The Care Certificate Framework

Guidance Document

Overall goal of the Care Certificate

The introduction of the Care Certificate will provide clear evidence to employers, patients and people who receive care and support that the health or social care worker in front of them has been trained and developed to a specific set of standards and has been assessed for the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support. This should reflect the elements common to these workforces and meet the requirement for providers of regulated activities to ensure that their staff are suitably trained. The term 'trained' is used here as this was the term used by Camilla Cavendish. The approach used to deliver the learning required to meet the outcomes of the Care Certificate Framework and ensuring that there is a record of the assessment decisions that is auditable would be determined by the employer.

The Care Certificate Standards

The Care certificate standards are:

1. Understand Your Role
2. Your Personal Development
3. Duty of Care
4. Equality and Diversity
5. Work in a Person Centred Way
6. Communication
7. Privacy and Dignity
8. Fluids and Nutrition
9. Awareness of Mental Health, Dementia and Learning Disability
10. Safeguarding Adults
11. Safeguarding Children
12. Basic Life Support
13. Health and Safety
14. Handling Information
15. Infection Prevention and Control

Who Should Undertake the Care Certificate?

Health Care Assistants, Assistant Practitioners, Care Support Workers and those giving support to clinical roles in the NHS where there is any direct contact with patients. Care Support Workers means Adult Social Care workers giving direct care in residential and nursing homes and hospices, home care workers and domiciliary care staff. These staff are referred to collectively as Healthcare Support Workers (HCSW) / Adult Social Care Workers (ASCW) in this document. Other roles may be included where achievement of **all** of the standards is possible. As some of these roles would be very different in health and social care it is up to the employer to decide whether the Care Certificate is appropriate. However, to be awarded the Care Certificate the person must meet all of the outcomes and assessment requirements for all 15 standards.

Principles of the Care Certificate

The content of the Care Certificate must:

- Be applicable across health and social care, and be portable/transferable from sector to sector
- Work for all roles to which the certificate applies
- Build on the National Minimum Training Standards (NMTS) and the Common Induction Standards (CIS)
- Contain competences that can be mapped to existing qualifications in order to have creditable value
- Train people to know what is required of them to be caring, and equip them with the skills to be able to provide quality care

Therefore this work has identified the elements which are common to all roles, which are turned into measurable learning objectives and competences, where the assessment methodology is clearly set out and where clear guidance of expected behaviour is provided.

The Care Certificate in context

Each HCSW/ASCW starting within a new role within the scope of this certificate is already expected to have training, education and assessment as part of their induction, within the first 12 weeks of employment. The Care Certificate will replace the National Minimum Training Standards (NMTS) and the Common Induction Standards (CIS) and provides the framework for these within Health and Social Care respectively.

The Care Certificate builds on these two frameworks and sets out explicitly the learning outcomes, competences and standards of behaviour that must be expected of a HCSW/ASCW in both sectors, ensuring that such a HCSW/ASCW is caring, compassionate and provides quality care. The Certificate also reflects how these behaviours are underpinned by the Chief Nursing Officer's 6Cs (care, compassion, competence, communication, courage and commitment).

The Care Certificate is a key component of the total induction which an employer must provide, legally and in order to meet the essential standards set out by the Care Quality Commission. Most notably the training and education of HCSW/ASCWs must be delivered to meet outcome 14 – “Supporting workers”.

The Care Certificate is the start of the career journey for these staff groups and is only one element of the training and education that will make them ready to practice within their specific sector.

The Care Certificate does not replace employer induction specific to the environment in which practice will take place, nor will it focus on the specific skills and knowledge needed for a specific setting.

Supervision in the context of the Care Certificate

Supervision might be undertaken by a manager or registered healthcare professional. The term 'manager' is used to identify a person who may be in a position to supervise and or delegate to support workers. The term 'Healthcare professional' refers to a registered healthcare professional from any profession. For the purposes of this paper the term 'supervisor' is used to cover both health and social care

Supervision

- The nature of supervision varies depending on the context, competency and activities being carried out by the HCSW/ASCW
- Whatever the case supervision must be on-going and appropriate for the experience of the HCSW/ASCW and the context in which they are working.

The supervision needed may be:

- Direct supervision - the worker must be in the line of sight of the supervisor who is present to observe tasks and activities and can intervene immediately if required. Direct supervision should be maintained until the worker is assessed as being safe to leave alone with responsibility for people they support.
- Indirect /remote supervision – where there is reliance on processes being in place to provide guidance and support without the supervisor actually being present. This requires the worker to
    - Have had appropriate training
    - Have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice)
    - Know their limitations
    - When and how to seek advice from the supervisor.

Phased sign off

At some stage as staff become skilled in carrying out a particular task supervisors are able to recognise this by agreeing that when the staff member is carrying out this task they no longer require direct supervision

Levels of supervised practice

- Good management practice and the assessment of performance require that even following certification supervisors will check and re-check periodically, whether levels of supervision and delegation remain appropriate using different techniques depending on the care setting. Examples might include: unannounced visits and spot checks. Therefore no HCSW/ASCW should be working totally unsupervised.

Delegation

- Supervisors are accountable for the decision to delegate care.
- The primary reasons for delegation must always be to meet the needs of the person receiving care.
- Supervisors should not delegate tasks that are beyond the skills and experience of the worker. They should only delegate an aspect of care to a worker who has had appropriate training and whom they deem competent to perform the task.
- When the supervisor is delegating they must be assured that the person to whom they have delegated fully understands the nature of the delegated task particularly in relation to what is expected of them.
- Supervisors delegating tasks should make sure that everyone they are responsible for is appropriately supervised and supported. In circumstances where the supervisor delegating an aspect of care is not employed by the provider responsible for the person (for example a district nurse delegating care in a care home) then the delegator of care should ensure the person performing care is appropriately supported in their workplace.
- The supervisor should confirm that the outcome of any delegated task meets the required standard.
- The worker to whom care is delegated is responsible for ensuring their knowledge and skills match the delegated task. They should know their limitations and when to seek advice from the appropriate manager / professional in the event that circumstances change.

If these conditions have been met and an aspect of care is delegated, the person undertaking the delegate task becomes accountable for their actions and decisions. However, the supervisor remains accountable for the overall management of the person in their care.

The Care Certificate **is** the shared health and social care training, which must be completed and assessed, before new HCSW/ASCWs can practice without direct supervision. This may be done in a phased approach, as each HCSW/ASCW meets an individual standard their supervisor may allow them to practice with indirect or remote supervision against that standard.

Assessment

The Assessor is the person responsible for making the decision on whether the HCSW/ASCW has met the Standard set out in the Care Certificate.

In order to be an Assessor the person must themselves be competent in the standard they are assessing. For some assessors this will be by virtue of holding a qualification related to the role for others it will be by virtue of the designation. However, this doesn't mean that in every case the same person is competent to assess every standard. For example it may be necessary to use a different assessor to assess Standard 12 – Basic Life Support to any of the other Standards.

Some examples are in the table below:

Health Professional e.g. Nurse, Occupational Therapist, Physiotherapist, Dietician
Social Worker
NVQ or QCF Diploma in Health and Social Care at Level 2 , 3 or 5
NVQ in Health or QCF Diploma in Clinical Healthcare Support or QCF Diploma in Allied Health Professional Support or QCF Diploma in Maternity and Paediatric Support
Registered Manager Award

NB - The above are only examples and in no way reflect the breadth of qualifications used to confirm occupational competence in health or adult social care.

Assessment can be part of the people management role or part of the responsibility they may have for assurance that staff are competent in their job role.

There is no requirement for assessors of the Care Certificate to hold any assessor qualification; the employer must be confident that the person with this responsibility is competent to assess. .We would suggest that where the assessor doesn't hold a relevant qualification that they should be familiar with and work to the standard set out in the National Occupational Standard **LSILADD09** Assess learner achievement

The assessment of the Care Certificate should be as rigorous as the assessment of any formal qualification. The learner can't be 'part skilled' or 'have some knowledge' and meet the Standards.

Evidence must be:

- **Valid** – relevant to the standards for which competence is claimed
- **Authentic** – produced by the learner
- **Current** – sufficiently recent for assessors to be confident that the learner still has that same level of skills or knowledge
- **Reliable** - genuinely representative of the learner's knowledge and skills
- **Sufficient** – meets in full all the requirements of the standards

One of the most frequently raised questions in regard to work place learning is 'How much evidence is enough (sufficient) to meet the Standard?' The evidence is **sufficient** when the assessor is confident that the learner has met the Standard. This decision is a judgement of the individual assessor.

Whilst it's not a requirement some employers may choose to introduce a system of standardisation where different assessors come together to review the evidence they have used to make a judgement and compare the quality, how much evidence was used, the type of evidence used and come to a common understanding of the what is sufficient. With national qualifications a further layer of standardisation is also in

place where the External Quality Assurance will look at this across multiple providers. Again employers may choose to group together to hold standardisation meetings across a geographic area.

Assessment of Performance

Evidence of performance prefixed with words such as ‘demonstrate,’ ‘take steps to,’ ‘use’ or ‘show’ must be undertaken in the workplace during the learners real work activity and observed by the assessor unless the use of simulation is expressly allowed. Learners can practice and develop their new skills in a classroom/ skills lab or similar setting but where possible the assessment evidence must be collected during real work activity. Simulated evidence can only be used where the evidence could not reasonably be assessed in a real work situation or is unlikely to occur during the induction period for example basic life support. It is not permissible to use Skype or other forms of video evidence when assessing performance.

All performance required to meet the Standards must be assessed and no evidence of prior experience is allowed. The exception to this is Basic Life Support. Depending on the role and the Level of Basic Life Support training the individual is required to have it may be appropriate to recognise prior learning where this can be clearly evidenced and is within the recommended refresher period. Assessment of competence in Basic Life Support must be by observation in a simulated setting an appropriate training model.

As the Assessor you may also want to seek the views of work colleagues, patients or service users when making the judgment on the person’s performance but the final decision still lies with you on whether the person has met the outcome required.

Assessment of Knowledge and Understanding

Assessment of knowledge and understanding is prefixed with verbs such as ‘describe,’ ‘explain,’ ‘define,’ ‘list,’ or ‘identify’ and can be undertaken using written or verbal evidence such as the workbook, written questions, case studies or sound files. Again it would not be appropriate to specify in the Standards the volume of evidence needed.

There is no ‘best way’ to assess. Each assessment should be appropriate to the employment setting (e.g. domiciliary care, residential, hospital or community healthcare setting), the learner and the outcomes to be assessed. There is no requirement for any end testing.

Likewise there is no maximum number of ‘attempts’. Each employer must determine what is appropriate and what action to take if someone is not able to meet the standards having been given the appropriate level of support to do so.

Assessment evidence can include but is not restricted to:

- Observation records
- Oral or written answers to questions
- Small project such as a poster presentation
- Multiple choice questions
- Record of simulated activity

Certificates of Attendance, attendance on study days or e-learning without assessment of what has been learnt is **not** evidence toward achievement of the Care Certificate.

Holistic Assessment

Whilst each of the Standards in the Care Certificate is independent they are also in many instances inter-related. For example communication is an independent standard but communication skills will be used when the worker is interacting with patients and service users across almost all the other Care Certificate Standards. Similarly a Duty of Care will underpin everything the worker does. This means that whilst it is possible to assess each Standard separately it is much more efficient to use the same evidence to meet different Standards as far as possible.

This is called holistic assessment and can be used where learning or performance objectives are inter-related.

You should take every opportunity to assess holistically and proportionally. Evidence generated during the course of an assessment maybe used to evidence achievement of more than one standard in the Care Certificate. Where appropriate the same evidence may also be used towards achievement of QCF qualifications and Apprenticeships. Mapping against the NOS, NMTS/CIS and QCF units is contained in a separate document.

Recording Assessment Decisions

Documentation of assessment and evidence of practice is the responsibility of the HCSW/ASCW and their employer; the evidence may recorded in a workbook, portfolio or on line. This document will be used in gathering evidence for the Care Certificate and in terms of portability can be used as evidence when changing roles or moving between employers.

It will also be a place where workers can document their continuing training, education. This methodology brings these roles in line with professional roles in both health and social care.

The recording method should also be used to gather assessment information from peers and supervisor. It should include feedback from the patient/people who receive care and support as part of an on-going appraisal and development process.

Quality Assurance of the Care Certificate

The employer is responsible for assuring the quality of the teaching and assessment of the Care Certificate. The Registered Manager in Adult Social Care or named person in a health employer will sign off the HCSW/ ASCW as having successfully met all the standards to achieve the Care Certificate.

The Registered Manager/ named person must assure themselves that the standard of teaching and assessment is of sufficient quality that they can be confident that the HCSW/ASCW has fully met the standard.

The outcomes of the Care Certificate will be quality assured via the CQCs existing methodology in reviewing its essential standards.

Award of the Care Certificate

Will be via the employer using the approved national template.

Certification

This should be recorded by the employer and where possible made accessible via a national system. For example NHS Trusts that use it can do this via the Electronic Staff Record. Where the employer does not use a national system the record must be maintained locally and made available where appropriate for inspection purposes.

Accreditation

It is not the intention or expectation that the Care Certificate will be accredited as a national qualification. The Care Certificate does not require local accreditation by any awarding body or Higher Education Institution, and there is no requirement for it to have external quality assurance. However individual employers may wish to seek accreditation of the learning or external quality assurance.

It is however an expectation that the Care Certificate would provide evidence towards QCF qualifications and Apprenticeships across both Health and Social Care. This framework provides indicative mapping to the relevant QCF units.

Related resources

- National Occupational Standards (2013)
- Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (2013)
- Compassion in Practice
- Care Certificate Framework (Assessor Document)

Royal College of Nursing (2012) Position statement on the education and training of healthcare assistants HCAs March 2012
http://www.rcn.org.uk/__data/assets/pdf_file/0005/441059/Position_statement_-_HCAs_Final_2.pdf

Nursing and Midwifery Council. Delegation

http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Delegation/