

ECCert: Evaluating the Care Certificate

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Overview

- An introduction to the Care Certificate and its evaluation
- A summary of provisional findings from the telephone survey





The Care Certificate (CC)



- Emerged from the Cavendish Review (2013) into HCAs and support workers and aimed to improve front line care through training
- Developed by HEE with Skills for Care, Skills for Health and others
- Piloted in 29 sites, and officially launched in England in 2015
- Employers to implement with all new starters from April 2015
- Carers required to meet its standards before working unsupervised



15 Care Standards



- 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





Evaluation of the Care Certificate

- 18-month study commissioned by the Department of Health Policy Research Programme, May 2016 – October 2017.
- Aims to:
 - Assess how successfully the Care Certificate meets its objectives in improving induction training and promoting the provision of high quality front line care
 - Consider variations in implementation across care organisations
 - Explore areas for improvement in order to meet its objectives better
- Methods:
 - Survey of 400 care organisations
 - In-depth case studies





About the survey

Telephone Survey with random stratified sample of Managers in 401 Care Organisations in England.

It telephone survey aimed:

- To quantify the uptake of the Care Certificate
- To examine patterns of uptake across settings
- To assess the impact on training provision offered
- To develop classifications of implementation approaches

Respondents were asked a series of 21 closed and open end questions about their implementation of the Care Certificate.







Table 1: Patterns of uptake of CC

	Implemented Care Certificate	Not implemented Care Certificate	Don't know
Number of organisations	348	50	3





Reasons for implementation



The vast majority of surveyed organisations had implemented the Care Certificate and the given reasons for this ranged widely:

- Due to some perceived element of external compulsion such as a *"legal requirement", "mandatory", "compulsory" or "the government said we had to do it"*
- Positively related to issues of practice and to establish a minimum standard of care *"to just provide a better quality of care, it helps empower workers and improve their skills"*
- A pragmatic means of raising training standards for front line carers "something new for staff without care experience"





Table 2: Types of CC Training Delivery

Туре	Number of Organisations
Computer	39
Classroom	74
Clinical	31
Blended	76
Other	120
Simulation	2
Not Applicable	59







Table 3: Perceived impact of CC

Impact on	Very Negative	Neg ative	Neutral	Positive	Very Positive	Not Applicable
Organisatio n	0	26	91	195	26	63
Care Staff	1	18	105	192	22	63
Care Recipient	1	3	139	170	20	68







Positive responses to the CC

- The opportunity to learn, build on existing knowledge and gain a better understanding of the caring role.
- The opportunity for career development, leading on to other work or training.
- The sense of achievement, confidence and feeling more valued in the caring role.
- The dedicated time given to discussing and sharing ideas about front line caring.
- It could be relevant to many care settings, is potentially "portable" between work settings and *"may give people the confidence to move around".*





Negative responses on the CC

- Problems in the process of implementation due to lack of clarity on what was required.
- Practical issues in completing the Care Certificate due to lack of time, engagement or motivation amongst care staff as well as literacy and language issues.
- Some felt that the content was too basic, others that it is too complicated.
- Issues in recruitment and retention *"it is more difficult to recruit staff as employees are not interested in doing the qualification".*
- Varying patterns of implementation and standardisation can undermine the consistency of the CC qualification and its portability between employers.





The Care Certificate: "a step in the right direction"

Thank you for listening



