**Hints and Tips for assessing the Care Certificate in General Practice**

During the piloting phase of the Care Certificate colleagues in General Practice felt that some of the standards and assessments were not applicable to Healthcare Support Workers (HCSW) working in this setting. However, when the standards are scrutinised we believe they are all relevant to all HCSWs wherever they are employed, but it may be helpful to adapt the assessment component to make it applicable to General Practice. The following document aims to give you hints and tips of how the standards could be assessed in this environment, ensuring the HCSW understands the importance of each individual standard and is able to identify and demonstrate the key messages within each one. We have not included the mandatory statutory standards.

This document can be used alongside the workbook and other resources available on [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

# Standard 1: Understand Your Role

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| Outcome- The Learner is able to: | Assessment – The Learner Must: | Hints and Tips |
| * 1. Understand their own role | 1.1c Demonstrate that they are working in accordance with agreed ways of working with their employer | A competency framework signed off by GPNs / PMs and GPs as mapped to their job description |
| * 1. Work in ways that have been agree 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 | Time keeping/punctuality, uniform and appearance.  Can locate job description and describe main roles and responsibilities  Can name line manager and knows which tasks he/she has been assessed as competent to perform |
| 1.4 Work in Partnership with others | 1.4c Demonstrate behaviours attitudes and ways of working that can help improve partnership working. | Communicates well with other team members at appropriate times. Avoids unnecessary interruptions when colleagues are consulting. Shows flexibility towards those she is supporting, eg offering alternative appointment if necessary. Responds appropriately to requests for assistance by colleagues. |
|  | 1.4d Demonstrate how and when to access support and advice about   * Partnership working * Resolving conflicts | Can state clear line of authority  Has named mentor and aware is first person to approach  Aware of who is responsible in practice for staff concerns  Can access practice policy for staff re conflict |

# Standard 2: Your Personal Development

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| Outcome – The learner is able to | Assessment- The learner must | Hints and Tips |
| 2.1 Agree a personal development plan | 2.1d Contribute to drawing up own personal development plan | Uses Personal Development Plan and records all learning appropriately. Identifies an area where more training is required or an area would like to develop further |
| 2.2 Develop their knowledge, skills and understanding | 2.2g List the learning opportunities available to them and how they can use them to improve the way they work | Aware of In House Practice training sessions  Has access to eLearning modules as identified by Practice  Uses feedback from colleagues and Patients to improve performance |
|  | 2.2h Demonstrate how to record progress in relation to their personal development | Uses own or Practices or other PDP workbook, or online resource to which all learning can be uploaded.  Has an agreed list of competencies which are signed off when assessed as competent. |

# Standard 3: Duty of Care

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| Outcome- The learner is able to | Assessment – The learner must; | Hints and Tips |
| 3.3Deal with comments and complaints | 3.3a Demonstrate how to respond to comments and complaints in line with legislation and agreed ways of working | Scenario type assessment  Can access practice complaints procedure. Identifies correct person to inform first. Knows to make written record of any complaint received. Is aware of annual practice review of complaints and CQC requirements. |
| 3.4 Deal with incidents, errors and near misses | 3.4a describe how to recognise adverse events, incidents, errors and near misses | Is able to correctly categorise   * Not labelling blood bottle before being sent to lab * Had wrong notes open when consulting but realised during the consultation * Disposed of a urine sample before it was sent and patient not treated * Found the emergency equipment not functioning when needed |
| 3.5 Deal with confrontation and difficult situations | Demonstrate how and when to access support and advice about resolving conflicts | Scenario assessment  Can identify signs a situation is becoming challenging  Aware panic button use and expected response. Can access practice policy and procedure re recording of incidents |

# Standard 5: Work in a Patient Centred Way

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| Outcome – The learner is able to | Assessment – The Learner must; | Hints and Tips |
| 5.1 Understand person centred values | 5.1c Identify ways to promote dignity in their day to day work | Demonstrates an open and positive attitude when talking with individuals  Asks individual re preference and does not make assumptions eg which arm preferred for blood test, would prefer to sit or lie for procedure, uses screening curtain if individual removes any items of clothing |
| 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 | Ensures room is correctly prepared before calling individuals  Collects patients if appropriate from waiting room  Holds door ajar to help elderly, infirm, wheelchair users.  Checks comfort and enquires re room temperature if patient is having to undress  Opens windows and allows fresh air to circulate following malodourous procedures  Uses window covering if patient in direct sunlight |
|  | 5.3b report any concerns they have to the relevant person  Can include  Senior member of staff  Carer  Family member | Discusses ill-fitting clothing with patient/ carer, e.g. constrictions of foot or sock wear.  Reports patients concerns re temperature in waiting room to PM |
| 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 | Is able to identify behaviours that could cause distress, e.g. speaking very loudly, Waiting room information programme turned up very loud  Identifies when and where most appropriate to discuss this. |
| 5.5 Support Individuals to minimise pain and discomfort | 5.5a Ensure that where individuals have restricted movement or mobility that they are comfortable | Enquires if patients prefers to remain in wheelchair for procedure if appropriate,  Uses raised bed and adjustment of backrest/ comfort aids for patients being examined / procedures on surgery couches. |
|  | 5.5b Recognise the signs that an individual is in pain or discomfort. This could include  Verbal reporting from the individual  Non-verbal communication  Change in behaviour | Lists several verbal and nonverbal signs and behaviour changes which could be due to pain  Asked patient directly if experiencing pain and could relate that to a sign noted.  -responds in an empathetic way when a patient reports feeling pain and takes appropriate action to try and minimise the pain |
|  | 5.5c Take appropriate action where there is pain or discomfort. This could include  Repositioning,  Reporting to PN or GP  Giving prescribed pain relief medication  Equipment or medical devices are working properly or in correct position  E.g. wheelchairs prosthetics catheter tubes | Reporting post op pain not well controlled to duty GP  Seeking advice for wound care if appears causing pain  Understanding importance of compliance of pain relief medication seeking advice if compliance is not being adhered to  Enquiring if patient’s equipment is due service check. |
|  | 5.5d Remove or minimise any environmental factor causing pain or discomfort. These could include   * Wet or soiled clothing or bed linen * Poorly positioned lighting * Noise | Helps patient to quietest area( if available) if appears distressed by noise in busy waiting room  Helps patient to lie in more comfortable position on couch and alerts GP , enabling examination to take place with minimal moving around surgery , even if delays other patients  Assists carer if requested to help use toilet facilities as needed  Ensures direct sunlight blocked by using window dressings. |

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| 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 | Is able to name the 6 Cs  Can describe what role and advocate plays and when in may be necessary to be a patient advocate in General Practice  Empowers an individual to make a decision even if it not in agreement with that decision  Always gains consent before proceeding with any task |

# Standard 6: Communication

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| Outcome- The learner is able to: | Assessment – The Learner must: | Hints and Tips |
| 6.1 Understand the importance of effective communication at work | 6.1a Describe the different ways that people communicate | List 5 different methods of communication and give an example of when it is used in General practice  Verbal E.g., patients explaining why they have attended  Body Language- states a sign someone may be in pain  -Gestures e.g. alternative to speaking if a foreign language is spoken  Written- Communication with colleague  Sign Language – to support patients who are deaf |
| 6.4 Understand the principles and practices relating to confidentiality | 6.4a Describe what confidentiality means in relation to their role | Understands all actions and records must not be disclosed or discussed with anyone else without permission  Does not begin consultation until door is firmly closed  Information about someone must only be shared with others involved in their care and support on a need to know basis.  No patient identifiable details on E.g. samples / blood bottles/ forms should be visible to any other patient |
| 6.5 Use appropriate verbal and non- verbal communication | 6.5a Demonstrate the use of appropriate verbal and non-verbal communication:  Verbal   * Tone * Volume   Non-verbal   * Position/proximity * Eye contact * Body language * Touch * Signs * Symbols * Writing * Objects of reference * Human and technical aids   Communication may take place;   * Face to face * Telephone or text * Email, internet or social networks * Written reports or letters | During a consultation to perform phlebotomy HCSW  Introduced self by name and role title Smiled at patient and gave good eye contact  Indicates seat and offers Patient chance to sit and get comfortable  Offers help with outer garments if necessary  Speaks at appropriate volume and sentence structure easily understood  Appears calm and focused on patient and task in hand  Explanation of procedure given and reassurance if required  Patient chosen arm is made comfortable before procedure begins  Picks up on non-verbal clues e.g. fear/anxiety  Notes completed accurately and in a timely manner  Confirms with patient that consultation completed. |

# Standard 7: Privacy and Dignity

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| Outcome- The learner is able to: | Assessment- The learner must: | Hints and tips |
| 7.1 understand the principles that underpin privacy and dignity in care | 7.1b List situations where an individual’s privacy and dignity could be compromised | Can include  Removing any items of clothing to expose area that HCSW needs to access  Chaperoning for examinations by GP  If accompanied by family member /carer for support or language help and needs any examination  If Consulting room windows are not covered  If another member of staff enters consulting room during the consultation |
|  | 7.1c Describe how to maintain privacy and dignity in the work place | Ensuring door is firmly closed and you are not interrupted during consultations  Always having windows covered  Use of couch curtains when patient has to remove clothing  Use of privacy disposable cover as required  Gaining consent to touch patient prior to any procedure |
| 7.2 Maintain the privacy nad dignity of the individual(s) in their care | 7.2b 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 and providing personal care | Ensuring doors are closed and screening curtain used when having to remove items of clothing  Always gain consent form patient before any procedure |
| 7.6 Support the individual in active participation in their own care | 7.6a Demonstrate that they can support the active participation of individuals in their care | Is able to ask patients for feedback on the care they receive , or enquire if the patient feels any care needs are not met  Is aware of care planning and who to ask for further advice about access to care or appropriate services. |

# Standard 8: Fluids and Nutrition

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| Outcome – the learner is able to: | Assessment – The learner must | Hints and tips |
| 8.1 Understand the principles of hydration and nutrition and food safety | 8.1c List signs and symptoms of poor nutrition and hydration | Can list 6 symptoms that may indicate a patient they see is malnourished  Notices a dark urine when performing urinalysis as a potential sign of dehydration and alerts other clinician and or patient  Enquires about fluid intake when consulting vulnerable group |
| 8.2 Support individuals to have access to fluids in accordance with their plan of care | 8.2d Support and Encourage individuals to drink in accordance with their plan of care | Knows recommended amount of fluid individuals should have per day  Replaces empty water bottles in waiting room  Offers elderly patients who have attended for fasting blood tests a glass of water before leaving the surgery |
| 8.3 Support individuals to have access to food and nutrition in accordance with their plan of care | 8.3d Support and encourage individuals to eat in accordance with their plan of care | Can name the food groups that comprise a balanced diet  Can list signs of malnutrition  Is aware of organisations who are able to deliver balanced premade meals to those unable to prepare meals themselves |

# Standard 9: Awareness of mental health, dementia and learning disability

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| Outcome- The learner is able | Assessment – The learner must | Hints and Tips |
| 9.1 Understand the needs and experiences of people with mental health conditions, dementia or learning disabilities | 9.1b Explain how these conditions may influence a person’s needs in relation to the care that they may require | Can identify different ways of working within the surgery including having more time allocated when consulting, encouraging carer to attend with patient if appropriate  Demonstrates can be flexible with consultation appointment times if patient arrives late  Tries to have continuity of care in order to identify any concerns  Reports any concerns to a senior colleague  Follows up advice with written instructions |
| 9.3 Understand the adjustments which may be necessary in care delivery relating to an individual who may have a mental health condition | 9.3a Describe what adjustments might need to be made to the way care is provided if someone has  1 A mental health conditions such as   1. Psychosis 2. Depression 3. Anxiety 4. Dementia 5. Learning Disabilities | Asks for support if patient exhibits behaviours unfamiliar to HCSW  Allows Patients time to talk about and share how they are feeling  Is aware of organisations who can offer support to individuals  Completes a care plan consultation if asked by a patients carer  Contributes relevant information to Primary Health Care Team meetings |

# Standard 15: Infection Prevention and Control

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| Outcome- The learner is able to | Assessment – The learner must: | Hints and tips |
| 15.1 Prevent the Spread of Infection | 15.1 (c) Explain how their own health or hygiene might pose a risk to the individuals they support or work with | Know surgery policy regarding returning to work following illness  Adhere to uniform policy and avoids wearing jewellery except plain wedding bands from elbow down  Can describe what is meant by “good hand habits”  Can identify medical conditions which make the individual more susceptible to infections  Has written proof in staff record of vaccinations in accordance with UK schedule of vaccination |
|  | 15.1 (d) List common types of personal protective clothing , equipment and procedures and how and when to use them | Can identify why and when to use  Uniforms, Gloves, Skin protecting paper towels , soaps and hand gels or wipes  Goggles or eye protection  Understands importance and considers any further vaccinations e.g. Influenza. |
|  | 15.1 (e) Explain the principles of safe handling of infected or soiled linen and clinical waste | Knows where the surgery infection control policy is held  Assembles and locks sharps bins correctly  Records name and date of assembly/locking correctly on the label  Keeps all sharps bins above floor level and out of the reach of children  Does not re-sheath needles  Handles orange /yellow clinical waste sacks carefully, ties them securely and stores them in designated locked cupboard awaiting collection  Disposes of all single use couch rolls after each patient and cleans couch as per practice protocol. |