

The national evaluation of the Care Certificate

Dr Elaine Argyle reports on research into the implementation of the Care Certificate.

Summary

- Care Certificate training was introduced in 2015 as a means of assuring fundamental skills in front line care.
- The national evaluation of the Care Certificate indicates that it has been widely adopted and welcomed by care organisations throughout England.
- The flexible approach adopted by organisations in the process of its implementation has been both an asset and a drawback.

Introduction

The Care Certificate was formally introduced in England in April 2015 in order to promote a comprehensive and consistent approach to the training and induction of unregistered care workers as well as to improve the quality of care provided by them. This article reports on an evaluation which has aimed to gain a national picture of the Care Certificate and its implementation. Findings have shown that, although some smaller organisations have struggled with this process, the training has been widely adopted throughout care organisations in England and generally perceived as being a positive development. This adoption has often taken a flexible approach, helping to meet the specific needs of different care organisations. However, it could also undermine its consistency, credibility and portability between organisations.

The Care Certificate

In 2013 the Cavendish Review called for the introduction of a Certificate of Fundamental Care – now called the ‘Care Certificate’ with the intention of improving the safety and quality of care provided by newly recruited unregistered care workers. It is also intended to be a transferable qualification which supports the movement of staff between organisations and includes 15 standards which aim to provide a portable set of skills for these staff.

The evaluation

In order to gain a national picture of the Care Certificate and its implementation, work has recently finished on an 18-month study called *Evaluating the Care Certificate: A Cross-Sector Solution to Assuring Fundamental Skills in Caring* (ECCert) funded by the Department of Health Policy Research Programme. This national evaluation has involved a partnership between the University of Nottingham and Nottinghamshire Healthcare NHS Trust.

The aims of the study have been to:

- Assess how successfully the Care Certificate meets its stated objectives to improve induction training and enable support workers feel better-prepared to provide high quality care.
- Consider variations in implementation across the full range of CQC-registered health and adult social care services and organisations.
- Explore areas for improvement in order to meet its objectives better.

Methods have included a telephone survey of 401 health and social care organisations around the country which were randomly drawn from the Care Quality Commission database (<https://cqc.org.uk/>). Survey data was supplemented by site visits to ten of these organisations where focus groups, interviews and observations were carried out.

Key findings

While not currently mandatory, the vast majority of participating organisations had implemented Care Certificate training and it was widely welcomed as providing a standardised approach to improving carer's skills and helping new staff to feel better-prepared to provide this care. However, there were a minority of smaller organisations such as independent care homes where it had not been fully implemented, largely due to lack of resources and capacity.

Organisational size, leadership, capacity and resources were major factors in determining the effectiveness of Care Certificate implementation. Thus, the potential benefits of the Care Certificate were most likely to be reported in larger organisations such as NHS Trusts and national care providers with plenty of resources and expertise to draw upon.

While, in accordance with the recommendations of Skills for Care, training was typically twelve weeks in duration, there was considerable variation in how the Care Certificate was delivered in participating organisations. This ranged from group-based programmes combining teaching and activities, to short online courses completed individually and external as well as internal training providers were also used. This flexibility could be beneficial as it facilitated a bespoke and site-specific approach to training.

However, this flexibility in the implementation process also led to an inconsistent approach between organisations which has potentially undermined the credibility and portability of the Care Certificate. Thus, most organisations required new recruits who had completed their training elsewhere to repeat some or all of this training, and this was often related to scepticism about the quality of any prior training and the lack of external validation of this training.

Effective implementation of the Care Certificate has appeared to include the following features:

- Assimilation of the Care Certificate into existing training and induction programmes.
- Blended, holistic, practical and participatory approaches to training delivery as outlined in the Care Certificate mapping document.
- A broad scope of delivery, extending beyond newly recruited care workers to established personnel.
- Peer support and mentoring for Care Certificate candidates.
- Adaptation of materials and assessments to support care workers facing literacy or language barriers.
- The provision of regular updates and assessor training.

The following features were associated with less effective implementation:

- A 'one dimensional' approach to the Care Certificate implementation and delivery that was inflexible and unsupported.
- Didactic rather than participatory approaches to training delivery.
- Lack of supervision and assessment of standards.
- Lack of peer support and mentoring for care workers.
- Inadequate resourcing, in terms of materials, assessors, care worker time and backfill for training.

Summary of significant implications for policy and practice

For practitioners

The Care Certificate training is most effectively delivered using participatory and experiential approaches and incorporating practical and classroom components to facilitate the transfer of learning into everyday practice.

For services

Organisations should recognise the Care Certificate completion through such things as certificate presentation ceremonies. Care staff should be encouraged to 'own', value and be aware of their continued professional development through regular mentoring and peer support.

For workforce development strategists

Guidelines on the implementation of the Care Certificate should be updated to incorporate greater clarity on a number of aspects and support should be targeted at small care organisations on how they can implement the Care Certificate standards.

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Further information

The Care Certificate:

<https://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx>

Evaluating the Care Certificate findings: <https://www.institutemh.org.uk/research/projects-and-studies/completed-studies/evaluating-the-care-certificate/270-evaluating-the-care-certificate-findings>

About the author

Dr Elaine Argyle is a dually registered health and social care professional (RMN; DipSW) with many years experience in these capacities. In addition, she has a PhD in Social Policy and over ten years postdoctoral research and teaching experience, primarily in the areas of health and social care, health humanities and workforce development in front line care.

