to consider when modifying food and fluids for different groups
9. Explain how the nutritional value of food can be **enriched**

Range

Dysphagia

A diet of varying consistency for people suffering from swallowing difficulties which may have varied causes

Factors

- Common cognitive, physiological and environmental factors which influence appetite
- Positive influences on appetite e.g. liking of taste, palatability, smell, texture, temperature and appearance/ presentation, increased food variety, flavour combinations
- Negative influences on appetite.eg. trigeminal input (irritative) sensations

Adapt

- How labels and symbols can be used to indicate soft foods on the menu
- The kitchen documentation and processes required when adapting menus to support Dysphagia diets

Causes

- Neurological causes of Dysphagia include:
 - a stroke
 - neurological conditions that cause damage to the brain and nervous system over time, including Parkinson's disease, multiple sclerosis, dementia, and motor neurone disease
 - brain tumours
 - myasthenia gravis – a rare condition that causing muscles to become weak
- **Congenital and developmental conditions**
 - learning disabilities
 - cerebral palsy
 - cleft lip and palate
- **Obstruction in the throat or a narrowing of the oesophagus**
 - mouth cancer or throat cancer
 - pharyngeal (throat) pouches, also known as Zenker diverticulum
 - eosinophilic oesophagitis
 - radiotherapy treatment
 - gastro-oesophageal reflux disease (GORD)
 - infections, such as tuberculosis or thrush
- **Muscular conditions**
 - scleroderma
 - achalasia
- **Age-related Dysphagia**

Impact

- Negative impact from a social and emotional point of view
- Low or decreased self esteem
- Isolation and discomfort

Symptoms

- problems swallowing certain foods or liquids,
- coughing or choking when eating or drinking
- bringing food back up, sometimes through the nose
- a sensation that food is stuck in your throat or chest
- persistent drooling of saliva

Health and well-being

- Malnutrition due to limited food and fluid intake
- Consequences of malnutrition altered levels of consciousness, physical weakness or lack of coordination in the swallowing mechanism
- Over time, dysphagia can also cause symptoms such as weight loss and repeated chest infections

Types and texture

- B – Thin purée Dysphagia diet – food has been puréed or has a purée texture, it does not require chewing, it is a thin purée
- C – Thick purée Dysphagia diet - food has been puréed or has a purée texture, it does not require chewing, food has been puréed or has a purée texture, it does not require chewing, it is a thick purée, breakfast and desserts – the texture of thick smooth porridge made from powder (purée porridge) with no loose fluids

- D – Pre-mashed Dysphagia diet - food soft, tender and moist needs very little chewing, it has been mashed with a fork before serving
- E – Fork mashable Dysphagia diet – Food is soft, tender and moist but needs some chewing, it can be mashed with a fork

Factors

- Which foods are suitable for modification?
- Techniques for modifying foods
- Impact of the puréeing process on food
- Various pieces of equipment used to modify food effectively
- Techniques for presenting food to maximise its appeal

Enriched

- Through fortification of food
- Nutritional supplements to provide health benefits

LEARNING OUTCOME 2

The learner will be able to plan, prepare, cook and finish food for patients or residents suffering from Dysphagia

Assessment criteria

The learner can:

1. Liaise with health care professionals to ensure that individual **needs** are met
2. Plan menus to support the **types and textures** required of those suffering from Dysphagia
3. Understand the **cost implications** of modifying food for patients or residents suffering from Dysphagia
4. Identify and use **suitable equipment** when preparing and cooking food
5. Ensure the **ingredients** of the dish are of the correct quality and quantity
6. Use **catering practices** that help to maintain the nutritional value of food
7. Finish food for specific **types and textures** for differing Dysphagia dietary needs
8. Maintain **safe and hygienic practices** when preparing, cooking and holding hot or cold food
9. Ensure that modified food is **presented** to stimulate appetite of those suffering with Dysphagia
10. Ensure **records** of individual needs are maintained and available for authorised people
11. Seek additional help where specific needs to maintain nutritional values, hydration and fortification are outside of normal responsibility or expertise

Range

Needs

Nutritional (food and fluids), consistency of food, timing of service, fortification, nutritional supplements, food modification, attractive presentation to aid appetite

Types and texture

- B – Thin purée Dysphagia diet – food has been puréed or has a purée texture, it does not require chewing, it is a thin purée
- C – Thick purée Dysphagia diet - food has been puréed or has a purée texture, it does not require chewing, food has been puréed or has a purée texture, it does not require chewing, it is a thick purée, breakfast and desserts – the texture of thick smooth porridge made from powder (purée porridge) with no loose fluids

- D – Pre-mashed Dysphagia diet - food soft, tender and moist needs very little chewing, it has been mashed with a fork before serving
- E – Fork mashable Dysphagia diet – Food is soft, tender and moist but needs some chewing, it can be mashed with a fork

Cost implications

- Due to number of clients requiring food to be modified
- Types of nutritional needs of different clients
- Additional equipment requirements

Suitable equipment

- Knives
- Boards
- Small equipment and utensils
- Large equipment e.g. steamers
- Ranges
- Specialist equipment
- Processors
- Blenders
- Sieves

Ingredients

- Meat / poultry
- fish
- vegetables / fruit
- eggs, dairy
- pasta / rice / grain / pulses
- soups / sauces
- breakfast and desserts

Catering practices

- Preparation of food (trimming of fat or gristle on meat)
- Healthier cooking methods such as steaming
- Alternatives to use of fats and oils
- Grilling instead of frying
- Minimal holding times during service to avoid deterioration and loss of nutrients

Safe and hygienic practices

- Personal hygiene (PPE)
- Clean
- Hair neat and tidy
- Frequent washing of hands to avoid cross contamination
- Clean as you go, to maintain organisational standards and legislation
- Avoidance of cross contamination
- Isolation of food items and equipment used in the preparation of those suffering with food intolerance or allergies
- Holding
- Chilling of food items to maintain quality and avoid cross contamination.

Presented

- Temperature
- Texture
- Taste
- Consistency

- Attractively presented
- The texture is smooth free from lumps, crusts (top, bottom & edge) and the bolus remain cohesive
- Moisture content of food, no loose fluids that separate
- Can the food be piped, layered or moulded depending on type of dysphagia diet to make it more attractive and appetising

Records

- Name
- Age
- Type of specialist dietary needs of client
- Specific dietary needs
- Allergies or intolerance
- Food consumption
- Notes of any discussion with health care professionals
- Changes to dietary needs over time
- Nutritional content of food
- Fluid intake levels
- Fortification
- Type of modification
- Name of chef in charge

Practical assessments:

Guidance and marking sheet

For unit HSC002 Food Modification in Health Care Settings, Learning Outcome 2 'The learner will be able to plan, prepare, cook and finish food for patients or residents suffering from Dysphagia' will be assessed by mean of observation. A minimum of **three** observations must take place during the length of the course.

Guidance:

All assessment criteria for LO2 must be covered by the time the third observation is successfully completed. These assessment criteria are:

Assessment criteria	Range (minimum to cover between the three observations)
1. Liaise with health care professionals to ensure that individual needs are met	<p>(all)</p> <ul style="list-style-type: none"> • Nutritional (food and fluids) • Consistency of food • Timing of service • Fortification • Nutritional supplements • Food modification • Attractive presentation to aid appetite
2. Plan menus to support the types and textures required of those suffering from Dysphagia	<p>(3)</p> <ul style="list-style-type: none"> • B – Thin purée Dysphagia diet – food has been puréed or has a purée texture, it does not require chewing, it is a thin purée • C – Thick purée Dysphagia diet - food has been puréed or has a purée texture, it does not require chewing, food has been puréed or has a purée texture, it does not require chewing, it is a thick purée, breakfast and desserts – the texture of thick smooth porridge made from powder (purée porridge) with no loose fluids • D – Pre-mashed Dysphagia diet - food soft, tender and moist needs very little chewing, it has been mashed with a fork before serving • E – Fork mashable Dysphagia diet – Food is soft, tender and moist but needs some chewing, it can be mashed with a fork
3. Understand the cost implications of modifying food for patients or residents suffering from Dysphagia	<p>(all)</p> <ul style="list-style-type: none"> • Due to number of clients requiring food to be modified • Types of nutritional needs of different clients • Additional equipment requirements
4. Identify and use suitable equipment when preparing and cooking food	<p>(all)</p> <ul style="list-style-type: none"> • Knives • Boards • Small equipment and utensils • Large equipment e.g. steamers • Ranges • Specialist equipment • Processors • Blenders

	<ul style="list-style-type: none"> • Sieves
5. Ensure the ingredients of the dish are of the correct quality and quantity	<p>(5)</p> <ul style="list-style-type: none"> • Meat / poultry • Fish • Vegetables / fruit • Eggs, diary • Pasta / rice / grain / pulses • Soups / sauces • Breakfast and desserts
6. Use catering practices that help to maintain the nutritional value of food	<p>(all)</p> <ul style="list-style-type: none"> • Preparation of food (trimming of fat or gristle on meat) • Healthier cooking methods such as steaming • Alternatives to use of fats and oils • Grilling instead of frying • Minimal holding times during service to avoid deterioration and loss of nutrients
7. Finish food for specific types and textures for differing Dysphagia dietary needs	<p>(3)</p> <ul style="list-style-type: none"> • B. • C. • D. • E.
8. Maintain safe and hygienic practices when preparing, cooking and holding hot or cold food	<p>(all)</p> <ul style="list-style-type: none"> • Personal hygiene (PPE) • Clean • Hair neat and tidy • Frequent washing of hands to avoid cross contamination • Clean as you go, to maintain organisational standards and legislation • Avoidance of cross contamination • Isolation of food items and equipment used in the preparation of those suffering with food intolerance or allergies • Holding • Chilling of food items to maintain quality and avoid cross contamination
9. Ensure that modified food is presented to stimulate appetite of those suffering with Dysphagia	<p>(all)</p> <ul style="list-style-type: none"> • Temperature • Texture • Taste • Consistency • Attractively presented • Smooth free from lumps, crusts (top, bottom & edge) and the bolus remain cohesive • Moisture content of food, no loose fluids that separate • Can the food be piped, layered or moulded depending on type of dysphagia diet to make it more attractive and appetising
10. Ensure records of individual needs are maintained and available for authorised people	<p>(all)</p> <ul style="list-style-type: none"> • First name • Age • Type of specialist dietary needs of client

	<ul style="list-style-type: none"> • Specific dietary needs • Allergies or intolerance • Food consumption • Notes of any discussion with health care professionals • Changes to dietary needs over time • Nutritional content of food • Fluid intake levels • Fortification • Type of modification • Name of chef in charge
<p>11. Seek additional help where specific needs to maintain nutritional values, hydration and fortification are outside of normal responsibility or expertise</p>	<p>(3)</p> <ul style="list-style-type: none"> • Supervisor • Line manager • Nurse • Written guidance

Marking sheet

L2 Specialist Award for Chefs in Health and Social Care		
Record of Practical Assessment		
Name of learner and CTH number:	Name of assessor:	Observation No:
Address where the assessment takes place:	Name of dish(es) produced:	Date:
Assessment criteria covered and comments		
Add the range covered for each assessment criteria	Add comments linked to range covered	
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Practical observation check list:

- The observation form is completed. This includes dates, names, dishes, range covered, feedback
- Pictures of the learner while working have been taken as additional evidence
- All required range has been covered by the third observation
- Dates of observations:
 - 1.
 - 2.
 - 3.

Appendix 1: Relationship to Other Qualifications

There are no direct links to other qualifications but this qualification would fit as an additional two units on to an NVQ or a VRQ in Professional Cookery.

Published by the Confederation of Tourism & Hospitality.

This publication may not be reproduced, stored or transmitted in any form or by any means except with the prior permission in writing of the publisher, or in the case of reprographic reproduction in accordance with the terms and licences issued by the Copyright Licensing Agency.

About the Institute of Hospitality

The Institute of Hospitality represents professional managers in the hospitality and tourism industries and has a worldwide membership. The Institute of Hospitality is managed as an educational charity and exists to benefit its members in their career and professional development, as well as continuing to improve industry sector standards. The primary purpose of the Institute of Hospitality is to: “promote the highest professional standards of management and education in the international hospitality, leisure and tourism industries”.

About the Confederation of Tourism & Hospitality

The Confederation of Tourism & Hospitality is an awarding organisation regulated and accredited in England by the Office of Qualifications and Examinations Regulation (Ofqual).

Contact details

For further information or guidance please contact:

The Confederation of Tourism & Hospitality
37 Duke Street
London W1U 1LN
United Kingdom

Tel: +44 (0)20 7258 9850
Email: info@cthawards.com
Web: www.cthawards.com