



Observational assessment guidance for homecare providers delivering the Care Certificate



About this guidance

This Guidance aims to highlight practical ways for homecare providers to deliver the Care Certificate.

The Guidance has been produced jointly by Skills for Care and United Kingdom Home Care Association (UKHCA). This guidance supplements the Care Certificate Standards and Care Certificate Framework Assessor document produced by the partnership: Skills for Care, Health Education England and Skills for Health. We would recommend using and referring to all resources to assist the delivery of the Care Certificate. An evaluation of Care Certificate field testing that was undertaken in summer 2014 highlighted raised issues surrounding practical assessment through observation in particular domiciliary care and lives in care. For the purposes of this guidance the adult social care worker (ASCW) will be referred to as the care worker.

A concern that was raised by homecare providers was that there may be a lack of clarity as regards what actually constitutes good and poor practice. Homecare providers also wanted clarity on practical ways the observational assessment could be undertaken.

'Assessment and supervision have been amongst the most emotive topics covered by the evaluation. Whilst no consultees said that they were opposed to the concept of Support Workers being formally assessed, and all can recognise the benefits, there are issues relating to assessment, and more broadly to supervision, that require further consideration...'

'Some domiciliary care providers, and live-in care providers who contributed to the evaluation in writing, have significant concerns about the practicalities of line of sight' supervision and workplace assessment in their service areas'

Skills for Care and UKHCA are committed to ensuring that the Care Certificate retains national value and credibility. The key to this is to ensure valid and reliable assessment. The purpose of this document is to provide practical guidance of what constitutes good assessment and gives practical guidance.

Key words and phrases in bold are explained in the glossary at the end of this document

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What is Assessment?

Assessment is based on what you can do and involves the care worker, mentor and assessor

The learner is to prove they are competent by providing evidence that shows they can:

- perform all the specified tasks consistently to the required standard
- understand why they are doing things (knowledge and understanding)
- apply the required skills in different ways (range)

Role of the assessor

The assessor is the person responsible for making the decision on whether the care worker has met the Standards set out in the Care Certificate. In order to be an Assessor the person must themselves be competent in the standard they are assessing.

The person assessing the care worker does not have to be a qualified assessor but they should have a thorough understanding and direct experience in what they assess. It may be that they deemed competent by virtue of holding a qualification related to the role or experience. This doesn't mean that in every case the same person is competent to assess every standard; different standards may require different assessors.

Please note in social care that it is often the Registered Manager's responsibility to sign off the completed Care Certificate, so the Registered Manager would need to be confident that any assessment is carried out by an occupationally competent person.

Preparing to assess

The role of the assessor in the Care Certificate is to **directly observe** the careworker to ensure they are **competent, safe** and following **best practice**. The evidence produced by the observation must meet the following criteria:

- **Valid** - it relates to the Care Certificate which the learner is trying to achieve and claim
- **Authentic** - the evidence, or an identified part of it was produced by the learner
- **Current**- usually undertaken as part of the learner's induction
- **Reliable**- the assessment process is fair and consistent
- **Sufficient**- covers all the areas of competence that are needed.

In order to do this effectively you will need to do some preparation.

You will need to have a copy of the Care Certificate and Assessor Document, to identify the observation required.

A good place to begin is by **reflecting on your own practice**. Is your knowledge and practice current? Have you had relevant training and experience in the area you will be assessing?

You may need to update your own knowledge or feel you need to revisit relevant regulation, legislation, organisational policies and procedures. Good practice may be that knowledge has been refreshed within the past three years, although more frequent updates can be additionally beneficial.

For up to date information the websites listed at the end of this document will provide the most current information and relevant links.

Different standards may require different assessors; you may want to consider is there someone else with more experience or who specialises in a specific area that can carry out the observation (for example the basic life support standard). All assessors must be confident in their ability to effectively assess the careworker and where concerns exist, these should be made known so the employer can identify a more appropriate assessor of one or more Standards.

Ensure you have a good knowledge and understanding of the Care Certificate requirements, as this is the **criteria** you will be using to assess competence. Each section has assessment guidance which will help you to plan and implement the assessment. Within the **Standards** some of the criteria may ask for 'Demonstration' 'Take steps to' or to 'Show'. These are the criteria that will require observation. The standards will indicate whether or not **simulation** is permitted. Remember that the careworker must fully meet the criteria to be competent in the component being assessed; they cannot be found competent if they meet only part of the criteria.

Planning

Clear planning is the key to a successful observation.

Think about the criteria you would like to observe, you will be able to cover more criteria if your observation is **holistic**. When working, tasks are not carried out in isolation (for example when providing personal care for the individual the care worker will use communication skills, promote dignity; follow health and safety procedures etc.) A detailed single observation can therefore meet several criteria at the same time, helping to reduce time and cost associated with the assessment process.

When carrying out observation you will need to decide if the evidence observed is sufficient to enable you to make a clear judgement. If you are not confident that the careworker is fully competent, plan for further assessments to ensure consistency.

Discuss the planned observation with the care worker; ensure they understand what is expected of them. Being observed can be stressful for the care worker, so you will need to put them at ease. By understanding the criteria they will be assessed against, they will be able to prepare themselves.

As an assessor you need to understand the different needs of our careworkers; however you need to ensure that you are putting the safety of your individuals at the heart of practice. You need to be assured that you are signing off on proven ability and good practice.

Think about the individual people it will involve in addition to the careworker. The learner and assessor will need to gain **consent** from them prior to the observation. In most cases, this should not be an obstacle as most people recognise the importance of training, supervision and assessment in the development of care workers.

When planning an observation which will include an individual who uses services, consideration will need to be given to around the activities that they are supported with, as described in their care plan. e.g. If you would like to observe Standard 8 (Fluids and nutrition), the observation should be planned at a time the individual would usually be supported with this.

It is a good idea to keep a record of the planning, and to provide the care worker with a copy. This can help to show the transparency of the delivery. It can also prevent miscommunication with the time/day etc.

Checklist/Things to consider:

- Agreement on the purpose and focus of the observation
- Mutual understanding the history/background/context to the environment in which the observation will take place. For example, if the observation is taking place in an individual's home, this will refer to their care plan needs and wishes etc.
- Request copies of the care plan, other relevant documents including any previous observation report.
- Discussion of confidentiality to clarify who has access to the feedback report and other procedures.
- Agreement on when the feedback will happen.
- Agreement on the duration of the feedback, allowing sufficient time.

Overcoming obstacles

Some of the main obstacles that you may encounter:

Observing personal care: If you are observing an individual receiving personal care, it is very important to maintain their privacy and dignity. You can judge the care worker's competence without being in the bathroom or toilet with the individual, and the care worker.

The following are some of the ways in which you can conduct these observations:

- Prior to the activity check the environment and the care worker's preparation: Has the care plan and risk assessment been followed? Has the care worker prepared fully? (Is the environment safe and comfortable e.g. is it warm enough are curtains or blinds closed, has the careworker given choices of toiletries and clothes?).
- During the activity you may choose to listen outside of the bathroom/toilet area, consider the following: Is the care worker talking to the individual? Is the care worker offering choices and responding appropriately to any questions? Following the personal care, observe if the outcomes have been met for the individual? Has the environment been tidied and left ready for the next use?

Gaining consent: Some individuals may feel that having additional people in their home is intrusive; they may also feel they are being watched or judged in some way. This can often be overcome if the additional person is known to the individual, or introduces themselves in advance of the planned assessment visit. This meeting should be used to explain the reason for the observation. Remember this will need to be explained in a way the individual will understand, using their preferred form of communication.

Gaining consent of others: If the individual is unable to provide consent for themselves and others are making “**best interest decisions**” for them, the observation would need to be discussed with the responsible person and consent gained. Good practice would be to have consent in writing, to prevent issues arising at a later date. In this instance it is still good practice to explain to the individual, and observe for any signs of distress during the observation.

If something goes wrong during the observation: Things will not always go to plan. If during the observation something unexpected happens, this may provide excellent evidence for the careworker, depending on how they deal with the unexpected situation. For example: The individual declines a planned bath or shower. If the careworker acts appropriately, discussing the reason why, offering alternatives etc., and records this in the care plan accurately, it will provide excellent evidence of competency. Be flexible when completing observation, it will help you gain some excellent evidence.

Assessment

It is good practice to remind the individual why you are there and put them at ease. Some individuals may become confused and think you are assessing them, or feel they have to behave in a certain way. Remember you are a guest in the individual’s home; be friendly and professional towards them. They may want to talk to you, or they may prefer you to remain in the background. As a professional you will be able to judge the situation and take appropriate action.

Whilst the observation is taking place try to stand back if possible, allow the careworker to work in their usual way. This will help you identify the care worker’s level of skill and any further learning and development requirements they may have.

If you are unsure why the careworker is working in a specific way, make a note of this and ask questions to clarify following the observation. It is best to do this on a one to one basis and not in front of the individual, as this may have an effect on the individual’s confidence and may be the confidence the individual has for the delivery of his/her care.

If during the observation you observe any health and safety or safeguarding issues that may be harmful to the individual or careworker, you will need to intervene immediately. Ensure this is done in a way that is supportive and reassuring for the individual and careworker.

Checklist/things to consider:

- Ask the careworker to explain the observer’s presence
- Discuss with the careworker where to sit during observation to keep distraction to a minimum and to be able to hear the individual and the learner
- Encourage and reassure the careworker if appropriate.
- Be unobtrusive

Feedback

It is good practice to provide feedback to the careworker following the observation. Due to the nature of the work, and that the care worker may need to get to the next individual, the feedback may be brief. You should arrange protected and an agreed time to provide more robust feedback to the care worker.

When providing feedback always begin with explaining what was positive about the observation, before identifying further areas for learning and development. Try to end the feedback on a positive note.

Get the care worker to look back positively after receiving your feedback. For example, ask them to revisit their work and identify what were their most successful parts on the basis of having your feedback. Sometimes learners concentrate on the areas for development that they fail to see that there are positive aspects too.

Recording

It is good practice to write up the observation as soon as possible after the event, while it is still fresh in your mind. The observation can be written as a storyboard type document; detailing the observation. Make a note of any questions and answers that took place, as this will be valuable evidence to prove competency. This evidence can also be used to provide evidence should the care worker continue to a **vocational qualification**.

You can then reference this to the standards to show how they have been met. To ensure this is document is valid the assessor should sign and date it.

Feedback should be documented clearly, and the care worker should have a copy. They can then refer to this when reflecting on their practice or preparing for further assessment. The documentation completed will help to provide excellent evidence of good practice during your Care Quality Commission (CQC) inspections.

Simulation

If the care worker is unable to demonstrate the required criteria, in some instances simulation can be used. Refer to the Care Certificate Framework (assessor) documents that accompany the Care Certificate to identify when simulation is expressly allowed.

When planning the simulated assessment, you will need to think about how you can make this as close to a real work experience as possible. This could be role play, demonstration of a specific task or in some instances during specific training. An example of this could be the practical element of a first aid course.

Conclusion

The implementation of a successful observation and assessment not only supports individual continuing learning and development, but it also provides vital information on how outcomes for individuals who use services can be improved.

Key words and phrases:

Authentic - Learners own work

Best interest decisions - The Mental Capacity Act (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. This is one of the principles of the MCA.

Best practice - A best practice is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark.

Competency - Is the ability of an individual to do a job properly.

Criteria - A standard of judgment or criticism; a rule or principle for evaluating or testing.

Current-Is the work assessed up to date.

Demonstrate - Apply skills in a practical situation and/or show an understanding of the knowledge required.

Directly observe - The learner is observed carrying out their everyday work activities in their workplace and the performance is formally recorded by the assessor in any one of a number of different ways, e.g. written, electronically recorded. The information is used to make a judgement.

Holistic - Dealing with or treating the whole of something or someone and not just a part of it.

Informed consent - Permission for something to happen or agreement to do something, if all the facts are known and understood.

Implied consent - is consent which is not expressly granted by a person, but rather inferred from a person's actions.)

Reliable - This is a general representation of the learners work.

Safe - protected from or not exposed to danger or risk

Standards - Standards are statements of performance that describe what competent people in a particular occupation are expected to be able to do.

Sufficient - meeting the full requirements of the standard

Reflect on practice - Consult with oneself, recognising implications of current practice with a view to changing future practice.

Valid - Is it relevant to the standards you are assessing.

For further guidance and advice:

Skills for Care - www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

Care Quality Commission - www.cqc.org.uk/

UKHCA - www.ukhca.co.uk/index.aspx