**Quality Assurance of the Care Certificate**

**Aim of the Care Certificate**

The aim of the Care Certificate is to provide clear evidence to employers and people who receive care that the Health Care Support Worker has been assessed against a specific set of standards and has demonstrated that they have the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support.

**Assessment of the Care Certificate**

The Care Certificate is made up of 15 standards and within each standard are:

* Learning outcomes – broad statements of required knowledge, attitudes and performance
* Assessment criteria – detailed descriptions of observable behaviours which show that the support worker has achieved the learning outcomes
* Assessment methods – direction on how and where learning and competence should be assessed

 “The employer is responsible for assuring the quality of the teaching and assessment of the Care Certificate”.

“The Assessor is the person responsible for making the decision on whether the HCSW/ASCW has met the Standard set out in the Care Certificate”

**Quality assurance – some of the challenges**

Delivery of the Care Certificate

The care certificate should be delivered during the first 12 weeks of employment but length of time allowed and the balance and blend of learning offered will vary between employers and employees (for example those who work part time).

The assessment process

Access to a workplace assessor may be difficult, especially when service provision is spread over a large geographical area or for smaller employers. Support workers are part of the workforce in a wide variety of settings and work with varying levels of supervision depending on context and the activities they undertake. It is important to remember that while completing the Care Certificate, support workers must remain in direct line of sight supervision by a manager or registered healthcare professional.

Although the Care Certificate includes detailed assessment criteria some may not readily apply in every setting where there are support workers. Assessors working in those settings will need to devise other criteria to help them decide whether the learning outcomes have been achieved (for example assessing an understanding of fluids and nutrition within a general practice or community setting).

Because the Care Certificate is not expected to be accredited decisions about the depth of knowledge required are made locally either by practice educators, managers or assessors. This could lead to variation in standards of assessment.

Assessment of competence has the potential to be highly subjective, which is why standardisation and moderation are routine activities in educational settings. The draft Health Education England guidance notes details a holistic approach to assessment as well as further guidance. A link for this will be found here when it becomes available. It is essential that employers are assured that the individuals undertaking assessments, along with the teaching of the Certificate, are of sufficient quality.

Mapping content to current training provision

Existing training often falls into the category of mandatory training which must serve the needs of a wider group of staff. A mapping exercise is likely to identify gaps and there is a risk that remedial will confuse and overload the learner or dilute the Care Certificate standards.

Equality and diversity

There will be learners with additional needs. It is important that these are recognised and a support system agreed so that these learners are not disadvantaged

**A top to bottom approach to quality assurance**

Health Education North West has produced quality assurance guidance following their pilot of the Care Certificate. Their framework includes these key elements

* Board review and monitoring
* Board “sign off”
* Mentorship support, preparation and review
* Minimum data set
* A named responsible officer
* Care Certificate review, mapping and alignment

Practice educators working in Health Education North West London endorse this approach and have produced a toolkit to enable a shared approach. In addition to the high level governance advocated by HENW we have also agreed to participate in standardisation activities which we expect will provide quality assurance of the Care Certificate at the level of learner outcomes and allow us to share best practice