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


• 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

<table>
<thead>
<tr>
<th></th>
<th>Implemented Care Certificate</th>
<th>Not implemented Care Certificate</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of organisations</td>
<td>348</td>
<td>50</td>
<td>3</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer</td>
<td>39</td>
</tr>
<tr>
<td>Classroom</td>
<td>74</td>
</tr>
<tr>
<td>Clinical</td>
<td>31</td>
</tr>
<tr>
<td>Blended</td>
<td>76</td>
</tr>
<tr>
<td>Other</td>
<td>120</td>
</tr>
<tr>
<td>Simulation</td>
<td>2</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>59</td>
</tr>
</tbody>
</table>
### Table 3: Perceived impact of CC

<table>
<thead>
<tr>
<th>Impact on</th>
<th>Very Negative</th>
<th>Negative</th>
<th>Neutral</th>
<th>Positive</th>
<th>Very Positive</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>0</td>
<td>26</td>
<td>91</td>
<td>195</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>Care Staff</td>
<td>1</td>
<td>18</td>
<td>105</td>
<td>192</td>
<td>22</td>
<td>63</td>
</tr>
<tr>
<td>Care Recipient</td>
<td>1</td>
<td>3</td>
<td>139</td>
<td>170</td>
<td>20</td>
<td>68</td>
</tr>
</tbody>
</table>
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