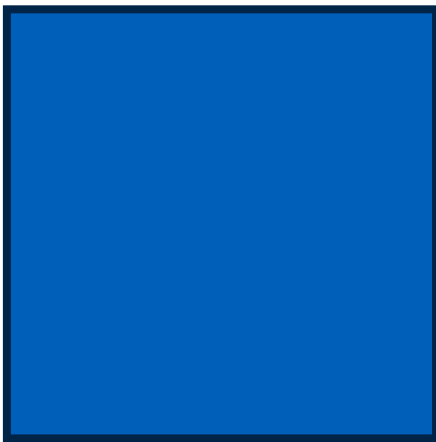




Practical guidance for Shared Lives schemes delivering the Care Certificate

Focusing on how the assessment of performance (observations) can be incorporated into Shared Lives practice



About this Guidance

This guidance has been produced by Shared Lives Plus and approved by Skills for Care. The purpose of this guidance is to provide a general explanation of the Care Certificate with specific reference to Shared Lives, as well as practical guidance on how the assessment of performance (observations) can be incorporated into Shared Lives practice.

The Shared Lives carer assessment, application, pre-approval and matching process is conducive to preparing new Shared Lives carers for the high quality, person centred care and support they will be required to provide as Shared Lives carers.

This guidance aims to help Shared Lives schemes and Shared Lives scheme workers to understand the outcomes required by the Care Certificate, so that they can be incorporated into daily Shared Lives practice and recorded in a way that meets the outcomes required by each of the 15 Standards of the Care Certificate. This guidance explains how Shared Lives schemes can assess Shared Lives carers for the Care Certificate without generating overpowering workloads for Shared Lives scheme workers.

This guidance supplements the Care Certificate Guidance Document and Care Certificate Framework Assessor Document produced by the partnership Skills for Care, Health Education England and Skills for Health.

All Skills for Care supporting documents, workbooks, certificates and learning materials can be found at: www.skillsforcare.org.uk/Standards/Care-Certificate

- The Care Certificate Guidance Document
- The Care Certificate Framework (Assessors Document)
- The Care Certificate Self-Assessment Tool
- The Care Certificate Mapping Document
- The Care Certificate Workbooks
- The Care Certificate Presentations
- The Care Certificate Frequently Asked Questions
- The Care Certificate – Certificate Template

Documents which Shared Lives Plus have produced which support the implementation of the Care Certificate can be found in the members area of the Shared Lives Plus website:

www.sharedlivesplus.org.uk

- Practical Guidance for Shared Lives schemes delivering the Care Certificate (this document)
- Feedback from observation form
- Recording of observation form
- Consent to observation for person using Shared Lives- plain English
- Consent to observation for person using Shared Lives- Easy Read
- Shared Lives learning materials which are mapped across to the Care Certificate Standards (pre-approval and post-approval training)

We would recommend using and referring to all resources to assist the delivery of the Care Certificate. During 2015 Skills for Care will be updating the resources available online and evaluating the impact of the Care Certificate so it is important to keep checking their website regularly.

When the Care Certificate was announced, concerns were raised from the Shared Lives sector about how the assessment of performance (observations) can be achieved for new Shared Lives carers. This prompted the production of this Guidance by Shared Lives Plus.

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What is the Care Certificate?

The Care Certificate has been developed by Skills for Care, Skills for Health and Health Education England and replaces the Common Induction Standards (in adult social care) and the National Minimum Training Standards (in healthcare) as from 1 April 2015.

The Care Certificate was a recommendation of the Camilla Cavendish review ordered by the government in the wake of the Francis Inquiry into mid-Staffordshire hospital. It sets out minimum standards that should be covered in induction training before members of the healthcare and social care workforce are allowed to work without direct supervision.

It contains 15 Standards and outlines what health and social care workers – including assistants within hospitals, care homes and people's own homes – should know and be able to deliver in their daily jobs. This includes Shared Lives carers across all types of Shared Lives arrangement.

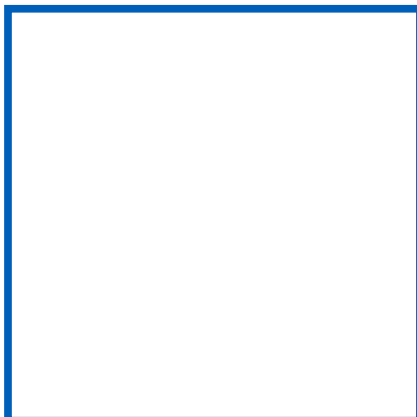
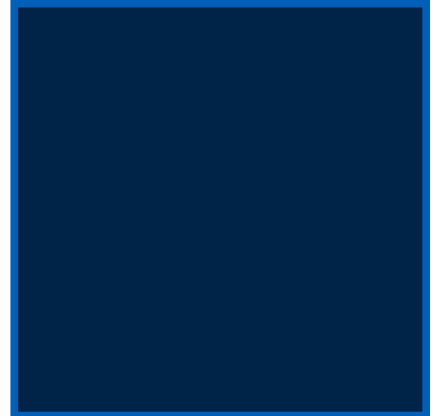
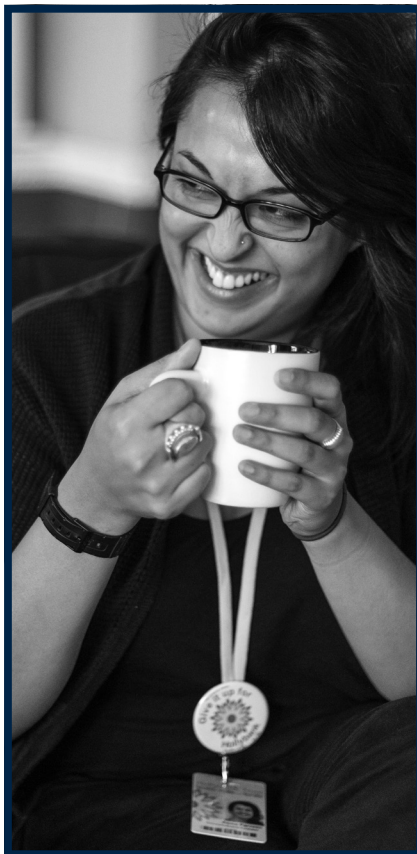
It applies to new Shared Lives carers in England only.

- The Care Certificate applies across all of health and social care in England including Shared Lives schemes
- It applies to all new Shared Lives carers that are assessed and approved by Shared Lives schemes after April 2015
- It will equip Shared Lives carers with the fundamental skills they need to provide quality care
- It gives new Shared Lives carers a basis from which they can further develop their knowledge and skills
- It provides evidence towards the achievement of health and social care qualifications and Apprenticeships
- The Care Certificate can not be signed off by simply completing e-learning or workbooks. E-learning and classroom learning can support the acquisition of knowledge and the assessment of knowledge, however the assessment of the new Shared Lives carer's skills should also take place in the workplace through observations where they interact with people they will be supporting
- Additional training may still be required before a Shared Lives carer is competent to support an individual, such as specialist training on epilepsy, or managing behavior that can be challenging
- The Care Certificate is not a formal qualification. However after the Shared Lives carer has been signed off as competent across each of the 15 standards, their assessor can download a paper certificate from www.skillsforcare.org.uk/Care-Certificate as a PDF or as a Word document which can be modified to include the issuing organisation's logo on the certificate. This certificate is designed to be portable (See Portability page 13)

Who is the Care Certificate for?

From 1 April 2015, The Care Certificate is regarded by the Care Quality Commission (CQC) as 'best practice' for the induction of new healthcare assistants and social care support workers. This includes Shared Lives carers.

Although the Care Certificate is designed for new Shared Lives carers in England who are approved by a Shared Lives scheme after April 2015, it also offers opportunities for existing Shared Lives carers to refresh or improve their knowledge and could form part of their annual review and personal development / training plan. Skills for Care have produced a Self-assessment Tool which is available for free download at www.skillsforcare.org.uk/Care-Certificate. The tool can be used to assess competency of existing Shared Lives carers against the 15 Care Certificate Standards and would identify areas in which further training is required. Skills for Care suggest that existing Shared Lives carers who have been trained in the Common Induction Standards could be assessed against the Care Certificate Standards to ensure that your workforce is trained to the same skill level across all areas.



Is the Care Certificate mandatory?

Although it is not a mandatory requirement, the Care Quality Commission (CQC) “will expect that appropriate staff who are new to services they regulate will achieve the competencies required by the Care Certificate as part of their induction.”

The CQC makes reference to the Care Certificate under Regulation 18 (2a) on Staffing and Regulation 19 (1b) on Fit and proper persons employed:

- Providers must ensure that they have an induction programme that prepares staff for their role. It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles (staffing) www.cqc.org.uk/content/regulation-18-staffing
- Providers should have systems in place to assess the competence of employees before they work unsupervised in a role. They must provide appropriate direct or indirect supervision until the person is assessed as competent to carry out their role. Competence may include the demonstration of a caring and compassionate approach. It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to assess their competence (fit and proper persons employed) www.cqc.org.uk/content/regulation-19-fit-and-proper-persons-employed#full-regulation

When referencing the Care Certificate under the regulations 18 and 19, the CQC make reference to staff and employees. Within Shared Lives this should be interpreted as a Shared Lives carer and not a scheme worker.

CQC released a statement in March 2015 detailing their position on the Care Certificate. In it they said:

“We understand that it will take some providers more time to make the transition from one induction framework to another. Some providers may have already mapped what they currently do to the new standards and identified improvements they can make. For others this will take longer. We do not expect all providers to have this in place on 1 April. Materials to help providers implement the Care Certificate are readily available and it is reasonable to expect providers to be implementing the new standards by the autumn.”

www.cqc.org.uk/sites/default/files/20150318_one_page_cqc_position_care_certificate.pdf

A note on Induction training and CQC requirements

Other than the expectation that Shared Lives schemes deliver the Care Certificate to new Shared Lives carers as part of their approval, the Care Quality Commission (CQC) does not prescribe how this should be undertaken. The CQC recognise the importance of an effective induction and training programme in delivering safe, effective, caring, responsive and well-led care.

Skills for Care have produced a document, “Recommendations for CQC Providers Guide” which is split into seven sections covering care management and leadership, finding and keeping workers, induction, continuing development, intelligence, innovation and quality improvement. Sections 4 and 5 of the guide are particularly important for Shared Lives schemes to refer to when reviewing their induction program to include the Care Certificate. The links to these can be found:

- Recommendations for CQC Providers Guide: Section 4 Inducting Care Workers <http://www.skillsforcare.org.uk/Document-library/Standards/Care-Quality-Commission/Recommendations%20for%20CQC%20Providers%20Guide%20Section-4---Inducting-Care-Workers.pdf>
- Recommendations for CQC Providers Guide: Section 5 Induction related training www.skillsforcare.org.uk/Document-library/Standards/Care-Quality-Commission/Recommendations%20for%20CQC%20Provider%20Guide%20Section-5---Induction-Related-Training.pdf

Skills for Care have mapped the 25 Common Induction Standards against the 15 Care Certificate Standards. For Shared Lives who need to reorganise their training to reflect this, the mapping tool can be found here www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

For Shared Lives schemes who use the Shared Lives learning materials (pre-approval training/post-approval training) these have been mapped across to the Care Certificate standards and are available for download on the Shared Lives Plus website, members area at www.sharedlivesplus.org.uk

The CQC Fundamental Standards and Key Lines of Enquiry will be mapped across to the Shared Lives Guidance and will be available for download on the Shared Lives Plus website, members area, in August 2015.

The 15 Care Certificate Standards

1. Understand your role
2. Your personal development
3. Duty of care
4. Equality and diversity
5. Work in a person centred way
6. Communication
7. Privacy and dignity
8. Fluids and Nutrition
9. Awareness of mental health, dementia and learning disability
10. Safeguarding adults
11. Safeguarding children
12. Basic life support
13. Health and safety
14. Handling information
15. Infection prevention and control

Full details of each of the Standards is given in the document “The Care Certificate Standards” which can be found here <http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx>

A note on Standard 12 Basic Life Support

It may be necessary to use a different assessor to assess Standard 12 - Basic Life Support than to the other Standards.

This Standard provides an exception, in that it may be appropriate to recognise prior learning where this can be clearly evidenced and is within the recommended refresher period.

Although e-learning and workbooks can support the learner, they must complete Practical Basic Life Support Training that meets the UK Resuscitation Council Guidelines; the minimum that should be covered is Cardio-Pulmonary Resuscitation (CPR).

The specific outcomes for CPR as stated by the UK Resuscitation Council can be found at www.resus.org.uk/cpr/learning-outcomes-for-cpr/ (adults) www.resus.org.uk/cpr/learning-outcomes-for-paediatric-cpr/ (paediatrics). If the Shared Lives carer will be supporting young people under 18 years old they must be given appropriate CPR training.

The UK Resuscitation Council also provide an assessment checklist www.resus.org.uk/cpr/cpr-skills-assessment/ and a FAQ that addresses questions such as, “Who can train people in cardiopulmonary resuscitation (CPR), and the use of automated external defibrillators (AEDs), and what qualifications should they hold?”, or “How should training be delivered?” www.resus.org.uk/faqs/faqs-training-in-cpr-and-aeds/

Where a Shared Lives scheme wishes to provide training that goes beyond these minimum requirements for the Care Certificate such as the use of an Automated External Defibrillator (AED) or an Emergency First Aid at Work course we would encourage this but these are not necessary in order to meet the requirements of the Care Certificate. Each Shared Lives scheme's Registered Manager will need to make a local decision on the level of Basic Life support required by their Shared Lives carers taking into account the nature of the Shared Lives carer's roles, however it is essential that Shared Lives carers are given basic first aid training which includes the content of the Shared Lives Guidance 4.04 Accidents, Dangerous Occurrences and First Aid.

An extract from Shared Lives Guidance 4.04 Accidents, Dangerous Occurrences and First Aid is provided here for ease of reference when developing Basic First Aid training which meets both the Care Certificate and our own Shared Lives Guidance:

It is important that everyone has an awareness of how to deal with and prevent accidents occurring in the home or the Shared Lives scheme's premises.

Having an understanding of the basic principles of First Aid is equally important and could save lives.

Shared Lives carers will be given basic first aid training. This will include an understanding of their own limitations and when it is appropriate to seek assistance from another person or professional who has been specially trained in first aid.

A first aid box will be available at the Shared Lives carer(s) home. It will be clearly labelled and show what is in the box.

Before giving any medication or dressings, the Shared Lives carer or trained first aider will check a person's Service User Plan to find out if they have any special requirements and to make sure they do not have any allergies or other reasons why they should not receive treatment.

The emergency services, GP or other health professional will be informed when appropriate and follow up treatment obtained when necessary. The person's family or main support provider will also be informed when this is relevant to their situation.

The Shared Lives carer will record details of any accidents or injuries and will report them to the Shared Lives scheme worker or scheme without delay.

Extract from Shared Lives Guidance 4.04 Accidents, Dangerous Occurrences and First Aid

Who can be an assessor?

The assessor is the person responsible for making the decision on whether the Shared Lives carer has met the Standard set out in the Care Certificate.

In order to be an assessor, the person must themselves have a thorough understanding and direct experience in what they assess. This might mean holding a qualification related to the role of assessor, however there is no requirement for assessors of the Care Certificate to hold any assessor qualification. For some standards, Shared Lives scheme workers and the Registered Manager will make suitable assessors as long as they are able to demonstrate that they are themselves competent through qualification or experience in the standard they are assessing. The same person may not be competent to assess every standard; different standards may require different assessors.

Skills for Care suggest that where the assessor does not hold a relevant qualification, they should be familiar with and work to the criteria set out in the National Occupational Standard LSILADD09 Assess Learner Achievement. Full details of this Standard can be found at the back pages of The Care Certificate Framework Assessor Document (pages 73-77)

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

Shared Lives Plus recommends- To evidence the competency of the assessor in the assessment of others against the criteria set out in the National Occupational Standard LSILADD09 "Assess Learner Achievement," a recorded discussion between the scheme's Registered Manager and each assessor would provide evidence of good practice for your Care Quality Commission (CQC) inspections

The role of the Registered Manager

The Shared Lives scheme is responsible for assuring the quality of the teaching and the assessment of the Care Certificate.

The Shared Lives scheme's Registered Manager can delegate assessments to others, but they must assure themselves that the standard of teaching and assessment is of sufficient quality that they can be confident that the Shared Lives carer has fully met the Standard.

The Registered Manager makes the ultimate decision in assessing whether the Shared Lives carer is competent across each of the Care Certificate standards and is responsible for signing off the Shared Lives carer's Care Certificate. However incorporating the views of other people in the decision making process is a form of decision-making quality assurance and would provide excellent evidence of good practice during your Care Quality Commission (CQC) inspection.

Each Shared Lives scheme can decide to what degree the Care Certificate is incorporated into their approval process for new Shared Lives carers or whether it is something separate.

If the Shared Lives scheme has a panel, evidence of Care Certificate assessments such as workbooks, recordings of observations, the views of work colleagues, the views of people using Shared Lives and their family carers could be discussed at panel. This would provide an opportunity for feedback and reflection of practice for the new Shared Lives carer. These panel discussions could form part of the Care Certificate assessment process and provide further evidence of competency against the Care Certificate standards and would quality assure the assessors' and the Registered Managers decision.

If the Shared Lives scheme does not have a panel, the views of work colleagues, the views of people using Shared Lives and their family carers gathered during the matching process can be incorporated into the Care Certificate assessment process as a tool for feedback and reflection of performance for the new Shared Lives carer.

Only the scheme's Registered Manager can sign off the Shared Lives carer as having successfully met all the Standards to achieve the Care Certificate.

How long should the Care Certificate take to complete?

Skills for Care expect that a new full time employee should complete the Care Certificate within 12 weeks of starting their new role, however it is not a requirement that the Care Certificate is completed in 12 weeks. Skills for Care Frequently Asked Questions states "...for full time staff the average amount of time taken for an employee that is new to health or social care to demonstrate the expected competences and knowledge is 12 weeks. This will vary from organisation to organisation and may depend upon a range of factors: the hours worked by the learner, the teaching methods chosen, previous educational achievement, resources and opportunities for assessment, the availability of assessors."

www.skillsforcare.org.uk/Document-library/Standards/Care-Certificate/Question-and-Answers-Social%20Care%20Professionals.docx

In Shared Lives, the assessment of a new Shared Lives carer's competency against the Standards can begin at the start of the pre-approval process and does not need to wait until they are a fully approved Shared Lives carer.

A new Shared Lives carer can also be approved by the Shared Lives scheme and not yet have completed all of the Care Certificate. Shared Lives Plus recommends that if this happens, a plan should be signed, agreed and documented, by the Shared Lives carer and the Shared Lives scheme worker, as to when these remaining assessments will be made. It is expected that all assessment of knowledge and understanding should be completed before approval as part of the induction process, but sometimes it may not be possible to complete all assessments of performance prior to approval of the new Shared Lives carer although effort should be made to do so at the earliest opportunity. For example if there are outstanding criteria which require assessment of performance, there will be detailed and documented plans in place to complete these during the matching process or in the very early days when interacting with a person wanting to use Shared Lives.

Portability

The Care Certificate is intended for new Shared Lives carers inducted in England after 1 April 2015 and is designed to be portable when changing roles or moving between employers.

If a person applying to be a Shared Lives carer has already been issued with a Care Certificate from another organisation, it is the Registered Manager's responsibility to ensure they are competent across all of the 15 Care Certificate standards.

The person will still need to attend the Shared Lives scheme induction for Shared Lives carers and may need additional training in specific skills before they are competent to support an individual in a Shared Lives setting, such as specialist training on epilepsy, or managing behavior that challenges.

Skills for Care have produced a Self-assessment Tool which can be used to assess competency across all the Care Certificate standards and identify areas in which further training is required. It is available for free download at:

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

If a person applying to be a Shared Lives carer has already been issued a Care Certificate from another organisation, it is the Registered Manager's responsibility to ensure they are competent for the role in which they will be working.

Shared Lives Plus recommends- Where available, the workbook and evidence gathered during the assessment process in the issuing organisation could be used as part of the Registered Manager's decision making process; they should not see the paper certificate as a mark of competency for their application to become an approved Shared Lives carer.

Remember, the assessments of performance would have been made in the care setting they were previously employed in, for example a residential care home and they may require different skills as a Shared Lives carer. Panel discussions, the views of colleagues and people using Shared Lives may assist with the Registered Manager's decision as to whether to accept the previously issued Care Certificate or whether further training in all or some of the Standards is required.

Types of Care Certificate assessment

Assessment of the Care Certificate should be as rigorous as the assessment of any formal qualification. The learner can't be "part-skilled" or "have some knowledge" and meet the Standard.

The Care Certificate Framework Assessor Document should be referred to as it gives full details of the criteria to which each Standard must be assessed and how they must be assessed. It can be found here <http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx>

Each assessment should be appropriate to the setting, the learner and the outcomes which are being assessed. There is no maximum number of "attempts." It is the assessor's decision as to when the Shared Lives carer is competent against the Standard. There is no maximum or minimum amount of evidence which needs to be collected.

The Care Certificate Standards require two types of assessment

- **Assessment of knowledge and understanding** (These criteria will be prefixed with words such as "describe," "explain," "define," "list," "identify")
- **Assessment of performance** (These criteria will be prefixed with words such as "demonstrate," "take steps to," "use," "contribute to," "show") These are the criteria which will require observational, out of line of sight assessment. More detail will be given later in this document.

Evidence can be collected or recorded in whatever way the assessor deems suitable.

Assessment records can include but are not restricted by:

- Oral or written records
- A small project e.g. poster presentation
- Multiple choice questions (though not always appropriate for criteria which ask the person to "explain" or "describe.")
- Portfolio work
- Record of simulated activity
- Observation records

Certificates of attendance, attendance on study days or e-learning without assessment of what has been achieved is not evidence towards achievement of the Care Certificate.

Skills for Care have produced workbooks and presentations for each of the 15 Care Certificate Standards. These can be found here www.skillsforcare.org.uk/Standards/Care-Certificate. It is not essential that these workbooks and presentations are used by Shared Lives schemes but they may be helpful in providing evidence that the Shared Lives carer is competent in knowledge and understanding across each of the criteria for that Standard. It is not sufficient to simply work through the questions in the Care Certificate Workbook and then sign the Shared Lives carer off as competent. Observational assessments must also take place for the majority of Standards (see **Appendix a, Table showing type of assessment type required for each of the 15 Care Certificate Standards** and the separate section within this Guidance titled "Assessment of performance (observations) and how to achieve these in Shared Lives" on page 16).

At the back of each Skills for Care Care Certificate workbook is a “Progress log, mapping and sign off document.” Even if the full workbook is not used for that Standard and another method is used for recording evidence, this log is a concise way to monitor the progress of each Shared Lives carer and record the assessment method for each of the criteria. It also maps to Common Induction Standards which will help when transitioning to the Care Certificate.

Care Certificate Standard 3 Outcome	Care Certificate Standard 3 Criteria	Knowledge/ Competence	Question within workbook	QCF unit: Introduction to duty of care in health, social care or children's and young people's settings P = Partial F = Full	QCF unit: Principles for implementing duty of care in health, social care or children's and young people's settings P = Partial F = Full	National Minimum Training Standards: Standard 5 – Duty of care	Common Induction Standards: Standard 5 – Principles for implementing duty of care	Assessment method used	Evidence location	Sign-off initials	Date
3.1 Understand how duty of care contributes to safe practice	3.1a Define 'duty of care'	K	3.1a	AC1.1 – F	AC1.1 – P	5.1.1	S5 – 1.1				
	3.1b Describe how the duty of care affects their own work role	K	3.1b	AC1.2 – F	AC1.1 – P	5.1.1	S5 – 1.1				
3.2 Understand the support available for addressing dilemmas that may arise about duty of care	3.2a Describe dilemmas that may arise between the duty of care and an individual's rights	K	3.2a	AC2.1 – F	AC2.1 – P	5.2.1	S5 – 2.1				
	3.2b Explain what they must and must not do within their role in managing conflicts and dilemmas	K	3.2b and c			5.2.2	S5 – 2.2				
	3.2c Explain where to get additional support and advice about how to resolve such dilemmas	K	3.2b and c	AC2.2 – F	AC2.3 P	5.2.3	S5 – 2.3				

Although each of the Standards are independent they are also in many instances inter-related. It is much more efficient to use the same evidence to meet different Standards wherever possible. This is called holistic assessment and every opportunity to assess holistically and proportionally should be taken.

Shared Lives Best Practice- It is essential that there is an auditable record of the assessment decisions made by assessors. This is important for both assessment of knowledge understanding as well as for assessment of performance.

The Shared Lives application, pre-approval and matching process is conducive to preparing new Shared Lives carers for the high quality, person centred care and support they will be required to provide as Shared Lives carers.

If Shared Lives schemes record these processes in such a way that incorporates the criteria of the Care Certificate standards, evidence of knowledge and understanding and performance can be collected naturally throughout these processes and will minimise the need for set pieces of work to gather the necessary evidence.

Auditable records of assessment decisions is important evidence to demonstrate to Care Quality Commission (CQC) that your Shared Lives scheme is safe, effective, caring, responsive, well-led and training records may be asked for during inspection.

Assessment of performance (observations) and how to achieve these in Shared Lives

When criteria are prefixed with words such as “demonstrate,” “take steps to,” “use,” “contribute to,” “report,” “show” these identify the criteria which will require assessment of performance / observation of the Shared Lives carer in practice. It is this form of observational assessment which can sometimes prove challenging in Shared Lives. Unless the Framework Assessor Document specifically says that stimulated activity or role play is acceptable, evidence is to be observed and collected during real work activity and interaction with people who use Shared Lives.

It is the role of the assessor in the Care Certificate to “supervise” the Shared Lives carer 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
- **Authentic** - the evidence, or an intended 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

Supervision in the context of the Care Certificate

Supervision might be undertaken by a Shared Lives scheme manager or Shared Lives scheme worker, acting as an assessor.

The nature of supervision varies depending on the context, competency and activities being carried out by the Shared Lives carer. Supervision must be on-going and appropriate for the experience of the Shared Lives carer and the context in which they are working.

The supervision needed may be:

- Direct supervision - the Shared Lives carer must be in the line-of-sight of the supervisor/ assessor who is present to observe tasks and activities and can intervene immediately if required. Direct supervision should be maintained until the Shared Lives carer is assessed as being safe to leave alone with responsibility for people they support.
- Indirect/remote supervision – where there is reliance on processes being in place to provide guidance and support without the supervisor actually being present. This is sometimes called out of line-of-sight supervision. This requires the Shared Lives carer to:
 - Have had appropriate training
 - Have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice)
 - Know their limitations
 - Know when and how to seek advice from the supervisor.

Good management practice and the assessment of performance require that even following certification, Shared Lives schemes will check and re-check periodically. Examples might include monitoring and review visits and periodic conversations with the person using Shared Lives to ensure they are satisfied with the support being provided by the Shared Lives carer.

Therefore no Shared Lives carer should be working totally unsupervised.

The processes of recruitment, assessment, approval and induction help to prepare a Shared Lives carer to effectively support a person in a Shared Lives arrangement. The matching process ensures that a match is only made once all three parties (Shared Lives carer, person using Shared Lives, Shared Lives scheme worker or Manager) are content that support provided within the arrangement would be satisfactory.

Ideally, the observations for the Care Certificate would all be made discretely during matching meetings. However it is unlikely that matching meetings will provide all the evidence required to sign a Shared Lives carer off as competent across all the Standards which require assessment of performance.

With the introduction of the Care Certificate, schemes will have to think of creative ways in which people who use Shared Lives are able to interact with people who are going through the Shared Lives carer approval and induction process.

Records made during these interactions would not only contribute to the Care Certificate but would also contribute evidence to the approval panel or decision making process for the Registered Manager around approval of the new Shared Lives carer.

The views of work colleagues, people using Shared Lives, family carers and other professionals



Where can assessment of performance take place?

Assessment of performance can take place in a variety of settings, but should always maintain the privacy and dignity of the person being supported. Skills for Care say that observations must take place in the workplace. Due to the community based nature of Shared Lives, this could be in a variety of places. Settings could include but are not limited to:

- The place where the person wanting to use Shared Lives currently lives
- The new Shared Lives carer's home
- A community setting, such as a café, a library, a pub or anywhere that the person using Shared Lives and the new Shared Lives carer would feel comfortable
- A training room that the Shared Lives scheme is using to train new Shared Lives carers
- Alternative provision (see note)

It may be suitable for some assessment of performance to take place with the members of the new Shared Lives carer's household, depending on the nature of the meeting.

Shared Lives Plus recommends- Where possible, observations which focus upon facilitating independence, community connecting, building friendships, increasing peoples circles of support and social networks, offering choice and control, positive risk taking and building peer support in a person centred ways, as these assess the skills which provide the best support and outcomes for people who use Shared Lives.

The observations and matching process is an ideal opportunity to guide new Shared Lives carers into person centred ways of supporting people using Shared Lives to live good lives in ordinary family homes and to feel valued as part of their communities.

Shadowing staff in alternative provision such as day services or in a care home setting may not always be conducive to training new Shared Lives carers in the ways of Shared Lives. Shared Lives requires a specific set of skills which may be diluted by observing practice in alternative settings.

Standard	Criteria which require observation	Notes
<p>1. Understand your role</p>	<p>1.1c Demonstrate that they are working in accordance with the agreed ways of working with their employer (in Shared Lives this means Demonstrate that they are working in accordance with the agreed ways of working with their local Shared Lives scheme)</p> <p>1.2.d Demonstrate how to access full and up to date details of agreed ways of working that are relevant to their role</p> <ul style="list-style-type: none"> ■ Shared Lives carers agreement ■ care plan ■ Shared Lives agreement <p>1.4c Demonstrate ways of working that can help improve partnership working</p> <p>1.4d Demonstrate how and when to access support and advice about a) partnership working b) resolving conflicts</p>	<p>1.1c This can be observed holistically during matching and introductory meeting, or during interaction in induction with people who use Shared Lives</p> <p>1.2d Can be observed in a classroom or in the Shared Lives carer's home. The person who uses Shared Lives does not need to be present</p> <p>1.4c Simulation/ role play using scenarios is permitted if no situation arises during induction period</p> <p>1.4d Simulation/ role play using scenarios is permitted if no situation arises during induction period</p> <ul style="list-style-type: none"> ■ awareness of where to find company complaints procedure ■ awareness of company structure and line management hierarchy ■ awareness of other health and social care professionals who may support the person using Shared Lives ■ awareness of the importance of own social networks to support the person using Shared Lives

Standard	Criteria which require observation	Notes
<p>2. Your personal development</p>	<p>2.1d Contribute to drawing up their own personal development plan (PDP)</p> <p>2.1e Agree a personal development plan (PDP)</p> <p>2.2f Demonstrate how to measure their own knowledge, performance and understanding against relevant standards</p> <p>2.2h Demonstrate how to record progress in relation to their personal development</p>	<p>2.1 d, e, f, h, Can be observed in a classroom or in the Shared Lives carer's home. Person who uses Shared Lives does not need to be present</p> <p>Personal development discussion: Discuss their prior experience of working in health and/or social care; their Personal Development Plan should reflect this.</p> <p>Skills for Care have produced a Care have produced a Self-assessment Tool which is available for free download at www.skillsforcare.org.uk/Standards/Care-Certificate The tool can be used to assess competency against the 15 Care Certificate Standards and would identify areas in which further training is required.</p> <p>For people with no prior experience, the Shared Lives 25 Knowledge and Skill Statements could be used to measure their own performance against</p> <p>Are there areas in which they wish to improve on or need refreshers on?</p> <p>E.g. if they have supported older people in a care home in the past, and are now hoping to support a younger person with a physical disability, what gaps in their knowledge may they have? What training would they need specific to their role? E.g. moving and handling, nutrition, diabetes management.</p>

Standard	Criteria which require observation	Notes
		*For this observation to be most effective the Personal Development Plan could be revisited once matching has taken place, to ensure they are fully trained in the particular and specific needs of the individual they will be supporting- taking it from general awareness to personalised, tailored understanding of the individual they will be supporting after matching
3. Duty of care	<p>3.3a Demonstrate how to respond to comments and complaints in line with legislation and agreed ways of working</p> <p>3.5d Demonstrate how and when to access support and advice about resolving conflicts</p>	3.3a & d Simulation/role play using scenarios is permitted if no situation arises during induction period.
4. Equality and diversity	4.2b Demonstrate interaction with individuals that respects their beliefs, cultures, values and preferences	4.2b This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives
5. Work in a person centred way	<p>5.3a Take appropriate steps to remove or minimise the environmental factors causing the discomfort or distress. This could include</p> <ul style="list-style-type: none"> ■ lighting ■ noise ■ temperature ■ unpleasant odours 	<p>5.3a This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p> <p>It is unlikely that any distress will be observed during the induction period but during a risk assessment visit at the Shared Lives carers home prior to any matching the assessor could lead a discussion around what the Shared Lives carer would do if the person they were supporting experienced distress through environmental factors and how the Shared Lives carer would minimise this E.g. ensure the temperature of the radiators in the room can be changed, ensure the lighting in the house is suitable for the person who will be matched with them</p>

Standard	Criteria which require observation	Notes
	<p>5.3b Report any concerns they have to the relevant person. This could include:</p> <p>Shared Lives scheme worker Shared Lives scheme Registered Manager Social worker Day support staff Employer or education provider</p> <p>5.4a Raise any concerns directly with the individual concerned</p> <p>5.4b Raise any concern with their Shared Lives scheme worker/ Shared Lives Registered Manager</p> <p>5.4c Raise any concerns via other channels or systems</p> <p>5.5a Check where individuals have restricted movement or mobility that they are comfortable</p> <p>5.5b Recognise the signs that an individual is in pain or discomfort. This could include:</p> <p>Verbal reporting from the individual, Non-verbal communication, Changes in behaviours</p>	<p>5.3b, 5.4a, 5.4b, 5.4c Assessor to satisfy themselves that the Shared Lives carer is aware of potential distressing factors for the individual they are supporting- make sure this is as specific to the individual they are matched with as possible.</p> <p>The assessor should satisfy themselves that before being allowed to work unsupervised that the Shared Lives carer knows who to go to and how to report things if they are not able to minimise distress of the individual they are supporting e.g. out of hours reporting contact details. Shared Lives carer should demonstrate awareness of the Shared Lives scheme's reporting procedure</p> <p>5.5a If the person using Shared Lives has restrictions on movement or mobility this can be observed holistically during matching meetings to ensure the Shared Lives carers are competent to support the person when working unsupervised.</p> <p>If the person using Shared Lives has no restrictions on movement or mobility the assessor could ask the person using Shared Lives if they are comfortable in their surroundings in the Shared Lives carer's home and what the Shared Lives carer has done to facilitate this.</p>

Standard	Criteria which require observation	Notes
	<p>5.5b Recognise the signs that an individual is in pain or discomfort. This could include:</p> <p>Verbal reporting from the individual, Non-verbal communication, Changes in behaviours</p> <p>5.5c Take appropriate action where there is pain or discomfort, this could include:</p> <p>Repositioning Giving prescribed pain relief medication Ensure equipment or medical devices are working properly or in the correct position e.g. wheelchairs, prosthetics, catheter tubes</p> <p>5.6b Demonstrate that their own attitudes and behaviours promote emotional and spiritual wellbeing</p>	<p>5.5b & 5.5c This may be observed holistically during matching meetings. This could be done through recording a discussion with a Shared Lives scheme worker about what they would do if a person they specifically support in Shared Lives was in discomfort, based on the actual person and the support needs they have. Could be incorporated into medication training e.g. what to do if the person using Shared Lives complains of a headache, what to do, where to record, who to report to if ongoing</p> <p>5.6b Can be observed in a classroom or in the Shared Lives carer's home. Person who uses Shared Lives does not need to be present although if they are, additional evidence could be gathered. Evidence could be gathered through a structured question aimed at the Shared Lives carer at panel or at interview around likes and dislikes / beliefs / hopes and wishes for the future / how will they ensure the person they support in a Shared Lives arrangement will be supported to maintain and promote their emotional and spiritual wellbeing.</p> <p>If Shared Lives carer training or Shared Lives Learning is used as part of the recruitment and induction process, opportunity will arise for the Shared Lives carer to demonstrate that their own behaviours promote emotional and spiritual wellbeing when covering the Equality and Inclusion Programme.</p>

Standard	Criteria which require observation	Notes
	<p>5.6c Support and encourage individuals own sense of identity and self-esteem</p> <p>5.6d Report any concerns to the appropriate person. This could be: Shared Lives scheme worker Shared Lives scheme Registered Manager Social worker</p> <p>5.7a Demonstrate that their actions promote person centred values including: Individuality, privacy, independence, respect, rights</p>	<p>5.6c This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p> <p>Another option would be asking a question to the Shared Lives carer during their induction (at interview or at panel?) about how they would support and encourage a sense of identity and self-esteem.</p> <p>If Shared Lives carer training or Shared Lives Learning is used as part of the recruitment and induction process, opportunity will arise for the Shared Lives carer to demonstrate that they are able to support and encourage another person's sense of identity and self-esteem when covering the Equality and inclusion Programme.</p> <p>5.6d Simulation/role play using scenarios is permitted if no situation arises during induction period. If no occurrence comes up during matching meeting, assessor to satisfy themselves that the Shared Lives carer is aware of how they would report any concerns about the systems and processes to follow if concerns about an individual's emotional and spiritual wellbeing and self-esteem are discovered</p> <p>5.7a This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p>

Standard	Criteria which require observation	Notes
<p>6. Communication</p>	<p>6.5a Demonstrate the use of appropriate verbal and non-verbal communication:</p> <p>Verbal: Tone, Volume Non-verbal: Position/proximity, Body language, Touch, Signs, Symbols and pictures, Writing, Objects of reference, Human and technical, Communication may take place: By telephone or text, Face to face, by email, internet or social networks, by written reports or letters</p> <p>6.6a Check that communication aids/technologies are: Clean Work properly In good repair</p> <p>6.6b Report any concerns about the communication aid / technology to the appropriate person. This could include:</p> <p>Shared Lives scheme worker Shared Lives scheme Registered Manager Family member Occupational Therapist General Practitioner</p>	<p>6.5a This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p> <p>6.6a It is unlikely that this criteria can be met in the majority of Shared Lives arrangements. The nature of the support provided in Shared Lives arrangements mean that Shared Lives carers do not always support people who use communication aids. Without this interaction, the Shared Lives carer cannot provide evidence that they meet this criteria so would be unable to achieve the Care Certificate. This has been raised with Skills for Care and they are seeking further advice from The Department of Health.(July 2015)</p> <p>6.6b Simulation/role play using scenarios is permitted if no situation arises during induction period. If no occurrence comes up during matching meeting, assessor to satisfy themselves that the Shared Lives carer is aware of how they would report any concerns about communication of the individual they are supporting and that they understand the reporting process</p>

Standard	Criteria which require observation	Notes
<p>7. Privacy and dignity</p>	<p>7.2a Demonstrate that their actions maintain the privacy of the individual. This could include:</p> <ul style="list-style-type: none"> ■ Using appropriate volume to discuss the care and support of an individual ■ Discussing the individuals care and support in a place where others cannot overheard 	<p>7.2a This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p>
	<p>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 when providing personal care This could include:</p> <p>Making doors screens or curtains are in the correct position Getting someone's permission before entering their personal space Knock before entering the room Ensuring any clothing is positioned correctly The individual is positioned appropriately e.g. the individual is not exposing any parts of their body they would not want others to see</p>	<p>7.2b If personal care is to be provided by the Shared Lives carer, an observation is to be made by an assessor in which the Shared Lives carer demonstrates that they are able to demonstrate the criteria set in 7.2b.</p> <p>Depending on the level of personal care required this may be most appropriate to take place once the person has been fully approved as a Shared Lives carer and the match has taken place.</p> <p>One option is that once the Shared Lives carer has been approved, and has attended a number of successful matching meetings and the Shared Lives carer and the person who will be using Shared Lives both feel they would like to make the match together, then the Shared Lives carer could visit the current home of the person they will be sharing with to shadow the persons existing support in regards to personal care to ensure that they do things in the way that they like and that works for them. One thing to take into account is the expected quality of existing personal care. If there are concerns about the standard of existing care, then another option would be that a Shared Lives scheme worker could directly supervise the new Shared Lives carer with personal care until assessed as being competent to work unsupervised.</p>

Standard	Criteria which require observation	Notes
		<p>Another option would be for the assessor to carry out an “out of line of sight” observation whilst personal care is being carried out, so that dignity and privacy is maintained.</p> <p>Another option would be for the assessor to arrange a talk with the person who is using Shared Lives about privacy and dignity and about whether they feel they were supported in the way that they were satisfied with whilst the Shared Lives carer was carrying out their personal care. Another conversation should be held with the Shared Lives carer to ensure that they also felt they had all the skills required to carry out the personal care task to the highest standard. All conversations should be recorded, signed by both parties and dated to ensure they are Valid, Authentic, Current, Reliable, and Sufficient. This should be done soon after the first personal care task has been carried out by the Shared Lives carer so that any issues can be addressed quickly.</p> <p>If no personal care is to be carried out this causes a challenge for Shared Lives carers working towards the Care Certificate. Without this interaction, the Shared Lives carer cannot provide evidence that they meet this criteria so would be unable to achieve the Care Certificate. This has been raised with Skills for Care and they are seeking further advice from The Department of Health (July 2015)</p>

Standard	Criteria which require observation	Notes
		<p>7.2d Simulation/role play using scenarios is permitted if no situation arises during induction period. If no occurrence comes up during matching meeting, assessor to satisfy themselves that the Shared Lives carer is aware of how they would report any concerns and that they understand the reporting process</p> <p>7.4a This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives. Think about positive risk taking/choice and control/difference between supporting adults and children if the Shared Lives carer has a background in fostering</p> <p>7.4b This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p> <p>Before allowing a Shared Lives carer to work unsupervised with a person using Shared Lives the assessor must satisfy themselves that the new Shared Lives carer knows where to find the risk assessment for the individual they are supporting and that they understand and is suitably competent to manage potential risks for the person they are matching with. This can be done without the person using Shared Lives being present.</p>
	<p>7.4d Report any concerns they have to the relevant person. This could include:</p> <p>Shared Lives scheme worker Shared Lives scheme Registered manager Social worker</p>	<p>7.4d Simulation/role play using scenarios is permitted if no situation arises during induction period. If no occurrence comes up during matching meeting, assessor to satisfy themselves that the Shared Lives carer is aware of how they would report any concerns and that they understand the reporting process</p>

Standard	Criteria which require observation	Notes
	<p>7.6a Demonstrate that they can support the active participation of individuals in their care</p> <p>7.6c Report any concerns to the relevant person. This could include: Shared Lives scheme worker Shared Lives scheme Registered Manager Social worker</p>	<p>7.6a This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p> <p>7.6c Simulation/role play using scenarios is permitted if no situation arises during induction period. If no occurrence comes up during matching meeting, assessor to satisfy themselves that the Shared Lives carer is aware of how they would report any concerns and that they understand the reporting process</p>
<p>8. Fluids and nutrition</p>	<p>8.2a Check that drinks are within reach of those that have restrictions on their movement/mobility</p>	<p>8.2a This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p> <p>If the person being supported has restrictions on their movement/mobility this should be observed during the matching, for example when the Shared Lives carer makes a drink at a matching session, or in the community at a café or plans with the assessor how they will reduce barriers to independence with eating and drinking within the home environment</p> <p>If the person being supported does not have restrictions on mobility, the assessor should ensure that the Shared Lives carer has shown them where the drink making facilities are and that they can help themselves (in line with the risk assessment as per 7.4b and their care plan as per 8.2c and 8.2d)</p>

Standard	Criteria which require observation	Notes
	<p>8.2b Check that drinks are refreshed on a regular basis</p>	<p>The person using Shared Lives could contribute to this observation by being involved in a conversation with an assessor on this once an arrangement has been set up. The conversation should be recorded, dated and signed so that the evidence collected for the Care Certificate is Valid, Authentic, Current, Reliable and Sufficient. It should take place soon after the arrangement has been set up so that any issues can be addressed quickly, without leaving the person using Shared Lives with unsuitable support</p> <p>8.2b This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p> <p>If the person being supported requires drinks making for them by their Shared Lives carer observe this at matching meeting</p> <p>If the person being supported is independent with making drinks, make sure that the Shared Lives carer makes verbal prompts to ensure fluids are maintained</p> <p>The person using Shared Lives could contribute to this observation by answering a question on this once an arrangement has been set up. The conversation should be recorded so that the evidence collected for the Care Certificate is Valid, Authentic, Current, Reliable and Sufficient. It should take place soon after the arrangement has been set up so that any issues can be addressed quickly, without leaving the person using Shared Lives with unsuitable support</p>

Standard	Criteria which require observation	Notes
	<p>8.2c Check that individuals are offered drinks in accordance with their plan of care</p> <p>8.2d Support and encourage individuals to drink in accordance with their plan of care</p> <p>8.2e Know how to report any concerns to the relevant person. This could include: Shared Lives scheme worker Shared Lives scheme Registered Manager Social worker Day support staff Employer or education provider</p>	<p>8.2c & 8.2d Before allowing a Shared Lives carer to work unsupervised with a person using Shared Lives the assessor must satisfy themselves that the new Shared Lives carer knows where to find the care plan for the individual they are supporting and that they understand it and is suitably competent to support, offer and encourage the person using Shared Lives to drink in accordance with their care plan The person using Shared Lives could contribute to this observation by being involved in a conversation with an assessor on this once an arrangement has been set up. The conversation should be recorded so that the evidence collected for the Care Certificate is Valid, Authentic, Current, Reliable and Sufficient. It should take place soon after the arrangement has been set up so that any issues can be addressed quickly, without leaving the person using Shared Lives with unsuitable support</p> <p>8.2e Simulation/role play using scenarios is permitted if no situation arises during induction period. If no occurrence comes up during matching meeting, assessor to satisfy themselves that the Shared Lives carer is aware of how they would report any concerns and that they understand the reporting process</p>

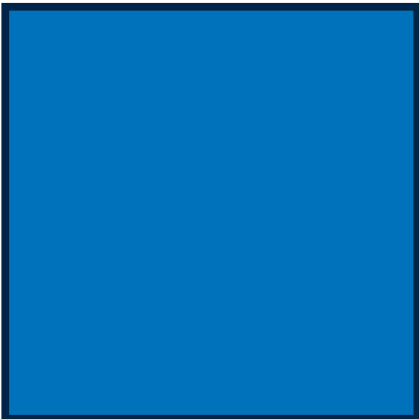
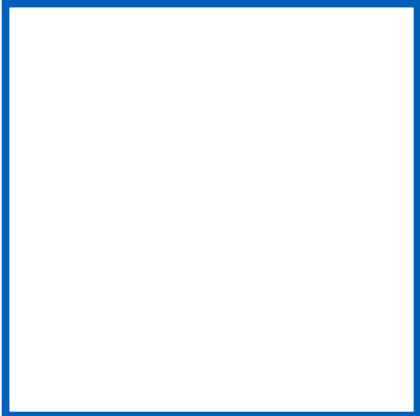
Standard	Criteria which require observation	Notes
	<p>8.3a Check that any nutritional products are within reach of those that have restrictions on their movement/mobility</p>	<p>8.3a This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.</p> <p>If the person being supported has restrictions on their movement / mobility this observation should be made during the matching, for example when the Shared Lives carer makes a meal at a matching session, or in the community at a café, or plans with the assessor how they will reduce barriers to independence with eating and drinking within the home environment</p> <p>If the person being supported does not have restrictions on mobility, ensure that the individual knows where the kitchen facilities are and the things that they can help themselves to (in line with the risk assessment as per 7.4b and their care plan as per 8.2c and 8.2d)</p> <p>The person using Shared Lives could contribute to this observation by being involved in a conversation with an assessor on this once an arrangement has been set up. The conversation should be recorded so that the evidence collected for the Care Certificate is Valid, Authentic, Current, Reliable and Sufficient. It should take place soon after the arrangement has been set up so that any issues can be addressed quickly, without leaving the person using Shared Lives with unsuitable support</p>

Standard	Criteria which require observation	Notes
	<p>8.3b Check food is provided at the appropriate temperature and in accordance with the plan of care i.e. the individual is able to eat it</p> <p>8.3c Check that appropriate utensils are available to enable the individual to meet their needs as independently as possible</p> <p>8.3d Support and encourage individuals to eat in accordance with their plan of care</p>	<p>8.3b Unless the assessor attends a meal at the Shared Lives carer's home this is difficult to observe in a Shared Lives setting. Evidence to demonstrate that the Shared Lives carer is competent against criteria 8.3b could be collected by asking a question to person using Shared Lives after the match has been made. The conversation should be recorded so that the evidence collected for the Care Certificate is Valid, Authentic, Current, Reliable and Sufficient. It should take place soon after the arrangement has been set up so that any issues can be addressed quickly, without leaving the person using Shared Lives with unsuitable support</p> <p>8.3c Observation can be made in the Shared Lives carers home, individual does not need to be present, evidence could be collected at the same time as risk assessing the home and collecting evidence for 13.6b.</p> <p>8.3d Before allowing a Shared Lives carer to work unsupervised with a person using Shared Lives the assessor must satisfy themselves that the new Shared Lives carer knows where to find the care plan for the individual they are supporting and that they understand it and is suitably competent to encourage the person using Shared Lives to eat in accordance with their care plan</p>

Standard	Criteria which require observation	Notes
	<p>8.3e Know how to report any concerns to the relevant person. This could include: Shared Lives Scheme worker Shared Lives Registered Manager Social Worker Occupational Therapist Day support staff Employer or education provider</p>	<p>The person using Shared Lives could contribute to this observation by being involved in a conversation with an assessor on this once an arrangement has been set up. The conversation should be recorded so that the evidence collected for the Care Certificate is Valid, Authentic, Current, Reliable and Sufficient. It should take place soon after the arrangement has been set up so that any issues can be addressed quickly, without leaving the person using Shared Lives with unsuitable support</p> <p>8.3e Simulation/role play using scenarios is permitted if no situation arises during induction period. If no occurrence comes up during matching meeting, assessor to satisfy themselves that the Shared Lives carer is aware of how they would report any concerns and that they understand the reporting process</p>
9. Awareness of mental health, dementia and learning disability	No observations required	No observations required
10. Safeguarding Adults	10.1j Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing health and care services	10.1j This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives.
11. Safeguarding Children	No observations required	No observations required
12. Basic Life Support	*Must be PRACTICAL Basic Life Support	Assessor must observe competence in Basic Life Support. See page eight of this document, "A Note on Standard 12 Basic Life Support" for full details

Standard	Criteria which require observation	Notes
<p>13. Health and Safety</p>	<p>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</p> <p>13.6b Demonstrate safe practices for storing, using and disposing of hazardous substances</p>	<p>13.3c This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives particularly 7.2b Personal care observation, 12 basic life support</p> <p>Or evidence can be collected during separate manual handling training if this is relevant to the individual they will be supporting.</p> <p>The individual does not necessarily need to be involved in the assessment if other ways of assessing competence against the criteria can be found.</p> <p>13.6b Can be observed in the Shared Lives carer's home. Person who uses Shared Lives does not need to be present. Can be done before matching and before any interaction with people who use Shared Lives if this fits best into your Shared Lives scheme processes.</p>
<p>14. Handling information</p>	<p>14.1c Demonstrate how to keep records that are up to date, complete, accurate and legible</p>	<p>14.1c This can be observed following a matching meeting or following interaction in induction with people who use Shared Lives. The Shared Lives carer could complete records relevant to the session as part of a reflection session. The person using Shared Lives does not need to be present whilst records are being completed- but the records assessed should be written up following real life situations that the Shared Lives carer has experienced.</p> <p>(Records to consider- care plan, journal, activity log or diary, risk assessment, medication MAR forms, incident form, financial records) (E.g. if the person they were supporting was given a 7 day course of antibiotics which they needed support to administer or if they needed support to manage their money appropriate records should be kept and assessed).</p>

Standard	Criteria which require observation	Notes
		Record keeping should be checked as best practice during monitoring and review meetings
15. Infection prevention and control	15.1b Demonstrate effective hand hygiene	15.1b This can be observed holistically during matching meetings or during interaction in induction with people who use Shared Lives. It could also be demonstrated during a home visit prior to matching with the assessor and the Shared Lives carer.



Before the observation

It is important for the assessor to ensure that all parties are clear of the purpose and the focus of the observation and that everyone consents.

Confidentiality should be discussed to ensure all parties understand what will happen to the notes and records made during the observation and who will have access to them.

If an observation is to take place during matching, the assessor is to ensure that the Shared Lives carer has had time to read the care plan, risk assessment and any other relevant documents prior to the meeting and they have had the opportunity to ask questions in a private setting before meeting the person using Shared Lives.

The assessor should explain where and when feedback will be given, following the observation, and the process for this.

Gaining consent

In most cases, gaining consent to observe a new Shared Lives carer's practice should not be a barrier as most people recognise the importance of training, supervision and assessment in the development of Shared Lives carers. Some people who use Shared Lives may feel that having additional people their home is intrusive. If observations are made in a setting outside of their home, such as a café or the Shared Lives scheme, they may also feel that they are being watched or judged in some way. This can often be overcome if the Shared Lives scheme worker acting as an assessor is known to the individual or introduces themselves in advance of the planned visit. This meeting should be used to explain the reason for the observation, using their preferred form of communication, explaining that it is a way of ensuring that they receive high quality care and support during their Shared Lives arrangement.

If the individual is unable to provide consent to being observed for themselves, they should initially be supported to do so by the Shared Lives scheme, if they still are unable to provide consent the observation would need to be discussed with the responsible person in place to make a best interests decision. Good practice would be to have consent in writing, to prevent issues arising at a later date. It is always important to remain flexible during observations; signs of distress should always be looked for during an observation or a matching meeting and action taken appropriately.

Shared Lives Plus have produced a consent form which assessors can use to record consent to observations for people using Shared Lives. See Consent to observation form in plain English, also in Easy Read format, available from the members area of the Shared Lives Plus website www.sharedlivesplus.org.uk

During the observation

Whilst the observation is taking place the assessor should try to stand back if possible. This will allow the Shared Lives carer to act in their usual way and will help the assessor to identify their level of skill and any further learning and development requirements they may have. Unless the assessor is directly supervising the Shared Lives carer then it may be most suitable to use an out of the line-of-sight observation.

If the observation is taking place in a group situation with a group of people who use Shared Lives and with a group of people who would like to be Shared Lives carers it may be appropriate for the assessor to set up a group discussion but then try to step back to observe and make notes on individual Shared Lives carers from a distance. This will allow time for a more natural conversation to develop and will help the assessor to identify their level of skill and any further learning and development requirements they may have.

If, during an observation, the assessor is unsure why a new Shared Lives carer is working or acting in a particular way, they should 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 others. If the assessor observes any health and safety or safeguarding issues that may be harmful to the person using Shared Lives, anyone else in the household or the new Shared Lives carer the assessor will need to intervene immediately. Ensure this is done in a way that is supportive and reassuring for the person using Shared Lives and the worker.

Shared Lives Plus have produced a form which assessors can use to record observations on. This would contribute to the paper trail of assessments for CQC. See Recording of observation Form, available from the members area of the Shared Lives Plus website www.sharedlivesplus.org.uk

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 assessor, depending on how the Shared Lives carer deals with the unexpected situation. As a professional, the assessor will be able to judge the situation and take appropriate action. The assessor should be flexible when completing the observation, it will help collect some excellent holistic evidence.

After the observation

There should be an opportunity for the Shared Lives carer to receive feedback on their observation. Feedback should be given sensitively and in a time and place where conversation can be held whilst maintaining the privacy and dignity of all those involved. Sometimes when people are learning they concentrate on the areas requiring development and they fail to see that there are positive aspects too. Shared Lives Plus have produced a form which assessors can use to feedback from observations on. This would contribute to the paper trail of assessments for CQC. See Feedback from observation form, available from the members area of the Shared Lives Plus website www.sharedlivesplus.org.uk

Shared Lives recommends- write up the observation as soon as possible after the event. Records can be made in whatever way the assessor deems suitable.

If a copy of the notes are to be given to the worker, confidentiality of the person or people they have been observed with must be maintained.

Make a note of any questions and answers discussed during feedback as this will be valuable evidence to prove competency.

To ensure this document is valid the assessor should sign and date it.

This documentation will help to provide excellent evidence of good practice during your Care Quality Commission (CQC) inspections.

Examples of observations that are realistic for Shared Lives

Assessment of performance (observations) can be made at 3 distinct different stages in the recruitment and assessment process of new Shared Lives carers.

1. Observations which can potentially be done without a person using Shared Lives being present (**Standard 1 Understand your role (part)** , **Standard 2 Your personal development**, **Standard 12 Basic Life Support**, **Standard 13 Health and safety**, **Standard 14 Handling information**)
2. Some observations require interaction with people who use Shared Lives. (**Standard 1 Understand your role (part)**, **Standard 3 Duty of care**, **Standard 4 Equality and diversity**, **Standard 5 Work in a person centered way**, **Standard 6 Communication**, **Standard 7 Privacy and dignity (part)** , **Standard 10 Safeguarding adults**, **Standard 15 Infection control and prevention**)
3. Some observations contain criteria which are potentially more intrusive than others and assessment of performance against these criteria may need to wait until the very end of the new Shared Lives carer's induction, once the new Shared Lives carer has been approved and matched with a person using Shared Lives (**Standard 7 Privacy and dignity (part)** , **Standard 8 Fluids and nutrition**)

NB Standard 9 Awareness of mental health, dementia and learning disability and Standard 11 Safeguarding children are not listed above because they do not require assessment of performance and can be evidenced through assessment of knowledge and understanding only.

See Appendix b Table showing when to carry out observations in the Shared Lives assessment

The views of people who use Shared Lives would always contribute important information to the assessment process at any of these observations.

The use of role play or simulated evidence to assess performance

Simulated evidence can only be used where the evidence could not reasonably be assessed in a real work situation or is unlikely to occur during the induction period, for example Standard 12 Basic life support. Full details are given in the Care Certificate Framework Assessors document downloadable from

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

Shared Lives Case Studies

A number of factors will influence how and when observations can be made, for example the number of Shared Lives scheme staff, their workload, the person to be supported, the current assessed skills of the new Shared Lives carer and the recruitment and approval systems and processes of the Shared Lives scheme.

The following are real-life examples of ways in which Shared Lives schemes have decided to assess the performance of their new Shared Lives carers although this list is by no means

exhaustive. The aim of sharing these case studies is to enable Shared Lives schemes to think creatively about how they can provide evidence of new Shared Lives carer's performance in the day to day running of their Shared Lives scheme.

Observations in a community setting

The Shared Lives scheme in Richmond upon Thames has historically assessed the performance of new Shared Lives carers. Before they are approved, their existing skills and previous experience of supporting people is reviewed. A Shared Lives scheme worker (assessor) will arrange a number of observations for the new Shared Lives carer in a placement which allows for interaction with the client group who they are applying to support in a Shared Lives arrangement.

The Shared Lives scheme has close links with a local pub who run nights for adults with learning disabilities. The Shared Lives scheme also arranges placements at a local day service for people with dementia, where there is a focus on supporting people to live good lives. The Shared Lives scheme worker (assessor) observes the practice of the new Shared Lives carer and identifies areas where they may need additional training. The observations also assist with identifying inconsistencies between what the prospective Shared Lives carer has told the scheme about themselves and their skills and experience and how they interact in the arranged sessions.

The notes made are recorded in an assessment summary which is held on file and also presented to panel to form part of the approval decision. All considerations are recorded and provide a paper trail for CQC inspections.

With a few minor changes to the paperwork that the Shared Lives scheme worker (assessor) uses to record the information on, these observations will be mapped across to the Care Certificate standards for new Shared Lives carers. **(Potential to provide evidence of performance for Standard 1, Standard 3 Duty of care, Standard 4 Equality and diversity, Standard 5 Work in a person centred way, Standard 6 Communication, Standard 10 Safeguarding adults**

To evidence performance of Standard 14 Handling of information, a session could be held after the observation where the new Shared Lives carer writes up a record of the experience in a client journal to include understanding of the care plan and risk assessments and possibly financial records).

Presentation of new Shared Lives carers at panel

The Shared Lives scheme in Medway has historically involved people who use Shared Lives in the recruitment and assessment of new Shared Lives carers. Before the new Shared Lives carer has been approved, a group of people who use Shared Lives go out to the home of a new Shared Lives carer with a Shared Lives scheme worker (assessor). They take photographs of the new Shared Lives carers, household members, the house and the room which the person using Shared Lives will stay in. An easy-read questionnaire is completed which details health and safety considerations, the interests of the new Shared Lives carer and the views of the people doing the visit. They ask questions to the new Shared Lives carer about what it would be like to spend time with them at their house in a Shared Lives arrangement, for example what the house rules would be and how they would deal with certain real-life situations. This is then made into a portfolio of the new Shared Lives carer. It is presented at

panel and once the new Shared Lives carer has been approved, their portfolio is shown to potential matches to help them decide if they would like to meet.

If the Shared Lives worker (assessor) records this as an observation, the evidence gathered would contribute to the holistic assessment of the new Shared Lives carer against many of the Care Certificate standards. As part of the observation, some set questions could be asked by the people using Shared Lives which cover criteria for which role play is OK. **(Potential to provide evidence of performance for Standard 1 Understand your role, Standard 3 Duty of care, Standard 4 Equality and diversity, Standard 5 Work in a person centred way, Standard 6 Communication, Standard 10 Safeguarding adults).**

Transport

If a care plan identifies specific goals for example to be able to travel independently on public transport, an observation could be made in this environment. This observation would require careful planning before, with the assessor, the person using Shared Lives and the new Shared Lives carer but it would create a lot of evidence and could map holistically across a number of Standards which require assessment of performance / observation of the Shared Lives carer in practice. It would contribute to ensuring that the individual is going to be supported positively and safely in the community, working towards their goals and demonstrates that the Shared Lives is scheme safe, effective, caring, responsive and well led **(Potential to provide evidence of performance for Standard 1 Understand your role, Standard 4 Equality and diversity, Standard 5 Work in a person centred way, Standard 6 Communication, Standard 10 Safeguarding adults, Standard 13 Health and safety (part)).**

To evidence performance of Standard 14 Handling of information, a session could be held after the observation where the new Shared Lives carer writes up a record of the experience in a to include risk assessment, financial records)

Experts by Experience

The Shared Lives scheme in Oxfordshire have created a variety of opportunities for people who use Shared Lives (or people who have used Shared Lives but have now moved on to alternative accommodation or support) to get involved with the decisions that the scheme make.

One of the opportunities is to become an Oxfordshire Expert by Experience. A team of Experts by Experience are piloting attending a session of pre-approval induction training for new Shared Lives carers. The Experts by Experience ask structured questions to the new Shared Lives carers and facilitate discussions around topics which are important to them. Discussion points such as, "As a Shared Lives carer you should always keep me safe," evoke discussions around the role and responsibility of a Shared Lives carer, positive risk taking, safeguarding, encouraging a sense of identity and self-esteem and resolving conflicts. Scheme workers (assessors) record the discussions and record the interactions between the new Shared Lives carers and the Experts by Experience. The evidence will be mapped across to the Care Certificate Standards.

After this group discussion the Shared Lives scheme workers facilitate a separate discussion with the Experts by Experience in which they are free to discuss their comments, concerns and compliments for each of the new Shared Lives carers. Opportunity for further observations

is provided over an informal lunch which is attended by the Experts by Experience, the Shared Lives scheme workers (assessors) and the new Shared Lives carers.

This observation provides the dual purpose of holistically assessing new Shared Lives carer's skills and competence against the Care Certificate Standards as well as providing information for panel which contributes to the approval decision for the new Shared Lives carer. The Experts by Experience are paid for their time and their input is greatly valued by the Shared Lives scheme workers and the panel.

(Potential to provide evidence of performance for Standard 1 Understand your role, Standard 3 Duty of care, Standard 4 Equality and diversity, Standard 5 Work in a person centred way, Standard 6 Communication, Standard 7 Privacy and dignity (part), Standard 8 Fluids and nutrition (part), Standard 10 Safeguarding adults.)

Structured conversations at panel

A number of schemes have seats at panel for people who use Shared Lives. Set questions or structured conversations could be posed to the new Shared Lives carer by the person who uses Shared Lives which allows for interaction between them both. E.g. the person who uses Shared Lives could talk through a scenario where they are visiting a family friend who says something inappropriate about them. As a Shared Lives carer what would they do? How would they react? Would they record it? Would they report it?

It would be important that these questions were asked by the people using Shared Lives because then it would meet the requirements of Skills for Care that observations are made during "real work activities." Due to the community based nature of Shared Lives where often the person being supported in a Shared Lives arrangement requires little or no personal care, Shared Lives carers support people with independence and a lot of this support is done through conversation, encouragement and implementing person centred values.

(Potential to provide evidence of performance for Standard 1 Understand your role, Standard 3 Duty of care, Standard 4 Equality and diversity, Standard 5 Work in a person centred way, Standard 6 Communication, Standard 7 Privacy and dignity (part), Standard 8 Fluids and nutrition (reporting of concerns), Standard 10 Safeguarding adults.)

Overcoming obstacles

Implementation of the Care Certificate has begun in Shared Lives schemes across the country and schemes are developing innovative assessments and ways of working to allow new Shared Lives carers to work towards the Care Certificate. However, there are still some a small number of criteria for which it may not be possible to generate evidence of performance in the majority of Shared Lives arrangements. Shared Lives Plus are liaising with Skills for Care and the Department of Health to bring this to their attention and hope that at this stage this is not a barrier for Shared Lives schemes to support Shared Lives carers to work towards the Care Certificate.

Appendix a

Table showing type of assessment type required for each of the 15 Care Certificate Standards

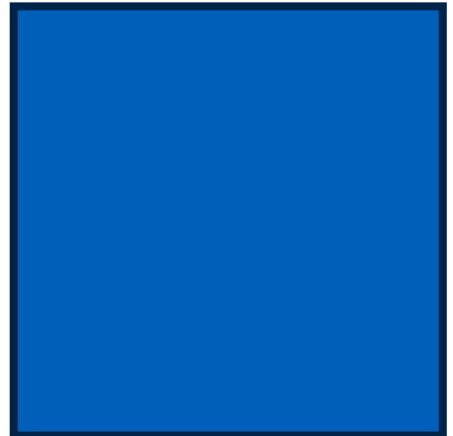
Standard	Assessment of knowledge and understanding	Assessment of performance (observation required)	Assessment of performance can be made through role play or simulation for all or some of criteria*
1. Understand your role	✓	✓	✓
2. Your personal development	✓	✓	
3. Duty of care	✓	✓	✓
4. Equality and diversity	✓	✓	
5. Work in a person centred way	✓	✓	✓
6. Communication	✓	✓	✓
7. Privacy and dignity	✓	✓	✓
8. Fluids and nutrition	✓	✓	✓
9. Awareness of mental health, dementia & learning disability			
10. Safeguarding adults	✓	✓	
11. Safeguarding children	✓		
12. Basic Life Support (practical)	✓	✓	✓
13. Health and safety	✓	✓	✓
14. Handling information	✓	✓	
15. Infection prevention and control	✓	✓	

* Refer to the Care Certificate Framework Assessors Document for further detail for which criteria simulation is permitted.

Appendix b

Table showing when to carry out observations in the Shared Lives assessment process

Standard	Observations which can potentially be done without the presence of a person who uses Shared Lives	Observation requires interaction with people who use Shared Lives	Observation may be best left until Shared Lives carer is approved and matched with a person using Shared Lives
1. Understand your role	✓ (part)	✓ (part)	
2. Your personal development	✓		
3. Duty of care		✓	
4. Equality and diversity		✓	
5. Work in a person centred way		✓	
6. Communication		✓	
7. Privacy and dignity		✓ (part)	✓ (part)
8. Fluids and nutrition			✓
9. Awareness of mental health, dementia & learning disability	n/a	n/a	n/a
10. Safeguarding adults		✓	
11. Safeguarding children	n/a	n/a	n/a
12. Basic Life Support (practical)	✓		
13. Health and safety	✓		
14. Handling information	✓		
15. Infection prevention and control		✓	



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