

Care Certificate

Practice Assessment Document

April 2015

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| Learner Name: |
| Manager Name: |
| Start Date: |
| Completion Date: |
| Clinical Base: |

**How to use this document**

This practice assessment document (PAD) is designed to be used in conjunction with the Theory Assessment document. It includes **only those assessment criteria which require workplace observation** and the standard they relate to. On completion, the PAD and the TAD need signing off for Care Certificate to be issued.

It is important that both you and your assessor familiarise yourselves with both the TAD and this PAD.

The standards have been mapped to the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (2013) and Compassion in Practice (2012). The standards to which this document is linked define the level of knowledge, skills and behaviours that a HCSWs should know, irrespective of individual work role to provide compassionate and high quality care. These standards should then be used to support your annual appraisal and Personal Development Plan. These standards are linked to the training received on both Trust and HCSW induction programmes. Your progress will be checked by you assessor/assessor on a regular basis. This will be reviewed as part of three month interim appraisal.

**How to complete the assessments**

You should take every opportunity to assess holistically. Evidence generated during the assessment process maybe used to support achievement of more than one standard in the Care Certificate. In practice this means that the assessor observes the leaner over an agreed time period, usually three hours, gives feedback and records which criteria have been achieved. A brief summary of what has been observed should also be recorded.

**You should not work unsupervised until all the assessments in the PAD have been completed.**

**How do you achieve the criteria?**

The judgment as to whether you achieve the criteria will be made by your assessor. Your assessor will observe your performance in practice but will also ask you questions - it is important that you are able to apply your knowledge in practice and say why you have chosen a particular course of action. Your assessor needs to be confident that you will continue to competently perform in a variety of situations.

**Assessments need, ideally, to be completed within \*\*\*\* of commencing in role**

Support worker roles are diverse, and it maybe necessary for some assessment criteria to be reinterpreted to make them relevant to the practice area.

If you have any questions please contact \*\*\*\*\*\*\*\*\*\*

**Assessor Details**

The majority of assessments will be undertaken by an identified assessor, but any team member who is occupationally competent in the criteria being observed may undertake the assessment. All staff involved in undertaking your assessment need to record their details below.

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| Name | Job Title | Signature & Initials |
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**Meetings**

You should meet with your assessor 3 times whilst undertaking the Care Certificate.

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| **Initial Meeting – this need to take place within the first week of employment** |
| Assessor Signature & Date*Learner Signature & Date* |
| **Mid-point Meeting**  |
| Assessor Signature & DateLearner Signature & Date |
| **Final Meeting** |
| Assessor Signature & DateLearner Signature & Date |

**Local Induction**

Your manager will have been sent a local induction checklist. You will need to meet with your manager to ensure that it is completed. Once completed please sign in the box below.

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| **I have completed the Local Induction Checklist and I am satisfied that I have completed my induction to Central London Community Healthcare Trust** **Learner Signature****Manager Signature****Date** |

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| **PROGRESS REVIEW /ACTION PLAN****This record can be used for single and multiple unit planning.** **Planning should be SMART – Specific, Measurable, Achievable, Realistic and Time Bound** |
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| --- | --- | --- | --- | --- |
| **Date**  | **Standard Number** | **What is required? / What has been reviewed and the feedback? / Record of judgment or outcome** | **Date to be completed** | **Candidate/****Assessor signature** |
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**Care Certificate – Standards Requiring Observation& Assessment in Practice**

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| **Standard 1: Understand your Role** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **1.1** Understand their own role | **1.1c** Demonstrate that they are working in accordance with the agreed ways of working with their employer | *Complete this last – if others have been achieved then the learner is working to their job description* |  |
| **1.2** Work in ways that have been agreed with their employer | **1.2d** Demonstrate how to access full and up-to-date details of agreed ways of working that are relevant to their role |  |  |
| **1.4** Work in partnership with others | **1.4c** Demonstrate ways of working that can help improve partnership working. | *Partners could be colleagues, other teams, carers or relatives* |  |
|  | **1.4d** Demonstrate how and when to access support and advice about:* *Partnership working*
* *Resolving conflicts*
 |  |  |
| **Standard 2: Your Personal Development** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **2.1** Agree a personal development plan | **2.1d** Contribute to drawing up their own personal development plan | *The learner will have begun this on day 1 of teaching programme* |  |
|  | **2.1e** Demonstrate how to record the progress they make in relation to their personal development plan |  |  |
| **2.2** Develop their knowledge, skills and understanding | **2.2f** Demonstrate how to measure their own knowledge, performance and understanding against relevant standards | *Completion of the care certificate will demonstrate that the learner can do this* |  |
| **Standard 3: Duty of Care** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **3.3** Deal with Comments and complaints | **3.3a** Demonstrate how to respond to comments and complaints in line with legislation and agreed ways of working | *Role play or simulation can be used for this criteria* |  |
| **3.5** Deal with confrontation and difficult situations | **3.5d** Demonstrate how and when to access support and advice about resolving conflicts | *Role play or simulation can be used for this criteria* |  |
| **Standard 4: Equality and Diversity** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **4.2** Work in an inclusive way | **4.2b** Demonstrate interaction with individuals that respects their beliefs, culture, values and preferences |  |  |
| **Standard 5: Work in a Person Centred Way** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **5.3** Demonstrate awareness of the individuals immediate environment and make changes to address factors that may be causing discomfort or distress | **5.3a** Take appropriate steps to remove or minimise the environmental factors causing the discomfort or distress. This could include:* *Lighting*
* *Noise*
* *Temperature*
* *Unpleasant odours*
 |  |  |
|  | **5.3b** Report any concerns they have to the relevant person. This could include:* *Senior member of staff*
* *Carer*
* *Family member*
 |  |  |
| **5.4** Make others aware of any actions they may be undertaking that are causing discomfort or distress to individuals | **5.4a** Raise any concerns directly with the individual concerned |  |  |
|  | **5.4b** Raise any concern with their supervisor/ manager |  |  |
|  | **5.4c** Raise any concerns via other channels or systems e.g. at team meetings | *Discuss safeguarding with your assessor* |  |
| **5.5** Support individuals to minimise pain or discomfort | **5.5a** Check where individuals have restricted movement or mobility that they are comfortable | *Restrictions in mental health settings could include legal restrictions or observation* |  |
|  | **5.5b** Recognise the signs that an individual is in pain or discomfort. This could include:* *Verbal reporting from the individual*
* *Non verbal communication*
* *Changes in behaviour*
 | *Could be physical or psychological distress* |  |
|  | **5.5c** Take appropriate action where there is pain or discomfort. This could include:* *Repositioning*
* *Reporting to a senior member of staff*
* *Equipment or medical devices are working properly or in the correct position e.g. wheelchairs, prosthetics, catheter tubes*
 | *Could include measures to relieve psychological distress, for example relocating to a quiet area or interventions to reassure* |  |
|  | **5.5d** Remove or minimise any environmental factors causing pain or discomfort. These could include:* *Wet or soiled clothing or bed linen*
* *Poorly positioned lighting*
* *Noise*
 | *See above* |  |
| **5.6** Support the individual to maintain their identity and self-esteem | **5.6b** Demonstrate that their own attitudes and behaviours promote emotional and spiritual wellbeing |  |  |
|  | **5.6c** Support and encourage individuals own sense of identity and self-esteem |  |  |
|  | **5.6d** Report any concerns about the individual’s emotional and spiritual wellbeing to the appropriate person. This could include:* *Senior member of staff*
* *Carer*
* *Family member*
 |  |  |
| **5.7** Support the individual using person centred values | **5.7a** Demonstrate that their actions promote person centred values including:* *Individuality*
* *Independence*
* *Privacy*
* *Partnership*
* *Choice*
* *Dignity*
* *Respect*
* *Rights*
 |  |  |
| **Standards 6 & 14: Communication & Handling Information** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **6.5** Use appropriate verbal and non-verbal communication | **6.5a** Demonstrate the use appropriate verbal and non-verbal communication:Verbal* *Tone*
* *Volume*

Non verbal* *Position/proximity*
* *Eye contact*
* *Body language*
* *Touch*
* *Signs*
* *Symbols and pictures*
* *Writing*
* *Objects of reference*
* *Human and technical aids*

Communication may take place* *Face to face*
* *By telephone or text*
* *By email, internet or social networks*
* *By written reports or letters*
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| **6.6** Support the use of appropriate communication aids/ technologies | **6.6a** Check that communication aids/ technologies are:* *Clean*
* *Work properly*
* *In good repair*
 | *If none are in use consider use of other communication aids e.g. notice boards, leaflets in other languages* |  |
|  | **6.6b** Report any concerns about the communication aid/ technology to the appropriate person. This could include:* *Senior member of staff*
* *Carer*
* *Family member*
 |  |  |
| **14.1** Handle information | **14.1c** Demonstrate how to keep records that are up to date, complete, accurate and legible |  |  |
| **Standard 7: Privacy and Dignity** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **7.1** Understand the principles that underpin privacy and dignity in care | **7.1a** Describe what is meant by privacy and dignity |  |  |
|  | **7.1b** List situations where an individual’s privacy and dignity could be compromised |  |  |
|  | **7.1c** Describe how to maintain privacy and dignity in eth work setting |  |  |
| **7.2** Maintain the privacy and dignity of the individual(s) in your care | **7.2a** Demonstrate that the privacy and dignity of the individual is maintained at all times being in line with the person’s individual needs and preferences when providing personal care. This could include: * Making sure doors, screens or curtains are in the correct position
* Getting permission before entering someone’s personal space
* Knocking before entering the room
* Ensuring any clothing, hospital gowns etc. are positioned correctly
* The individual is positioned appropriately e.g. the individual is not exposing any part of their body they would not want others to be able to see
 |  |  |
|  | **7.2b** Explain why it is important not to disclose anything about the individual that they may wish to be kept private, unless it is appropriate to do so. This could include: * *Health condition*
* *Sexual orientation*
* *Personal history*
* *Social circumstances*

**10.1j** Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing health and care services |  |  |
|  | **7.2d** Report any concerns they have to the relevant person. This could include:* *Senior member of staff*
* *Carer*
* *Family member*
 |  |  |
| **7.4** Support individuals in making choices about their care | **7.4a** Demonstrate how to support individuals to make informed choices |  |  |
|  | **7.4b** Check risk assessment processes are used to support the right of individuals to make their own decisions |  |  |
|  | **7.4d** Where appropriate support individuals to question or challenge decisions made about them by others |  |  |
|  | **7.4e** Report any concerns to the relevant person. This could include:* *Senior member of staff*
* *Carer*
* *Family member*
 |  |  |
| **7.6** Support the individual in active participation in their own care | **7.6a** Demonstrate the active participation of individuals in my care |  |  |
|  | **7.6b** Reflect on how my own person views could restrict the individual’s ability to actively participate in their care |  |  |
|  | **7.6c** Report any concerns to the relevant person. This could include:* *Senior member of staff*
* *Carer*
* *Family member*
 |  |  |
| **Standard 8: Fluids and Nutrition** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **8.2** Support individuals to have access to fluids in accordance with their plan of care | **8.2a** Check that drinks are within reach of those that have restrictions on their movement/ mobility |  |  |
|  | **8.2b** Check that drinks are refreshed on a regular basis |  |  |
|  | **8.2c** Check that individuals are offered drinks in accordance with their plan of care | *If no such care plan is in place, ensuring general availability will be sufficient* |  |
|  | **8.2d** Support and encourage individuals to drink in accordance with their plan of care | *If no such care plan is in place, ensuring general availability will be sufficient* |  |
|  | **8.2e** Report any concerns to the relevant person. This could include:* *Senior member of staff*
* *Carer*
* *Family member*
 |  |  |
| **8.3** Support individuals to have access to food and nutrition in accordance with their plan of care | **8.3a** Check that any nutritional products are within reach of those that have restrictions on their movement/ mobility |  |  |
|  | **8.3b** Check food is at the appropriate temperature | *Ask/observe to ensure not too hot or cold* |  |
|  | **8.3c** Check food is presented in accordance with the plan of care i.e. the individual is able to eat it |  |  |
|  | **8.3d** Check that appropriate utensils are available to enable the individual to meet their nutritional needs as independently as possible |  |  |
|  | **8.3e** Support and encourage individuals to eat in accordance with their plan of care | *If no such care plan is in place, ensuring general availability will be sufficient* |  |
|  | **8.3f** Report any concerns to the relevant person. This could include:* *Senior member of staff*
* *Carer*
* *Family member*
 |  |  |
| **Standard 13: Health and Safety** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **13.3** Move and assist safely | **13.3c** Demonstrate how to move and assist people and objects safely, maintaining the individual’s dignity, and in line with legislation and agreed ways of working | *This will be assessed as part of moving and handling training at induction**External trainer should sign as competent* |  |
| **13.6** Handle hazardous substances | **13.6b** Demonstrate safe practices for storing, using and disposing of hazardous substances |  |  |
| **Standard15: Infection Prevention and Control** |
| **The Support Worker will:** | **To meet this standard the Support Worker will:** | **Help note** | **Assessor & Learner Signature & date** |
| **15.1** Prevent the spread of infection  | **15.1b** Demonstrate effective hand hygiene |  |  |

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| Holistic observation  | Date undertaken | Start time Finish time |
| Summary of observed work |
| Observer signature | Learner signature | Assessor signature (if not observer) |

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| --- | --- | --- |
| Holistic observation  | Date undertaken | Start time Finish time |
| Summary of observed work |
| Observer signature | Learner signature | Assessor signature (if not observer) |

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| --- | --- | --- |
| Holistic observation  | Date undertaken | Start time Finish time |
| Summary of observed work |
| Observer signature | Learner signature | Assessor signature (if not observer) |

**Acknowledgement**

Tracy Stevenson/Maggie Orr /Jane Nicoli-Jones

Central and North West London NHS Foundation Trust/ Central London Community Health Care Trust, Hounslow and Richmond Health Care Trust.

Edited from original Care Certificate assessment document [http://www.skillsforhealth.org.uk/images/projects/care\_certificate/Care%20Certificate%20Framework%20(Assessor).pdf](http://www.skillsforhealth.org.uk/images/projects/care_certificate/Care%20Certificate%20Framework%20%28Assessor%29.pdf)