Introducing the Care Certificate

A UNISON branch guide

UNISON
the public service union

Section 1
About the Care Certificate

Introduction

The Care Certificate was a recommendation of the Camilla Cavendish review ordered by the government in the wake of the Francis Inquiry into mid-Staffordshire hospital. It sets out minimum standards that should be covered in induction training before members of the healthcare support and social care workforce are allowed to work without direct supervision.

The Certificate was developed by a partnership of Health Education England, Skills for Health and Skills for Care. It was formally piloted by 29 organisations across health and social care. UNISON has been involved and consulted during its development.

The Care Certificate applies to England only.

What is the Care Certificate?

The Care Certificate is intended to deliver standardised training on the fundamentals of care – the skills and knowledge needed to work in a quality caring way. Once achieved, the intention is that the Certificate will be recognised by other employers so can be taken with the staff member to new jobs. It covers 15 areas of competency. Each one is broken down into learning outcomes and assessment criteria. Once a member of staff has been assessed as competent against all of them the Certificate is awarded.

The Certificate covers the following:

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 programme should be part of a wider induction for new staff which covers the particular work environment, and the knowledge and skills specific to their role.

Who has to have the Care Certificate?

In healthcare the full Certificate is an expectation for staff starting work as healthcare assistants, assistant practitioners and in clinical support roles where there is direct patient contact such as maternity support workers, OT assistants, and physiotherapy assistants.

In adult social care the Certificate is an expectation for care workers in residential, domiciliary and day care settings.

In rolling out the Care Certificate, employers have been told to focus on **'new starters, new to care work'**. However, some employers may decide to assess their existing staff against it. If they do this, they should ensure that prior knowledge and competence is

recognised so that staff are not made to go through unnecessary training in areas where they are already experienced and competent.

Some employers may choose to use some elements of the Care Certificate training for other roles such as porters and receptionists, even though not all 15 standards will be applicable to their jobs. There are considerable benefits in staff completing as much common training as possible, even where the full Certificate is not applicable.

Is the Care Certificate mandatory?

There is no statutory requirement for providers to implement the Care Certificate so the Care Quality Commission (CQC) cannot enforce it. CQC inspectors do however have powers to enforce regulations covering staff training. As such, they will expect to see induction programmes that meet the Care Certificate standards.

What statutory requirements does the Care Certificate link to?

The statutory requirements on staff training are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and are enforced by the CQC.

Regulation 18(2)(a) says that:

"Persons employed by the service provider in the provision of a regulated activity must 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."

The guidance for providers on how they can comply with reg 18 states that:

"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."

Regulation 19(1)(b) says that:

"Persons employed for the purposes of carrying on a regulated activity must have the qualifications, competence, skills and experience which are necessary for the work to be performed by them."

The guidance for providers as to how they can comply with reg 19 states that:

"It is expected that providers that employ healthcare assistants and social care support workers ***should follow the Care Certificate standards*** to assess their competence."

Is the Care Certificate a qualification?

The Care Certificate is not accredited as a qualification but it is possible to assess for it so that it can count towards gaining a Qualifications and Curriculum Framework (QCF) award. To do this your employer will need to use qualified assessors, even though that is not a Care Certificate requirement.

If they do not, it should still be possible for some of the same evidence staff have collected for the Care Certificate to be re-used towards gaining QCF qualifications and apprenticeships, although it would have to be re-assessed.

How long should the Certificate take to complete?

It is expected to take around 12 weeks to achieve for a full-time staff member with no previous experience of caring work. However, this is just a guideline and actual timetables will vary according to individual characteristics, and other variables such as working hours and shift patterns.

Staff should not work without direct supervision until they have completed the Care Certificate assessment. This does not mean they are super-numerary but there may need to be a phased sign-off so that as someone is assessed competent in one area of work, they are able to work in it without direct supervision while they continue to be directly supervised in other areas.

How is the Care Certificate delivered?

Some of the assessment criteria only test knowledge, while others test knowledge and practical competence.

There should be a period of teaching with completion of a workbook covering all the knowledge elements. In pilot sites this has typically lasted between one and two weeks. There is a nationally provided workbook free to download at skillsforhealth.org.uk

The teaching element can be delivered in-house or by using an external training provider. Some employers may choose to use e-learning modules.

Is there any additional funding?

No - the government takes the view that employers should be responsible for induction of their new staff. But some Local Education and Training Boards (LETBs) are making small amounts of seed-corn funding available to health employers to support Care Certificate activity. And Skills for Health and Skills for Care are funding various support programmes and materials.

Who validates and checks that employers deliver the Care Certificate to a consistent standard?

Unfortunately, the government decided on cost grounds that it should be down to each individual employer to assure the quality of their own training and assessment. This means there is no external validation or quality assurance system.

As a result there could be wide variations in how Care Certificate training and assessment ends up being delivered, with some employers cutting corners in order to get their new starters certificated on paper to satisfy the inspectors. This was our experience with the previous Common Induction Standards that applied in social care. Consequently some employers will be reluctant to accept a Certificate awarded by another employer, undermining the intention for it to be transferable.

The Care Certificate guidance says that some employers may choose to introduce a quality assurance system where their assessors come together to review evidence and consistency-check their judgments. Some may also choose to work with other employers in their area to standardise assessment quality. However, neither of these is a requirement.

UNISON believes the issue of validation and quality assurance will need to be revisited nationally as the Care Certificate is rolled out and evaluated.

How is the Care Certificate assessed?

Staff have to be assessed against all the standards before they can be awarded the Care Certificate. Evidence of prior learning cannot be accepted instead of an assessment, with the exception of the standard on basic life support.

However, where someone has previous knowledge and competence they should be able to go straight to assessment without having to repeat training elements. A self-assessment tool is provided so that staff can identify where they are already competent, and where they may need more training before being assessed.

The self-assessment guidance is available to download at skillsforhealth.org.uk

Employers are expected to follow national guidance on assessment and quality assurance but they are allowed wide discretion in how they do it. The assessment guidance is also available to download at skillsforhealth.org.uk

Assessment of knowledge

Those elements that test knowledge use terms like ‘describe’, ‘explain’, ‘list’.

Evidence of knowledge can be provided through 1:1 discussion, group exercises, poster presentations, multi-choice questions, written work or audio files. Assessment should be holistic so that one piece of evidence, such as a presentation, can be used to cover multiple standards wherever possible.

Assessment of competence

Those elements that test competence use the terms: ‘demonstrate’, ‘take appropriate steps’, ‘show’. Assessment of competence should take place via workplace observation in the care setting with patients. It should be holistic ie the assessor should use one session to observe and assess as many standards as possible in one go. For example, when someone is providing a patient with food they should also be demonstrating good communication skills and promoting dignity.

The assessment guidance states that simulation/role play can be used in a limited number of standards if live evidence cannot reasonably be assessed in the workplace. This could include a role play or a practical demonstration.

Assessments of individual learners should be recorded and signed off in their workbook/portfolio by the member of staff and the assessor. This should also contain observation records and other evidence that has been used to make the assessment.

Who can be a Care Certificate assessor?

There is no requirement for people assessing the Care Certificate to hold any assessor qualification. The employer just has to deem them ‘occupationally competent’ – that is competent themselves in the standard they are assessing staff against. Examples of qualifications that would indicate occupational competence include: nursing and occupational therapy, as well as relevant diplomas (NVQ or QCF) in health and social care or clinical healthcare support or allied health professional support or maternity and paediatric support.

There may be some elements – for example basic life support – where a specialist assessor is used to assess that standard.

Employers should also ensure that assessors understand the principles of assessment. The assessor guidance document provides a standard that can be used with assessors.

Some employers are using their clinical staff with mentorship qualifications to undertake Care Certificate assessments.

Others are using the QCF accredited assessors they also use to assess for vocational awards. And some are using experienced support workers to do assessments.

All assessors will require specific training and there should be a system for consistency checking of assessments.

How is the Care Certificate awarded?

Each employer must have a named responsible person (in social care this would be the registered manager) who is responsible for the Care Certificate programme. They oversee the assessors and sign off the quality of assessments. They will sign the Care Certificates.

The Certificate is awarded by each individual employer using a customisable template. It should also be recorded on the NHS electronic staff record (ESR) or the National Minimum Data Set (NMDS) for social care.

The intention is for the Certificate to be transferable between employers and roles.

Employers should ensure that each employee keeps a comprehensive portfolio of their learning and assessment evidence to go along with their Certificate. Subsequent employers are very unlikely to accept a Certificate on its own without this additional evidence.

How does the Care Certificate relate to the voluntary Code of Conduct for health and social care support workers?

Skills for Care and Skills for Health have developed a voluntary Code of Conduct in parallel with the Care Certificate: skillsforhealth.org.uk/standards/item/217-code-of-conduct

The Code of Conduct sets out ethical standards for how support workers **should behave** while the Care Certificate covers what they **should know and be able to do**.

Some employers may include adherence to the Code of Conduct in contractual terms and conditions, but there is no regulatory body or statutory underpinning for this Code.

UNISON policy

We welcome the commitment to minimum standards for induction training but we do continue to have some concerns:

- The Care Certificate needs a system of proper external validation if it is to guarantee minimum standards for the benefit of patients. This is crucial for its credibility and portability. Otherwise, some employers will cut corners, and others will refuse to accept a Certificate awarded by an untrusted employer.
- This was a missed opportunity to accredit award of the Certificate towards gaining a qualification.
- A non-mandatory Care Certificate and a voluntary Code of Conduct lack sufficient teeth to raise standards and the status of the workforce to a minimum level across the board.
- The Care Certificate must be seen as the very beginning of the training and development journey – not an end in itself.

However, we do believe that the Care Certificate gives UNISON branches an agenda to negotiate for quality training and development opportunities for new staff – starting with the Certificate, but developing well beyond it.

This is also a good organising issue for UNISON branches to engage with new starters around. Offering support to staff who may have questions or concerns about the Care Certificate can help branches recruit new staff coming into these roles, and nurture some of them as future ULRs and workplace stewards.

In the next sections we set out some advice to help branches make the most of these opportunities.

Section 2
Bargaining advice

● Checklist for a Care Certificate implementation agreement

Here we set out all the elements of what we consider to be good practice in relation to Care Certificate implementation. How much of this branches are able to agree with employers will vary. More will be achievable where you have good existing provision for induction training and good partnership working arrangements. But if you are working with a small provider with little HR and training capacity what you can do may be more limited.

Speak to your regional organising and education staff for further advice and assistance in drawing up a plan.

Good practice

Part A: strategic commitments from your employer

1. **Commitment to implement the Care Certificate for all relevant roles and within apprenticeships**. Some employers may say that as the Care Certificate is not a statutory requirement, their own induction programmes are fit for purpose. This would however disadvantage their staff as it will not be portable in the way the Care Certificate is intended to be. If the existing induction programme is fit for purpose then it should be relatively easy to map and tweak it to meet the Care Certificate requirements.

2. **Board level or equivalent champion** for Care Certificate implementation. The Care Certificate was a response to the Francis Inquiry and is focused on ensuring that patients and service users are cared for to a minimum standard by all staff. Senior leaders and managers should give it visible support and priority.

3. **Commitment to deliver the Care Certificate in partnership with the trade unions:**

    - **Joint steering group** to plan and monitor implementation, and to drive staff engagement. Union representation on the group to include stewards in support worker roles.

    - **Central role for union learning reps (ULRs) in supporting staff to achieve the Care Certificate, and develop their learning beyond it.** This will need active support from the employer for the recruitment and deployment of ULRs, ensuring they have adequate time off.

4. **Public commitment from the employer that the Care Certificate will be just the first stage of ongoing investment in training and development** for support workers – not an end in itself. This should include maximising opportunities to link achievement of the Care Certificate to gaining accredited qualifications.

5. **Ask your employer to commit to some form of public recognition for staff who ‘graduate’ from the Care Certificate** – an award ceremony for example. This could be coupled with an onward training and development session where staff can find out more about next steps for their learning and development, with opportunities to talk to experienced staff about career pathways and experiences.

Part B: operational commitments

1. **Carry out a joint assessment of the staffing implications of the Care Certificate.** This will need a forecast of numbers of new starters expected and should factor in the requirement for all new staff to have direct supervision while working towards the Care Certificate over a typical 12-week period. It should also cover the staff time needed to plan and deliver the programme and should include the staffing contribution to training delivery and assessment.

2. **Agreement on scope for other staff in direct care roles to complete those elements of the training relevant to their jobs.** For example, many of the pilot employers delivered parts of the Care Certificate training to their porters, receptionists, cleaners etc.

3. **Access for ULRs to new starters** embarking on the Care Certificate, with appropriate time off agreed. This should include a formal slot with groups of new staff early on in the programme, perhaps as part of the classroom learning phase. It could also include regular surgeries and 1-1 buddying sessions. ULRs will be crucial to building confidence, and identifying any learning needs which need to be addressed to facilitate Care Certificate achievement.

4. **Learning needs assessments at the very outset** delivered in partnership with ULRs to ensure that literacy, numeracy and ESOL needs are identified and addressed.

5. **Tailoring of programmes for new staff who come with prior experience.** Staff who already have some experience should be able to use the self-assessment tool to identify areas where they already have the knowledge and competence to be assessed without further training. Their training can then be tailored to the remaining areas.

6. **Consultation with the unions about training providers** – decisions on who will deliver the Care Certificate training element, for example internal or external provider, quality and value for money, learning method ie classroom or e-learning.

7. **Plan for a core element of classroom/face-to-face learning.** This provides invaluable peer support and opportunities to learn from each other. There is a danger that some employers may try to rely solely on e-learning. While some e-learning delivery may be appropriate, it can be very isolating if this is the predominant method. This is a particular problem for people who are new in a job. There is also a danger that it has to be crammed into people's own time rather than having time put aside in the working day to attend a taught session.

8. **Agreement on selection, support and training for assessors.** The logistics of delivering assessment need to be properly considered. Many employers in the pilots used other healthcare support staff – for example, experienced HCAs and assistant practitioners – to assess for the Care Certificate. Others used clinical staff. Decisions on this should be negotiated with safeguards to ensure adequate assessor training, protected time/workload reduction, and, where appropriate, remuneration for staff carrying out these roles. If your employer decides to use external assessors you will want to discuss issues like quality assurance and cost.

9. **Development of an assessment protocol** covering what staff can expect when being assessed including discussion first, notification of when assessment will take place, securing of patient/service user consents, and how feedback will be given to the staff member.

10. **If possible, integration of Care Certificate assessment with assessment for vocational qualifications.** To do this the employer will need to use QCF qualified assessors to carry out their Care Certificate assessments. This way their achievement can be accredited as prior learning (APL) for QCF qualification units. Guidance on mapping of Care Certificate standards to QCF units is available at skillsforhealth.org.uk

11. **Agree temporary rotations or placements for staff who cannot demonstrate all the Care Certificate competences in their current role.** In some roles it may not be possible to demonstrate a small number of the competences in practice due to the nature of the role. For example, in the pilots maternity assistants and HCAs in outpatients were not always able to demonstrate under the 'fluids and nutrition' standard that they had ensured a patient with restricted mobility could reach their drinks, or that they had supported and encouraged a patient to drink regularly. To ensure that they could be awarded the Care Certificate some employers arranged for them to spend a shift on a ward, in the community or in a care home to give them the chance to demonstrate these competences.

12. **Protocols for bank and agency staff.** These will need to set out clearly the respective responsibilities of the agency and the care provider for training and assessing the Care Certificate. This should be specified as part of contracts with

agencies. In the pilots, difficulties were experienced with scheduling of training and assessment for bank and agency staff who were working erratic hours and in lots of locations. A longer time period and more structured approach may be needed.

13. **Extended time periods for part-time and shift workers** to be assessed and training tailored to availability.

14. **Agreement on procedures for staff who struggle to 'pass' assessments.** The assessor guidance says there is no limit on the number of attempts at assessment that an individual is allowed. All staff should be given every opportunity and full support to achieve the standards even if this takes longer than the guideline 12 weeks. This should include a second opinion assessment if requested and additional training and coaching. Any remaining issues of competence should be dealt with in line with normal policies including consideration of redeployment options.

15. **Agreed systems for quality assurance and validation.** Best practice is for employers to collaborate regionally or sub-regionally to benchmark and standardise their programmes and assessments, looking at calibration of evidence used etc. Employers should also have internal quality assurance checks to ensure that staff are being assessed consistently within the organisation.

16. **Embed anniversary of Care Certificate achievement as a key date for learning and development reviews.** The Care Certificate should be the start of an ongoing learning development path. Every member of staff should have a personal development plan to take them forward from the Care Certificate – see Talent for Care national strategy at eoe.hee.nhs.uk

17. **Equality and diversity monitoring of outcomes** covering protected characteristics, work pattern, service area etc.

Employer commitment to learners

Encourage your employer to draw up a pledge to Care Certificate learners. This could be a positive recruitment tool which helps to encourage high quality job applicants. The pledge could be made to staff at the beginning of their induction and could include the following commitments:

- You will be able to complete all the learning, training and assessment you need within your paid working time (not your own time).
- You will have access to a mentor or buddy while you go through the Care Certificate.
- You will know what to expect at each stage and have time for feedback and reflection.
- You will have regular reviews during the Care Certificate induction period to discuss your progress and deal with any issues and concerns.
- On completion of your Care Certificate you will have an onward development review to agree a personal plan setting out the next stages for your learning and development in your current role and pathways to any future roles you aspire to.

Section 3
Organising plan

Checklist for recruitment and organising

1. Identify members in support worker roles with the right skills and experience to serve on your steering group.
2. Recruit ULRs and ensure there are enough to cover the project.
3. Your branch may already have agreements in place where the employer gives you details of new starters and distributes UNISON membership literature. Get agreement that you will be alerted to those embarking on the Care Certificate so they can receive UNISON's leaflets.
4. Order supplies of leaflets to give out to new starters 'Starting on the Care Certificate – get a headstart with UNISON' (stock number 3521). Order from the online catalogue unison.org.uk/catalogue or email: stockorders@unison.co.uk
5. Consider arranging discussion groups or coffee breaks where new staff can find out more about UNISON and talk about the Care Certificate. You may be able to have UNISON's enote available for them to look through on a laptop or tablet — this is an interactive tool which explains the basics of the Care Certificate.
6. Remember apprentices can go on the £10 a year UNISON membership rate during their apprenticeship.
7. Talk to your regional education organiser about courses or workshops that UNISON may be able to offer as part of a learning agreement with the employer to support and build on the Care Certificate – for example the UNISON/Open University dementia awareness workshops.
8. Keep in touch with members recruited via the Care Certificate and talent spot for people who could become ULRs or stewards.
9. Feed back to the Health Group any issues and problems you encounter with the Care Certificate so we can take these up nationally: health@unison.co.uk
   Please also let us know about examples of good practice you have been able to negotiate or recruitment successes.

Further information

Official Care Certificate materials:

- the Care Certificate Standards
- guidance for assessors
- FAQs
- self-assessment tool
- Care Certificate workbook
- mapping document
- Certificate template

All these can be found at:
skillsforhealth.org.uk/projects/item/24-care-certificate

UNISON leaflet **'Starting on the Care Certificate – get a headstart with UNISON'**
unison.org.uk/catalogue

UNISON e-note - see learning.unison.org.uk

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