

Derbyshire County Council Adult Social Care Care Certificate Standards

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If you would like to make any comments, amendments or additions please email Phil Robson– Policies and Procedures, phil.robson@derbyshire.gov.uk

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Introduction

What is the Care Certificate?

The Care Certificate is a framework of (minimum) induction standards (developed by Skills for Care) which all workers who are new to health and social care roles are required to meet before they are considered suitable and competent to work without supervision. Successful completion of the Care Certificate should ensure that the worker has the required values, behaviours, knowledge and skills to provide high quality, compassionate care.

There are 15 standards that make up the Care Certificate: each standard comprising both knowledge and practical competency outcomes.

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

The Care Certificate does not replace any workplace specific induction; in most cases they will be 'running' side by side. Check the link below for the induction policy and guidance.

<https://staff.derbyshire.gov.uk/jobs-and-recruitment/induction/induction.aspx>

Why was the Care Certificate introduced?

In 2013, The **Francis Inquiry** report was published after serious failings were uncovered in the care at Mid Staffordshire NHS Foundation Trust between 2005-2009. Subsequently, in an independent review into the training and support provided to health care assistants, recommendations were made that before working unsupervised, health care assistants and social care support workers should achieve a 'certificate of fundamental care'.

What roles does the Care Certificate apply to?

The Care Certificate is applicable to all workers who are newly recruited to provide direct care support to clients. This includes:

- care workers (community)
- care workers
- day service workers (in all sectors)
- community support workers
- senior care workers
- deputy unit managers (if role includes providing direct care support)

Other workers, such as laundry assistants and kitchen assistants, do not have to complete the Care Certificate unless they are also involved in providing care.

A completed Care Certificate is designed to be portable from one employer to another and can be a helpful indicator of the level of induction a new worker has completed. If a worker has already achieved a Care Certificate with another employer, there should be no need for them to repeat the 'process', unless there are concerns about the validity or authenticity of their work/certificate and/or the suitability of their knowledge and practice.

During the recruitment/interview process, recruiting managers should advise applicants that depending on their existing qualifications and experience, they may need to complete the entire Care Certificate programme. This is a good opportunity to discuss with them what this actually entails and what will be expected of them.

Whilst primarily designed for workers who are new to care, the Care Certificate can also offer opportunities for experienced staff to 'get up to speed' with current requirements - some workers who have been in the same role for many years may be hard pressed to evidence that they have completed a recognised induction. Similarly, the Care Certificate framework can be used to address performance and capability issues; if specific standards are expected of new workers, there is no reason to not also expect them of established workers.

Is the Care Certificate a legal requirement?

Completion of the Care Certificate is not a legal requirement; however, the Care Quality Commission (CQC) uses it as a quality benchmark (in regulated services). Unless it can be demonstrated that a worker has completed a similarly comprehensive induction, the worker will need to complete it (in addition to any workplace specific induction). The Care Certificate is a sound foundation for a new worker's future development.

Below is an excerpt from CQC's 'Guidance for Providers' regarding Regulation 18 pertaining to staffing:

18(2) *Persons employed by the service provider in the provision of a regulated activity must—*

18(2)(a) *receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,*

Providers must ensure that they have an induction programme that prepares staff for their role. It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles.

Training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment. Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

Where appropriate, staff must be supervised until they can demonstrate required/acceptable levels of competence to carry out their role unsupervised.

Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained.

Staff should be supported to make sure they can participate in:

Statutory training.

Other mandatory training, as defined by the provider for their role.

Any additional training identified as necessary to carry out regulated activities as part of their job duties and, in particular, to maintain necessary skills to meet the needs of the people they care for and support.

Other learning and development opportunities required to enable them to fulfil their role. This includes first aid training for people working in the adult social care sector.

All learning and development and required training completed should be monitored and appropriate action taken quickly when training requirements are not being met.

Staff should receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

Health, social and other care professionals must have access to clinical or professional supervision as required, in line with the requirements of the relevant professional regulator.

How will Derbyshire County Council support new workers to achieve the Care Certificate?

By arranging and supporting:

- planned opportunities to shadow and observe experienced and competent workers who are suitably knowledgeable and who model good and current practice
- attendance on a programme of both taught and practical courses covering (the majority of) the knowledge requirements (see below)
- completion of a portfolio of written work, which will be assessed to ensure the learning outcomes are adequately met
- an assessment of practical competence through observation of the worker in the workplace
- opportunities for professional discussion and reflection

Derbyshire's Care Certificate programme incorporates training which is over and above that required to meet the basic minimum e.g. tissue viability is included although this is not included in the Care Certificate learning outcomes.

What courses does a new worker need to attend?

This will vary, depending on the new worker's training and experience to date. However, the full Care Certificate programme includes the following taught courses:

Course Title	Duration
Introduction to Adult Care	2 days
Safeguarding - Alerting Others to Abuse and Neglect	1 day
Infection Control	0.5 day
Tissue Viability	0.5 day
Safe Administration of Medication (for workers in Care Homes)	1 day
First Aid (British Red Cross Appointed Person's Course)	1 day
Assisting with Medication in the Community (Community workers only)	1 day
Moving and Handling (Core Module)	1 day
Moving and Handling (Bedwork and Hoist Modules)	1 day
Fire Safety and Evacuation (Care home and day opportunity staff only)	0.5 day
Person Centred Recording	0.5 day
Personal Safety	0.5 day
Principles of Mental Capacity Act and Deprivation of Liberty Safeguards	1.00 day
Caring Safely	0.5 day
Health and Safety for Establishments (Care homes/day opportunity only)	0.5 day
Effective and Safe Nutrition and Hydration	1 day

Some courses have a practical bias, being instructional and 'information led' in nature and others provide opportunities for discussion.

The schedule of taught courses takes place over a four week period (an average of 3 courses a week). If for any reason a worker is unable to attend one of the dates in their designated programme, arrangements will be made to accommodate them on another course date, although it cannot be guaranteed that this will be at their choice of location.

Information about the locations and dates of the programmes is available in the training programme

How long does it take to complete the Care Certificate?

Skills for Care suggests a period of 12 weeks for completion. However, the amount of time required will vary depending on:

- the worker's confidence and capabilities
- the availability of productive opportunities for shadowing
- opportunities for the appointed manager to devote time to discussion, the assessment of knowledge and the observation function
- availability of accessible training courses

Who will assess the workers knowledge and competence?

It will be the responsibility of the manager of a service to ensure that arrangements are in place for the assessment of a new worker's knowledge and competence. The assessing function may be carried out by the manager and/or delegated to suitably qualified and experienced workers. No formal assessing qualifications are required for assessment of the Care Certificate learning outcomes but assessors should have a good understanding of both the role of the new worker and of what constitutes 'good' and current practice.

Skills for Care advises:

"There is no requirement for assessors to have a particular qualification to assess Care Certificate Candidates. However, it will be beneficial if they have training, experience and ideally, qualifications in the area of work they are assessing and in assessment skills."

The assessment/observation function involves making and recording professional judgements against established criteria, about the knowledge and competence of the new worker.

This requires:

- familiarity with the Care Certificate Standards and an understanding of precisely what each learning outcome means and requires
- understanding of the terminology used in the Care Certificate documentation

- up to date working knowledge of the areas of work being assessed in order to be able to assess that of others

It is anticipated that those who have responsibility for making judgements about the suitability of new workers will, themselves, model the good practice they expect of others. Managers of services should give consideration to who will be involved in making assessment judgements in order that those people have the required training and support and are clear about the associated responsibilities and processes.

Determining the most appropriate learning and development pathway

As soon as possible after the new worker's start date, the following guidance should be followed to determine the most appropriate development pathway for them. (This is in addition to any local/workplace induction). The pro-forma in **Appendix 1** may be helpful.

It is important to establish whether or not the worker has support needs that could impact on their ability to attend courses and/or complete the required work. The Staff Education & Training Centre should be informed of these in as much detail as possible when course bookings are made in order that the worker can be given appropriate and sufficient support.

Level of experience and relevant qualification(s)	Pathway
No experience or qualifications in care	A
Some experience but limited or no evidence of induction/ training (whether recruited internally or externally)	A
Care experience and a Care Certificate completed in a previous role (Evidence in the form of a valid and authentic certificate and completed work will be required)	B
Care experience and a relevant vocational qualification (minimum Level 2) (Evidence in the form of a valid and authentic certificate and completed work will be required)	B

A	<p>Enrol worker on Care Certificate programme – they will need to attend all the relevant courses and complete the portfolio of written work.</p> <p>Arrange:</p> <ul style="list-style-type: none"> • opportunities for worker to shadow experienced staff who model good practice • to assess worker's completed portfolio • professional discussions with worker • to undertake sufficient observations of the worker's practice (see Appendix 4)

B	<p>Check that Care Certificate portfolio or NVQ/other relevant occupational qualification is authentic and has been completed, assessed and 'signed off'.</p> <p>If the worker is not able to produce the necessary proof of completion/attainment, refer to A above.</p> <p>If the worker's experience has been outside DCC, they should attend the relevant training included in the Care Certificate programme (with the exception of the Introduction to Adult Social Care) but will not need to complete the tests of knowledge in the Care Certificate portfolio.</p>
B	<p>If the worker has previously worked for DCC, check currency and relevance of any training already attended, using current guidelines about how often training should be refreshed. For example, if a worker has done DCC safeguarding training within the last three years, there should be no need to repeat it unless there are concerns about the person's knowledge or practice.</p> <p>Consider undertaking an observation of practice (see Appendix 4) so you can satisfy yourself (and provide evidence) that the worker is meeting standards in terms of their behaviour and approach and that their day to day practice is up to date. This may highlight support, information or training needs.</p>

The worker will also need, when appropriate and practical, to attend other training relevant to their role, in addition to the Care Certificate programme e.g. dementia awareness, autism awareness.

How do I book a worker onto a Care Certificate Programme?

If the worker needs to complete the full Care Certificate programme, an Adult Social Care individual T4 should be completed stating which Care Certificate training programme they wish the worker to attend, and include the start date and NI number of the employee. The worker will be expected to complete the full programme of training.

If the worker only needs to attend selected courses, they can be booked on training running at any time i.e. it is not crucial that they attend Care Certificate programme courses, although it may be convenient for them to do so and they may feel more comfortable and confident attending training with a constant peer group.

What opportunities should be arranged for the worker to shadow/observe established staff?

Taught courses are only a part of a new worker's opportunities to gain the knowledge they need to carry out their role competently. Shadowing/observing established

workers is equally important to enable them to learn from colleagues in a 'real' work context and to get to know the people they will be involved in supporting.

The new worker may start getting involved in aspects of the 'client's care and support (they do not always have to sit on the side-lines and observe) but should not be asked to do anything they are not comfortable with doing and should have appropriate supervision until their Care Certificate is completed and signed off.

If the new worker has completed their moving and handling training, they can start getting involved in moving and handling activities but only under supervision and/or as a 'second' person.

When planning shadowing opportunities, consideration should be given to which established workers are most likely to present as supportive and competent role models.

Assessment of Knowledge

The learning outcomes relating to knowledge and understanding are prefixed with verbs such as 'describe,' 'explain,' 'define,' 'list,' or 'identify' (see example below)

Standard 3: Duty of Care; The learner must:

3.1a) **Define** 'duty of care'

3.1b) **Describe** how the duty of care affects their own work role

To successfully meet these learning outcomes, the worker will need to show they have sufficient knowledge and understanding in relation to each and provide evidence to this effect.

Evidence may be generated in a number of ways e.g. worksheets, written questions, case studies, documented professional discussions. Workers attending the Care Certificate Programme Courses will receive worksheets to complete; which cover the learning outcomes for each particular course topic (see example for Infection Control in Appendix 2).

As not all the knowledge learning outcomes are covered in the worksheets, the remaining ones are incorporated into the knowledge record. Addressing these can be arranged via a professional discussion or a question and answer format.

It is not necessary for the worker to demonstrate in-depth knowledge, just sufficient for their specific role and responsibilities. There is no "pass" mark for or 'standard answer' to the knowledge questions; it is the responsibility of a line manager to make a professional judgement as to whether the worker has provided sufficient evidence to show that they have the required understanding.

Likewise there is no maximum number of "attempts" a worker can have to meet the knowledge requirements. Each manager 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.

The knowledge record document is a tool to use for the purpose of summarizing the outcome of assessments of knowledge e.g. to note that worksheets have been completed to an acceptable standard, to record details of a professional discussion and to show that all the learning outcomes pertaining to knowledge have been adequately covered.

Observation of Practice

Observations should be the last stage of the assessment process; completed when the worker has attended all relevant training and their knowledge is considered satisfactory. The observation element of the Care Certificate requires the worker to put their knowledge into practice and demonstrate suitable and appropriate approaches in their interactions with others.

The learning outcomes requiring observation are prefixed with verbs such as 'demonstrate', 'take steps to', 'use' or 'show'. See example below.

Standard 1: Understand Your Role

1.1c requires the worker to 'Demonstrate that they are working in accordance with the **agreed ways of working** with their employer'

Agreed ways of working could include (for example), policies, procedures, personal service plans, risk assessments. They are the documents that provide a framework for considered and consistent practice.

A worker could demonstrate that they are meeting this standard by (e.g.):

- consulting a moving and handling plan before supporting someone to move
- referring to a client's support plan to check the level of support they need with a specific activity e.g. personal care, eating and drinking
- ensuring that they are dressed appropriately for work e.g. they are wearing suitable shoes and have removed jewellery

The evidence of them having done this should be recorded as a **description of what they actually did**, as the example below:

Joy (new worker) checked Mrs X's Moving and Handling Plan prior to supporting her to transfer from her chair to a wheelchair.

It is likely that whilst observing Joy supporting Mrs X, it is also possible to cover **1.4c** below

1.4c requires the worker to 'Demonstrate **behaviour, attitudes** and ways of working that can help improve partnership working' (this could include, for example, effective communication, trust, respect, valuing opinions)

e.g. Whilst supporting Mrs X, Joy explained to her what each of them needed to do to achieve the move comfortably and safely together, making sure Mrs X was ready and understood what was going to happen. Joy gave her gentle encouragement and ensured Mrs X could see her while she was talking to her she has a hearing impairment and likes to be able to see peoples' faces.

The observer needs to record exactly what they see the worker do (and how they do it) and what they say (and how they say it). References to what the worker knows or understands are not evidence of practice, they are evidence of knowledge. For example, to record that Joy '**understands** the need to refer to Mrs X's moving and handling plan' is not a demonstration that she has actually done so.

This observation record is evidence of how the learning outcomes have been met and should be clear, concise and self-explanatory. Anyone reading the record at a later date should be able to glean exactly what was observed and how the judgement about the worker's practice was made.

Observations of practice should focus on the workers real activities i.e. how they carry out what will be their 'usual' responsibilities: activities should not be contrived. However, it is recognised that opportunities to observe some learning outcomes may not 'naturally' occur; these have been shaded on the observation record form. These can be covered with a discussion about what the worker would do should the situation arise (see below)

Standard 3

3.3a requires the worker to 'Demonstrate how to respond to comments and complaints in line with **legislation** and **agreed ways of working**'.

It is feasible that a new worker may not be required to respond to a comment or complaint in the early stages of their employment. In this case, it is acceptable to discuss and record what the worker **would** do should it be required and that they also know what legislation/policies and processes are available.

Planning an Observation

With reference to the learning outcomes detailed in the observation record document, meet with the worker to discuss and agree the following:

- the activity /situation to be observed
- the learning outcomes to be covered
- where and when the observation will take place and for how long
- who will be involved (the consent of other parties will be required)

- how to manage situations that could potentially compromise an individual's privacy or dignity*
- a time to give feedback

*It is not necessary or appropriate to observe workers supporting people with personal care

Observers should endeavour to make the experience as comfortable and non-threatening as possible for the new worker in order that they can 'give of their best'.

With careful planning, it is possible to cover many of the observation outcomes on one occasion and address the remaining ones at other times. It is advisable to not leave too long a gap between observations in order that momentum is not lost.

Practice and experience will enable those with responsibility for observations to become adept at recognising which situations are likely to present the most efficient way of generating evidence.

Recording Observations

It is possible to take different approaches to the recording of an observation; people will find what works for other people doesn't necessarily work for them. As long as the record is sufficient and clear, it can be an observer's choice how it is made.

Observations can be recorded in 'rough' as a 'storyboard' document and then transferred to the observation record (which is also available in electronic format). However the record is made, it is important to complete it as soon as possible after the event whilst it is still fresh in everyone's minds; recollections of an event can change over time and are not therefore always reliable.

Giving feedback

It is important to factor in time to give the new worker feedback following an observation and during/after discussions about knowledge; ideally as soon as possible after the event, although it may not be possible to do so immediately.

When providing feedback, begin with the positive aspects; it may be that the worker showed a particular degree of skill or empathy in a specific area of practice. Give their achievements due recognition before discussing any areas where they did not do quite so well. For any learning outcomes requiring further attention, explain clearly to the worker why they have not yet been met and what is required to meet the standard. When giving feedback, focus on what the person actually did or said rather than making generalisations. E.g. instead of saying 'you did not promote Mrs X's dignity', explain the specific ways in which her dignity had been undermined by the approach or actions of the worker.

Equality and Fairness

Making consistent and fair judgements is essential – it is not acceptable to apply different assessment criteria to different workers i.e. to have higher expectations of one person than another. Workers may challenge the basis on which judgements have been made, especially if they perceive that a different approach has been taken with a colleague or by someone in another service. Similarly, if a worker considers that they have been placed at a disadvantage due to a lack of support, they could assert that other workers have been treated more favourably.

Those who have responsibility for making judgements may find it helpful to seek guidance about this or to meet with colleagues to discuss and agree consistent approaches and the 'standard' they will apply.

Making a final judgement

When the manager of a service is satisfied that a new worker has met all of the Care Certificate standards, it is their responsibility to sign the worker off as competent, even if they did not undertake all the assessments themselves. Whoever carries assessments out, the manager still retains overall responsibility for scrutinising the judgements that have been made and for overseeing the worker. In Community Services, it may be the service manager who has ultimate responsibility for the 'sign off'.

'Signing Off' Checklist

Has the worker attended all taught courses and received certificates?	
Have all knowledge sheets in portfolio been completed, discussed and checked?	
Have all sections of the Knowledge Record been completed?	
Have all sections of the Observation Document been completed? Are all boxes ticked and is there clear, self-explanatory evidence for each learning outcome?	

Completed knowledge and observation sheets should be scanned and emailed to SSD Training where they will be checked and quality assured before a certificate is awarded. If there is insufficient evidence or the forms have not been correctly completed, feedback will be provided and/or support given as required.

Appendix 1: New Starter Learning and Development Pathway

Name		
Job Role/Location		
Start date in new role		
Has the worker already been awarded a Care Certificate? If Yes, record where and when this was achieved		
Is the worker qualified to (minimum) level 2 in a relevant vocational qualification? If Yes, record details and date(s)		
Has the worker attended any of the following DCC training courses? If yes, record date(s)	Yes/date	No/Required Course date(s)
Safeguarding – Alerting Others to Abuse and Neglect		
Infection Control		
Tissue Viability		
Person Centred Recording		
Safe Administration of Medication or Medication Awareness (highlight which, if any)		
Effective and Safe Nutrition and Hydration		
Caring Safely and/or Personal Safety (highlight which, if any)		
Moving and Handling Core Modules		
Principles of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)		
First Aid (Red Cross appointed persons)		
Fire Safety and Evacuation		

<p>List training required which is specific to service e.g. Dementia Awareness * Refer to the relevant Learning and Development Training Matrix</p>	
<p>Detail any support needs the new worker has and when/how Staff Education and Training Centre (SETC) was informed of these.</p>	
<p>Detail any plan(s) to complete an assessment of the worker's practice/practical competence.</p>	
<p>Any other learning and development considerations</p>	
<p>Worker(s) with assessing responsibility</p>	
<p>Sign/date Person completing pathway assessment</p>	<p>Sign/date New Worker</p>

Appendix 2: Infection Prevention and Control

Activity Standard 15
Infection prevention and control



1. Name 5 ways that pathogens can enter and infect the human body:

1.....

2.

3.

4.

5.

2. When carrying out daily work tasks, list all the times when you would be required to wash your hands:

3. Identify 5 symptoms of infection that a person may display

1.....

2.....

3.....

4.....

5.....

4. What would you do if a person in your care shows signs of infection?
(tick all those below that apply)

- give them some paracetamol
- phone the doctor
- contact a family member
- feedback your concerns to your manager
- stay with the person

5. List 3 reasons why someone would be at higher risk of contracting an infection

1.
2.
3.

6. Why is your own personal hygiene important when carrying out your daily work tasks?

7. How should soiled linen be safely handled in your working environment?

8. How should clinical waste be safely disposed of in your working environment?

Complete the table below and list 4 examples of common types of Personal Protective Clothing (PPE), equipment and procedures and how and when you would use them.

Type of PPE, equipment or procedure	How and when would you use it?
1.	
2.	
3	
4.	

Frequently asked questions

Q. What if new workers complete the worksheets together – how do I know that it is their work?

A. Some new workers may well complete their knowledge sheets at the same time; on some of the taught courses, there are opportunities for this to happen. If more than one person has submitted identical or very similar work, this does not necessarily mean they have not absorbed the pertinent information. However, if there are concerns about the worker's understanding and/or how they put knowledge into practice, this can be addressed through a professional discussion.

Q. Can other people's comments be included in an observation i.e. observations made by someone other than the person with assessing responsibility?

A. The views of others, whose judgement you consider reliable, may be included. However, the origin of the information should be noted in the observation document.