

Care Certificate Policy

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Partners in Care

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Document Information

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Care and Clinical Policies Group		17/08/2016	
Links or overlaps with other policies:			
<p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.</p>			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	26/08/2016	New	Care and Clinical Policies Group

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1. Introduction

- 1.1. Health Education England (HEE), Skills for Care and Skills for Health have worked together to develop the Care Certificate, designed to meet the requirements set out in the Cavendish Review.
- 1.2. Employers are expected to implement the Care Certificate for all new starters in health and social care from April 2015.
- 1.3. The Care Certificate has been launched for NHS Trusts and Social Care Employers to use from the 1 April 2015 as part of their induction process. This induction standard replaces the earlier National Minimum Training Standards and the Common Induction Standards for all new starters in health or adult social care.
- 1.4. Achieving the Care Certificate is an expectation of those new to health and social care. The Care Quality Commission (CQC) will check on its implementation during inspections. CQC regulated providers will be expected to ensure that the training, supervision and workplace assessment of the Care Certificate is provided for their new workers, whether temporary or permanent. There is a risk to CQC regulated Care Providers' inspection results if they do not use this induction standard.

2. Statement/Objective

- 2.1. The Care Certificate is a framework which is used across all sectors and in all environments. It is a set of common 15 Standards at level 1 which is usually delivered alongside the organisations corporate induction. The certificate is intended to be part of a robust induction for staff who are employed as Health Care Assistants (HCA), Assistant Practitioners (AP), Care Support Workers (CSW) and those giving support to clinical roles where there is any direct contact with patients. It ensures a safe and thorough induction certifying that staff are competent and supported to carry out their roles.

- 2.2.** Other roles in health and social care such as caring volunteers, porters, cooks or drivers that have direct contact with patients and/or service users can also undertake all or some of the Care Certificate if the employer thought it was appropriate to their role, but in order for the Care Certificate to be awarded the person must demonstrate that they have achieved all of the required competencies.
- 2.3.** The Care Certificate should be completed within a **12 week** period for those working full time. For those working part time this should be completed within 6 months.

3. The 15 standards in the Care Certificate 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

4. Roles & Responsibilities

4.1. Care Certificate Sign-off Managers

- Will identify those new support staff who must undertake the Care Certificate,
- Ensure that they attend
 - Induction parts one, two and three
 - Clinical Induction
 - 2 day additional Care Certificate Training programme
- Ensure that they have the workbook and are able to gain competence and apply knowledge under supervision,
- That they are allocated a Care Certificate assessor
- Ensure they are supported to build a portfolio of evidence to support the workbook
- Identify Care Certificate assessors and ensure they are trained and on the care certificate assessor register,
- Provide final sign off
- Provide constructive feedback as necessary
- Ensure that the education team are informed once the certificate has been completed.
- Raise awareness with staff about the Care Certificate.

- Ensure support and supervision to all new support staff.

4.2. Care Certificate Assessors

- Will be a senior, experienced HCA or AP,
- Attend a training session and be added to the register of Care Certificate assessors,
- Provide support, guidance and assessment for those undertaking the Care Certificate,
- Encourage the individuals to build a portfolio of evidence to support the workbook
- Provide constructive feedback as required.
- Provide supervision and assess level of competence,
- Sign off each competence in the Care Certificate Workbook,
- Ensure that final sign off is achieved by the clinical/ professional manager.

4.3. Bank/ Recruitment managers

- Will identify those new support staff who must undertake the Care Certificate, ensure that they have the workbook (covering both knowledge and competence) and are able to gain competence,
- That they complete their 2 orientation shifts and complete the competency booklets,
- Have access to Care Certificate assessors,
- Provide final sign off and ensure that the education team are informed once the certificate has been completed.

4.4. Care Certificate Coordinator

- Will undertake quality monitoring,
- Ensure compliance and standardisation,
- Provide and ensure Care certificate assessor training,
- Coordinate the mandatory 2 day additional Care Certificate programme
- Liaise with the mandatory training lead to ensure that induction complies with the needs of the Care Certificate.
- Provide resources to support the Care Certificate as required.
- Maintain and update the Care Certificate pages on ICON.

4.5. Mandatory Training Lead

- Will ensure that all the 15 standards of the Care Certificate are embedded throughout the induction process
- Outline the required portfolio content
- What all those needing to undertake the certificate have an understanding of their workbook and what is required.

4.6. ESR

- Will keep the Care Certificate platform updated
- Ensure that mandatory RAG reports and newly appointed records are sent to all managers.

4.7. Employee

- Will ensure that they attend;
 - Induction parts one, two and three
- Clinical Induction
- 2 day additional Care Certificate Training programme
- Will ensure they have a copy of the workbook
- Will not work unsupervised until they have been signed off as competent for each standard.
- Complete the required assessment documentation, work book and training.
- Complete care certificate within expected timeframes unless there are exceptional circumstances
- Will ensure that copies of the sign off sheet are sent to the Care Certificate Coordinator.

5. The Process

5.1. Bank staff

- 5.1.1. Currently, the recruitment process for bank staff accepts those with at least 6 months experience in healthcare, A registered nurse is involved in the interview process.
- 5.1.2. Successful candidates will undertake 6 days induction training and 2 days of supervised orientation shifts in both the acute or community setting.
- 5.1.3. A mandatory additional 2 day programme will also be available for those undertaking the care Certificate
- 5.1.4. Staff would then undertake the Care Certificate (Knowledge) Workbook and the Bank Skills competency document during their induction shifts, to be assessed and signed off as competent by Care Certificate Assessors in the clinical areas.
- 5.1.5. They then work for 12 weeks, depending on frequency of shifts, completing their skills competency documents during which there is one day Vital Signs training.
- 5.1.6. They must still be supervised for the Care Certificate Standards for which they have not been signed as competent.
- 5.1.7. Those experiencing difficulties or problems are supported by the Clinical Education team, who can work directly with them.
- 5.1.8. They then attend for a three month review and can be signed off if considered competent and the competency document is complete.
- 5.1.9. The completed certificate will then be forwarded to the Care Certificate Coordinator.

5.2. Substantive staff

- 5.2.1. Bands 2 and 3 who undertake the Healthcare Apprenticeship and undertake 5 days induction training will complete the Care Certificate as part of their vocational course. This will be overseen, delivered and assessed by the Vocational Education Team.
- 5.2.2. Those not undertaking the apprenticeship must complete the Care Certificate Workbook, be supported and assessed by a Care Certificate Assessor and be signed off as competent in all 15 standards by their line manager

6. Assessing Competence

- 6.1. Competence is an individual's ability to effectively apply knowledge, understanding, skills and values within a designated scope of practice. It is evidenced in practice by effective and safe performance of the task/role and its related responsibilities.
- 6.2. Those undertaking the Care Certificate will work under supervision for all standards. Under supervision means **in line of sight of a competent supervisor**, until signed off as competent in that standard.
- 6.3. Competence also involves individuals in critical reflection about, and modification of, their practice. Capability is a step further than competence and relates to the individual's full range of potential and may go beyond their current scope of practice.
- 6.4. The registered practitioner delegating an aspect of care has a continuing responsibility to judge the appropriateness of the delegation by:
- Reassessing the condition of the person receiving care at appropriate intervals and determining that it their condition remains stable and predictable and observing the competence of the SNR(s) and determining that they remain competent to perform the delegated task of care safely and effectively
 - Evaluating whether or not to continue delegation of the task
- 6.5. Clinical supervision will be clinically audited regularly for both qualitative and quantitative outcome.

7. Documentation

- 7.1. All resources, workbooks and information can be found on the Care Certificate pages of ICON, <https://icon.torbayandsouthdevon.nhs.uk/areas/care-certificate/Pages/default.aspx>
- 7.2. All recording undertaken should use the documentation provided on ICON. Bank staff will also need to complete the Bank Skills competency document provided for the orientation shifts.
- 7.3. A written record of items discussed, decisions made and agreed actions in an action plan should be produced as an outcome of each session and brought to the next session in order that actions agreed at the previous session can be followed up.
- 7.4. Once completed, confirmation must be sent to the Care Certificate Coordinator to update education records.

8. CQC monitoring of the Care Certificate standards

- 8.1. In March 2015, the CQC welcomed the Care Certificate, referring to it as 'best practice' for the induction of new healthcare assistants and social care support workers. The Commission is to issue guidance on what it expects of providers who employ health care support workers and adult social care workers. It specifies that they should be able to demonstrate that those staff have, or are working towards gaining, the skills set out in the Care Certificate.
- 8.2. The CQC guidance for providers will be issued under Regulation 18 on 'staffing', and Regulation 19 on 'fit and proper persons employed'. It will also include links to the relevant Care Certificate materials to signpost providers to resources that can help them implement the standards as part of their induction and staff development programmes.

9. Training

- 9.1. Training for Care Certificate Assessors can be accessed through the training team or via the course directory.
- 9.2. Training for teams and managers can be accessed via the Training team and course directory.

10. Monitoring, Auditing, Reviewing and Evaluation

- 10.1. The policy will be reviewed initially in 1 year and then every 2 years.
- 10.2. Further review will occur should practice significantly change, new evidence arises or compliance is not effective.

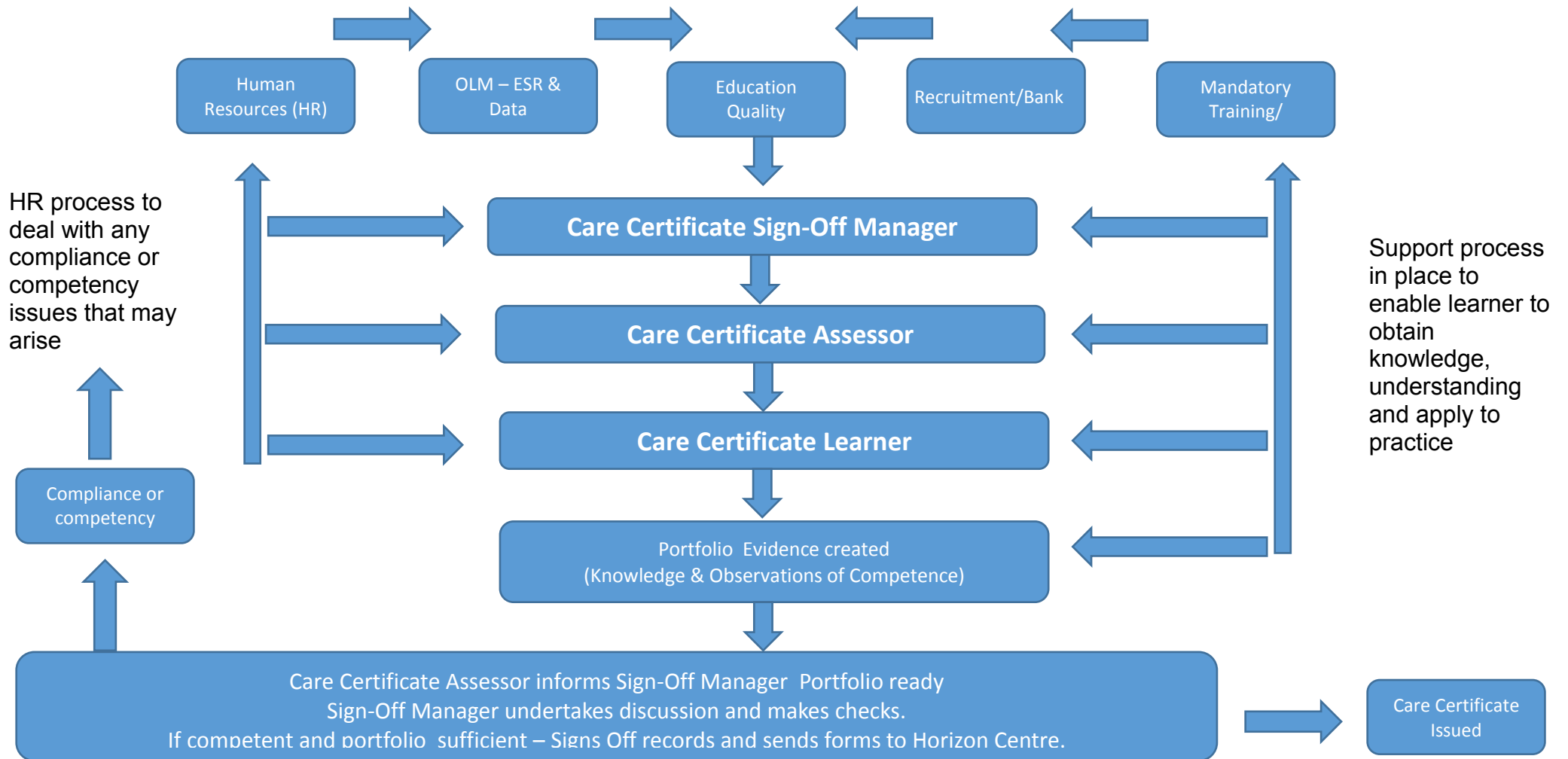
11. References

Skills for Health – The Care Certificate accessed online 7.7.16 at http://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx?qclid=CKCj_sy_480CFUqeGwodXXkHPw

12. Appendices

[Appendix 1 – Process Flow Chart](#)

Appendix 1



The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

		<i>Please select</i>			
Who may be affected by this document?	Patient / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>	
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>	
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>	
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>	
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>	
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>	
	Others (<i>please state</i>):				

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		

<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>	
If applicable, what action has been taken to mitigate any concerns?	

Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (<i>please state</i>):			

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	Care Certificate Policy	Version and Date	V1 6.8.16
Policy Author	Bev Glanville Geake		
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.			
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			Sexual Orientation
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			Religion/Belief (non)
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			Marriage/ Civil Partnership
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?			
EXTERNAL FACTORS			
Is the policy/procedure a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
To support competency and quality of new support starters			
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?			
Workforce, Recruitment, managers and Education leads			
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form	Bev Glanville Geake	Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.