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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 policy 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 (<30 hours per week) 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 new staff attend: Induction in their workplace
- Ensure that they have the knowledge and observation workbooks and are able to gain competence and apply knowledge under supervision
- Allocate and confirm the Care Certificate assessor is occupationally competent to assess the standards within their workplace
- Provide final sign off either on the Hive or a paper copy
- Provide constructive feedback as necessary
- Raise awareness with staff about the Care Certificate.
- Ensure support and supervision to all new support staff.
- Address any appeal/complaint as per the policy

4.2. Care Certificate Assessors

- Need to have a minimum of 2 years' experience in health and social care
- 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 and support the individuals to complete their knowledge workbook
- Carry out observations of practice of the learner as per Care Certificate standards
- Provide constructive feedback as required.
- Sign off each competence in the Care Certificate Workbooks
- Ensure that final sign off is verified by the sign-off manager.

4.3. Bank/ Recruitment managers (Trust staff only)

- Will identify those new support staff who must undertake the Care Certificate, ensure that they have the workbooks (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 within work place and on HIVE
- 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.
- Will maintain assessor and learner databases and input data to City and Guilds via the Walled Garden system as required.
- Ensure compliance and standardisation through standardisation meeting (twice a year).
- Provide Care certificate assessor training.
- Provide resources to support the Care Certificate as required.
- Maintain and update the Care Certificate pages on ICON and Hive.

4.5. Mandatory Training Induction

- Will ensure that all the 15 standards of the Care Certificate are embedded throughout the induction process.
- All staff undertaking the certificate have an understanding of their workbooks and what is required.

4.6. Electronic Staff Records/HIVE

- Will keep the Care Certificate platform updated
- Ensure that mandatory RAG reports and newly appointed records are sent to all managers (Trust staff only)

4.7. Employee

- Will ensure that they attend the induction in their workplace
- Will ensure they have access to the knowledge and observation workbooks
- Complete the knowledge and observation workbooks

- Complete care certificate within expected timeframes unless there are exceptional circumstances

5. The Process

5.1. Bank staff (Trust only)

- 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. An additional 2 day programme will also be available for those undertaking the Care Certificate (if required)
- 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.

5.2. Substantive staff (Trust staff)

- 5.2.1. Staff who undertakes the Health and Social Care Apprenticeship programme will be appointed an assessor by the Vocational Education Team who will assess the Care Certificate as part of the apprenticeship programme.
- 5.2.2. Those not undertaking the Health and Social Care Apprenticeship programme will be allocated a Care Certificate assessor by the sign-off 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 Skilled non-registered 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

7. Documentation

- 7.1. All resources, workbooks and information can be found on the Care Certificate pages of [ICON](#), HIVE or Onefile e-portfolio for apprentices.
- 7.2. All recording undertaken should use the documentation provided on ICON. Bank staff (Trust only) will also need to complete the Bank Skills competency document provided for the orientation shifts.
- 7.3. Any feedback given to the learner by the assessor needs to be recorded on either the knowledge or observation workbook.

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 HIVE or by contacting the Training admin team on 01803 656600 email training.southdevon@nhs.net
- 9.2. Guidance 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 – Care Certificate Process Six Steps V 2 June 2018](#)

[Appendix 2- Care Certificate Flow Chart](#)

Care Certificate Process Six Steps



Congratulations

You have completed the Care Certificate

Step 6

The Sign-Off Manager* checks both knowledge and observation workbooks and signs the final sign off sheet.

ICON **: The sign-off manager emails the Care Certificate Coordinator/Education Team who will issue a certificate. The certificate is signed and issued by the sign off manager* - keep a copy on the learner's personal file with sign-off form. Email a copy of the Sign-Off form to OLM/ESR - olm.southdevon.nhs.net

Hive: Once the sign-off manager* has ticked to acknowledge verification the certificate is issued automatically to the learner.

Lost/misplaced certificates – check completion date recorded on database.

Hive: Learner can reprint their certificate.
ICON: Manager would reissue

Step 5

When the knowledge and observation workbook are completed The Care Certificate Assessor informs the Sign-Off Manager*, who will check both knowledge and observation workbooks and sign the final sheet.

Step 4

Training Admin Team will enrol the learner onto the Induction Care Certificate course where they can gain access to both the knowledge and observation Care Certificate Workbooks. Care Certificate resources i.e. PowerPoints/ pre-knowledge information can be accessed via The Hive/ICON**.

Step 3

Learner meets with their sign-off Manager* who will assign a Care Certificate Assessor who they confirm is occupationally competent to support, guide and carry out the Care Certificate assessments. The sign-off manager completes the registration form (accessible on Hive or ICON**) and emails it to Training Admin Team training.southdevon@nhs.net.

Step 2

Learner attends mandatory training induction in their workplace. This will help learners to obtain knowledge and understanding before completing the Care Certificate Knowledge Workbook.

Step 1

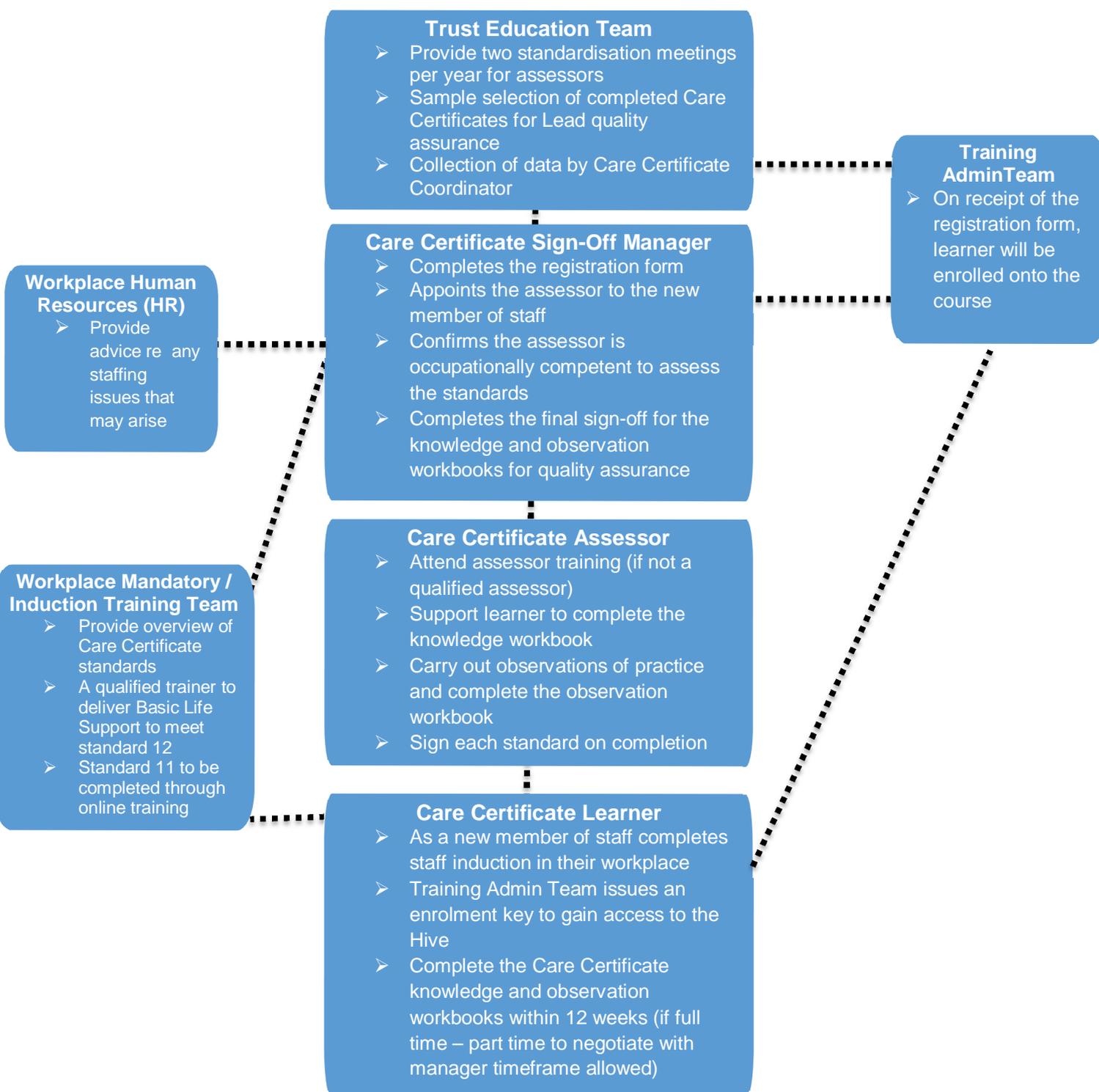
*A sign-off manager could be either a line manager or team lead who will have the responsibility of signing off the Care Certificate – the requirements of a sign-off manager/assessor can be found on Hive or ICON (for Trust staff only)
**for Trust staff only

If you need help...

Please contact the Vocational Education Team if you have any Care Certificate questions or queries, as they will be able to assist you.

Email: tsdft.vocationaleducation@nhs.net

Care Certification Flowchart – Roles and Responsibilities



The assessor informs Sign-Off Manager that the Care Certificate is complete. The Sign-Off Manager checks both knowledge and observation workbooks and signs the final sign off sheet.

ICON – TRUST STAFF ONLY → The certificate is being requested by the sign off manager. The Care Certificate coordinator will issue certificate which will be emailed to the signed off manager.

HIVE – TRUST AND PVI → Once the sign-off manager has ticked to acknowledge verification the certificate is issued automatically to the learner

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2071		
Document title:	Care Certificate Policy		
Purpose of document:	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.		
Date of issue:	31 May 2019	Next review date:	31 May 2022
Version:	2	Last review date:	
Author:	Education Programme Lead		
Directorate:	Organisation Wide		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group Medical Director Chief Nurse		
Date approved:	29 May 2019		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? If yes please state:	<input type="checkbox"/>	<input type="checkbox"/>

Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
26 August 2018	1	New	Care and Clinical Policies Group
31 May 2019	1	Revised	Care and Clinical Policies Group Medical Director Chief Nurse

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.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
Could the policy treat people from protected groups less favourably than the general population?			
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably 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 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 type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
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		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.

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.