



Evidence Competence & Safety to Practice

Assessments & evidence of competence recording

Free: Workbooks, eLearning & Workshops

LogonToCare award winning eLearning club

Blended learning & learner management

Extracts from Legislation & CQC

Fundamental Standards Replaces Essential Standards of Quality and Safety from April 2015

http://www.cis-assessment.co.uk/docs/pdf/Fundamental_standards.pdf

Regulation 5 "Fit and proper persons – directors" must be competent **page 7**.

Regulation 12 "Safe care and treatment" Staff must be competent **page 10**.

Regulation 18 "Staffing" **Staff must be competent** **page 13**.

Regulation 19 "Fit & proper persons employed" - Effective recruitment & recruiting people of "good character" **page 13**.



CQC Guidance on how they will inspect against the Fundamental Standards

<http://www.cqc.org.uk/content/regulation-18-staffing>

Regulation 18.2a Providers must ensure that they have an induction programme that prepares staff for their role. It is expected that providers should follow the Care Certificate standards to **make sure new staff are supported, skilled and assessed as competent** to carry out their role. Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained.

<http://www.cqc.org.uk/content/regulation-19-fit-and-proper-persons-employed>

Regulation 19.1b Providers must have **appropriate processes for assessing** and checking that people have the competence, skills and experience required to undertake the role. Providers **must provide appropriate direct or indirect supervision until the person is assessed as competent in their role.**

CQC How we inspect - What information does SOFI capture?

<http://www.cqc.org.uk/service-providers/registered-services/how-we-inspect/short-observational-framework-inspection>

Inspectors observe the **mood and engagement** of people using services and the **quality of staff interactions**. They also make notes on other aspects of care practice during their observations.

CQC Strategy 2013-16

http://www.cis-assessment.co.uk/docs/pdf/cqc_strategy.pdf

If there is openness and honesty about things that go wrong, and a willingness to take responsibility for putting them right, we will not be heavy handed in our response **page 18**

Key Lines Of Enquiry (KLOE's):





Extracts from Skills for Care, Skills for Health & NHS HE England

Care Certificate Framework Assessor Document:

<http://carecertificate.co.uk/wp-content/uploads/Care-Certificate-Framework-Document-Jan-2015.pdf>

The Care Certificate will provide clear evidence that the worker has been **assessed against a specific set of standards** and has **demonstrated they have the skills, knowledge and behaviours** to ensure that they provide **compassionate and high quality** care and support **page 2** (*the very first paragraph*).

The Care Certificate Framework and ensuring that there is a **record of the assessment** decisions that is **auditable** **page 2** (*end of the same para*).

The assessment of the Care Certificate should be as rigorous as the assessment of any formal qualification **page 3**.

There is **no** requirement for assessors of the Care Certificate to hold any assessor qualification; the employer must be confident that the person with this responsibility is competent to assess **page 3**.

Evidence of performance **must be undertaken in the workplace during the learners real work activity** and observed by the assessor. Simulated evidence can **only** be used where the evidence could not reasonably be assessed in a **real work situation** for example basic life support **page 4** (*under Assessment of Performance*).

Certificates of attendance, attendance on study days **or eLearning, without assessment of what has been learnt, is not evidence towards the Care Certificate** **page 5**.

Documentation of assessment and evidence of practice is the **responsibility of the HCSW/ASCW** and their employer; the **evidence may be recorded** in a workbook, portfolio or **online** **page 6** (*Recording Assessment Decisions*).

Skills for Care Guidance - Inducting Care Workers

http://www.cis-assessment.co.uk/docs/pdf/CQC_Providers_Guide.pdf

A new care worker's **induction programme cannot be** undertaken by an external learning provider, via e-learning or through simply reviewing **a completed workbook** **page 16**.

Induction & refresher training - How frequently **refresher training** should be delivered by providers **is not** something that the **CQC advise upon**. There is no fixed rule about the minimum/maximum gap between refresher training **page 18**.

Care Certificate Guidance Document

<http://www.skillsforcare.org.uk/Document-library/Standards/Care-Certificate/Care-Certificate-Guidance-final---Feb-2015.pdf>

One of the most frequently raised questions in regard to work place learning is "How much evidence is enough (sufficient) to meet the Standard?" **The evidence is sufficient when the assessor is confident that the learner has met the Standard.** This decision is a judgement of the individual assessor **page 6**.

Q&A on the Implementation of the Care Certificate for Health and Social Care Professionals

<http://carecertificate.co.uk/wp-content/uploads/Question-and-Answers-Social-Care-Professionals.pdf>

10. Will agency and bank staff need to undertake the Care Certificate? Providers of health or social care have a **legal duty to assess the training needs of all staff new to their organisation;** this applies to agency, bank or directly recruited health and social care assistants.