



Gloucestershire County Council evidence knowledge, reduce training and save money

This case study describes how online assessments have been used for induction, refreshers and management development. The assessments provide valuable means of assessing knowledge which has reduced the amount of classroom based training and strengthened recorded evidence of observations and practice.

Highlights

- **Reduced training and saved money**
- Supports management development
- **Gives managers confidence in the competence of their staff**
- Evidences knowledge transfer
- **Supports our 3 year safeguarding strategy**
- We have been assessing since 2007
- **Supports the development of a learning culture**
- Evidence of knowledge for CQC and QCF
- **Assessments facilitate refreshers instead of training in various subjects**



Pictured above from left to right: Charlie Law (GCC), Alex Knapp (TGM) and Ruth Hogan (GCC).

About Gloucestershire County Council

Ruth Hogan and Charlie Law have been working with Adult Social Care to identify new ways of delivering training for staff employed in the Care Sector, both internal and external.

Gloucester County Council has been **working with CIS Assessment since 2007**. We started using Common Induction assessments and have added Manager's Induction, Safeguarding Adults (to **support our 3 year safeguarding strategy**), Medication, Infection Control and LD contextualised Induction. We are also finalising Moving and Handling assessments with a view to launching these in November 2011.





Online Assessments Support Induction Sign Off

Ruth: One issue we had was the expectation that the manager would sign someone off as safe to work after an induction when they don't actually know if that person has taken on board the learning because **sending people on training doesn't mean they have absorbed the content**. Having some form of assessment is a great way of making sure that managers have the confidence to sign a person off or to use any gaps in their **assessment to identify their learning needs**.

When we first started working with CIS Assessment, our first purchase was Common Induction Standards assessments and that gave people a **really valuable means of assessing knowledge**.

Skills for Care, in their new guidance (summer 2011), **recommend carrying out assessments** and the manager making an assessment of staff competence, **this is something we have been doing since 2007**.



Management Induction and Development

Ruth: We introduced the assessment tool for the new managers' induction programme and this has been very well used. We run an induction programme for managers in adult social care **for new and aspiring managers** and so as a starting point, we ask them to undertake the whole assessment to **identify what they need to focus on**. It ensures that people ask appropriate questions at training sessions and then following delivery of that unit, they re-take the assessment and that's a **way of measuring their understanding, so evidencing their learning**. It is a great tool for evaluation as it measures the difference between the starting point and completion.

We ask managers to include comments about the assessments on their final evaluation, to ensure they feel comfortable with the whole process of using the assessment tools and can **more confidently** introduce forms of assessment in the workplace. This supports the development of a **learning culture**, gets managers on board and shows what can be achieved.





Meeting CQC's Outcomes in the Essential Standards of Quality and Safety

Ruth: When CQC carry out an inspection, the care provider has clear evidence of knowledge so they can demonstrate people have an understanding and have not just attended training, which doesn't prove knowledge has been achieved. CQC are now less prescriptive about training requirements because it is more about outcomes and ensuring staff are knowledgeable, skilled and competent. **The assessments are part of this evidence.**

Skills for Care recommend in their new guidance (released summer 2011) that staff are appropriately skilled and competent for the job you are asking them to do. The assessments check knowledge at the end of induction so you get some of the evidence CQC are looking for, i.e. "Do they know it and are they doing it?" It also means **providers don't need to send people on training when they have already evidenced their knowledge, supported by observation.**

If you recruit an experienced member of staff, it seems a bit patronising to send them on a whole new induction programme, but if they take the assessments, it identifies any gaps and they maybe just need some support or shadowing but they **don't need to complete the whole induction process again.**

Measuring the Impact

Ruth: One of the key achievements is that only appropriate staff attend face to face training, which ensures training is targeted at the right people. We have been able to **measure cost savings** as a result of not sending everyone on training courses. We have had a **huge reduction in the amount of staff attending training.** We are no longer sheep dipping but are identifying the people who need training and making sure they **attend courses with planned learning goals.**

Charlie: We are currently restructuring our adult care service. **Access to the on-line assessment has been useful in identifying existing skills and skills gaps.**



Qualification Credit Framework

Charlie: There was a lot of fragmented training and people doing things in an ad-hoc way. People said they had to do things because the National Standards set strict requirements, whereas now, people are using assessments with observations to support individuals and the focus is on personalising staff development to meet individuals' outcomes. Staff can use it as **evidence towards their guided learning hours for QCF.**

A robust induction process is fundamental to achieving further qualifications.



Assessments for Moving and Handling Refreshers

Charlie: We have developed a flow chart showing how we will use the online assessments for confirmation of knowledge followed by an observation by a competent person or M&H trainer to confirm practical competence.

In our Learning Disabilities day centres, people have been repeating the same refresher training for ten years or more. **It is more effective for them to have their knowledge assessed and an observation of them working in practice** than just repeating the training course again.

Assessments for Medication and Refreshers

Charlie: We used to deliver accredited medication courses in line with CQC requirements but there were concerns about measuring competence. We have now developed a process which includes observation by a competent person and the use of the on-line assessment tool to confirm knowledge and practical skill. **This fits in well with CQC's requirement for evidence of outcomes.** Some people might still need face to face training but not everybody. For some, assessments **are a really good use of their time** because they already have the knowledge and **don't need to repeat training.**

There were also concerns around medication unit three which was thought to be quite technical which flagged up a few things that people didn't know so we were able to signpost them to the correct resources.

This has achieved cost savings but most importantly, people are doing training that is more specific to their role and service needs.

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