

THE CARE CERTIFICATE EVALUATION: AN OVERVIEW

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BACKGROUND: Front line care workers play a key role in health and social care provision for older people and this has been reflected in training innovations aiming to improve the care provided by these workers. One recent training initiative has been the Care Certificate, which was fully launched in England in April 2015 and which aims to provide a consistent and transferable approach to this training. However, little is currently known about the patterns of implementation adopted by care organisations or about the perceptions of the Care Certificate held by care providers and by those in receipt of this care.

AIMS: In order to address these issues and to optimise its impact, the implementation of the Care Certificate is being evaluated through an 18 month national study funded by the Department of Health Policy Research Programme. Project Reference Number PR-R14-0915-12004.

METHODS: This study includes a telephone survey of care organisations in England as well as qualitative explorations of the views and experiences of the Care Certificate held by care providers and care receivers. This poster provides an overview of this national evaluation, highlighting why it is needed, how it is being carried out as well as summarising some of its preliminary findings.

WHAT IS THE CARE CERTIFICATE?

It was developed by the Care Certificate 'partnership' including Health Education England, Skills for Care and Skills for Health in response to the Cavendish Review (2013) into healthcare assistants and support workers. This recommended 'new common training standards' for these workers to make a 'positive statement' about caring. After being piloted in 29 sites (Allan et al, 2014), it was fully launched in England during 2015 with the recommendation that it should be completed by all new front line carers before working unsupervised. The guideline timescale for completion by front line staff is twelve weeks, employers are responsible for quality assurance and materials are freely available for them to use via the Skills for Care and other websites.

Fifteen Care Certificate Standards

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|---------------------------------|---|
| 1. Understand your role | 9. Awareness of mental health, dementia and learning disability |
| 2. Your personal development | 10. Safeguarding adults |
| 3. Duty of care | 11. Safeguarding children |
| 4. Equality and diversity | 12. Basic Life Support |
| 5. Work in a person centred way | 13. Health and Safety |
| 6. Communication | 14. Handling information |
| 7. Privacy and dignity | 15. Infection prevention and control |
| 8. Fluids and nutrition | |

ABOUT THE EVALUATION

This study has aimed to assess how successfully the Care Certificate meets its objectives in improving training for front line carers and in promoting the quality of the care they provide. It also considers variations in implementation across care organisations and explores areas for improvement. It draws on a stratified sample of care organisations in England which were randomly selected from the Care Quality Commission database and incorporates the following stages:

Stage 1: A telephone survey of managers and trainers in care organisations

- 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

Stage 2: Qualitative case studies in care organisations

- To investigate the experiences of front line workers
- To evaluate the impact on patient experience
- To identify the characteristics of successful implementation
- To explore barriers and facilitators to achieving Care Certificate objectives

Plus focus groups with client and carer representatives

- To explore their views and experiences of front line care



Allan, T., Thompson, S., Filsak, L. and Ellis, C., 2014. Evaluation of the Care Certificate Pilot. Skills for Care. Leeds.

Argyle, E. et al., 2017. Introducing the Care Certificate Evaluation: Innovative practice. *Dementia: the international journal of social research and practice* (in press).

Cavendish, C., 2013. *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings*. London.

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FINDINGS

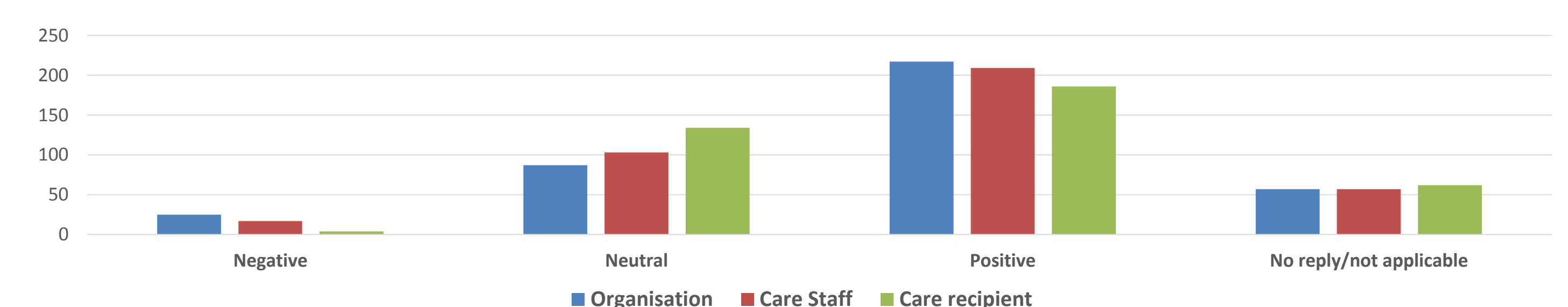
338 out of 386 participating care organisations had implemented the Care Certificate and thought it had been positive in its impact. Patterns of implementation varied widely with modes of delivery including computer, classroom, clinical and blended approaches.

Reasons for implementation given by survey respondents

These fell into three main categories:

- The positive wish to improve front line practice "to just provide a better quality of care, it helps empower workers and improve their skills".
- A perceived element of external compulsion such as "the government said we had to do it".
- A pragmatic means of raising training standards for front line carers - "something new for staff without care experience".

How survey respondents perceived the impact of the Care Certificate on their organisation (n=386), care staff (n=386) and care recipients (n=386)



Positive views of survey respondents

- The opportunity for carers to learn more about their role.
- The opportunity for career development and advancement for carers.
- The sense of achievement, confidence and recognition for carers.
- The time given to carers for discussion, reflection and networking.
- The acquisition of a versatile and potentially 'portable' qualification.

Negative views of survey respondents

- A lack of clarity on what is required in the process of implementation.
- The lack of time, engagement or motivation amongst care staff as well as literacy and language issues.
- Content which is too basic, on one hand or too complex on the other.
- Issues in recruitment and retention - "it is more difficult to recruit staff as employees are not interested in doing the qualification".
- A lack of standardisation in the process of delivery undermining the consistency and portability of the Care Certificate.

Patient and carer groups

Many focus group participants thought that front line care was in need of improvement. Communication was most commonly identified as the key aspect of this care both between the carer and care recipient and between staff. Main barriers and facilitators to achievement of good quality front line care were seen by some as the innate characteristics and compassion of the carers themselves. The context of care such as staffing levels was also seen to be important. However, most thought that Care Certificate training was a "step in the right direction".

CONCLUSION

Although only recently launched, the Care Certificate has already been adopted by most care organisations in England. While attitudes towards it and patterns of delivery are diverse, for most respondents in this evaluation, it is having a generally positive impact on front line care provision.