Evaluation of the Care Assistant Development Programme: Learning from early implementation

Final report to HC-One

June 2016
Social Care Institute for Excellence

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HC-One specialises in dementia, nursing, residential and specialist care with homes throughout the UK. Each of our residents and their relatives can trust that the care they will receive will be delivered with kindness, thoughtfulness and respect, in a safe, warm, comfortable and welcoming environment.

HC-One stands for health and care – which is what we do – and the One, which symbolises how we do it. At HC-One we focus on the individual, striving to provide the best and kindest possible care, to the one who matters, the resident, by the one who makes the difference, the individual member of staff.

We are an integrity-driven company founded on the principles of accountability, involvement and partnership with a management team of highly experienced senior health and social care professionals. We want relatives, staff, purchasers and regulators to know that we will listen to each one of you. We are on a journey to provide the kindest possible care and experience for residents, simply, easily, effectively and efficiently while employing some of Britain's kindest and most professional people.
Acknowledgements

Thank you to all those who have contributed data and insights, and helped to shape and inform the evaluation findings including: care home staff (home managers, deputy managers, nurses, carers, senior carers, nursing assistants); care home residents and their relatives; and wider professional stakeholders involved in the Programme. Thank you to HC-One’s Programme Team for their collaboration, support and guidance throughout the evaluation.
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Executive summary

Introduction

This report presents the findings from the evaluation of the early implementation of HC-One’s Care Assistant Development Programme (CADP). The evaluation aims to:

- evaluate the immediate and short-term impact of the CADP on the quality and consistency of care provided by HC-One
- inform the development and further implementation of the Programme and ongoing self-evaluation after this evaluation is complete
- validate the Programme against national good practice markers for the delivery of safe and good care.

Background

The Care Assistant Development Programme

HC-One has created a new role called a nursing assistant that sits between a senior carer and a qualified nurse. The new staffing model is implemented through the CADP.

The overall objective of the CADP is to improve the quality of care received by residents, by reducing the use of agency nurses within HC-One homes, whilst up-skilling their existing workforce and providing a progression route for care staff.

A comprehensive learning and development programme has been designed by HC-One and subsequently accredited by the Royal College of Nursing to prepare senior carers for the nursing assistant role. The Programme is delivered through a blend of online and face-to-face training. Each nursing assistant is mentored through the Programme by a qualified nurse who oversees them undertaking agreed clinical interventions.

Evaluation methodology

The evaluation was carried out using a range of methods and took a formative approach whereby findings were shared with HC-One as they emerged. This report draws on:

- scoping interviews with stakeholders and development of a Programme-level logic model
- a survey of nursing assistants administered to those who had recently joined the Programme and again six months later
- a survey of residents and relatives from a sample of 42 homes participating in the Programme.
- qualitative case studies with six homes participating in the Programme which included 49 interviews with home managers, deputy managers, nursing assistants, senior carers, carers, residents and relatives
• qualitative interviews with two HC-One stakeholders and three external stakeholders involved in the Programme
• analysis of HC-One’s Programme Key Performance Indicators (KPIs) from a sample of 16 homes that have implemented the Programme.

This is a final report and focuses on recruitment to the Programme, how the programme was communicated, implementation of the role, emerging impacts of the Programme and future aspirations.

Findings

Recruitment and retention

In April 2016, 459 candidates had been recruited to the CADP and the Programme had sustained a high level of retention (97 per cent). Of the nursing assistants surveyed, the vast majority (82 per cent) were recruited from HC-One’s existing workforce and were experienced in working in health and social care, with 93 per cent having worked in the industry for four years or more.

The most important factors motivating candidates to join the CADP were to develop their skills, progress their career, and to improve quality of care for residents. Care staff valued having a progression route within the care home that was an alternative to nursing.

The recruitment process for the nursing assistant post consisted of a competency-based interview and a written assessment. Home managers regarded this process as rigorous and felt confident that it was assessing applicants for the right skills for the role.

Communicating the CADP

Communicating the nursing assistant role effectively to care home staff was an important step in introducing the Programme into a home. Some nursing assistants and other staff felt unclear about the remit of the role at first, though it was widely recognised that understanding improves as the Programme is embedded.

Nurses expressed a number of concerns about the role initially which could be addressed through clear information and through engaging nurses early to make them feel valued and invested in the Programme’s success. HC-One has since built this learning into the Programme’s introduction to home managers.

Just over half of residents (56 per cent) and relatives (57 per cent) surveyed were aware of the nursing assistant role. The most common way that residents and relatives found out about the role was directly through home staff and carers/senior carers in particular. Where residents and relatives indicated they had received information regarding the role they rated the quality of this information highly.

The survey findings present a positive picture overall of residents’ and relatives’ perceptions of the nursing assistant role. A notable minority of relatives (17 per cent) and residents (8 per cent) expressed worries or concerns. Relatives with worries and
concerns sought reassurance regarding the level of training provided for nursing assistants and clarification around the remit of the role.

In response to early learning, HC-One launched an Implementation Review document to enable quality assurance checks to be made at each home on the Programme including verification that the Programme has been communicated effectively.

Training and development

All aspects of the Programme were rated highly by surveyed nursing assistants as having prepared them for their role as a nursing assistant: training workshops (96 per cent); nurse mentoring (92 per cent) and online learning (84 per cent).

Evidence across the evaluation suggests that the nurse mentor role is a valuable Programme element – 89 per cent of nursing assistants surveyed said they had felt supported by their nurse mentor. In cases where nursing assistants have felt less well supported, they often requested more time to practice in their new role under the supervision of a designated mentor.

The surveys indicated an overall increase in nursing assistants’ confidence in nine out of ten training and development areas covered by the Programme. Most striking was the increase in being ‘very confident’ in applying ‘leadership’ (118 per cent increase); ‘nutrition and hydration’ (78 per cent increase); and ‘understanding what is a quality service’ (70 per cent increase).

Requests for further training and development were varied but included wound care, care planning and end of life care.

Implementing the nursing assistant role

The context of each home is important in shaping implementation of the role. The size of a home, the layout and the existing culture and relationships between staff can all influence how the role works in practice. It may be necessary for home managers to intervene to ensure that new nursing assistants are building experience across all areas of practice.

Nursing assistants were seen to be undertaking a wide range of new tasks across the case study homes. The biggest change indicated in the survey was in managing/leading a team with 85 per cent of respondents increasing their time spent on this task.

Nursing assistants largely indicated they feel supported in their role with a minority feeling less supported. They most commonly experience challenges around managing their workload, particularly when in a period of adjustment to their new post.

Emerging impacts for residents

Residents and relatives we spoke to reflected that they were happy for the nursing assistants to deliver some care that was previously done by a nurse, subject to them
being trained to do so. Their experience of care from nursing assistants was positive and their overall experience of care was unchanged. Analysis of the KPI data across the 16 sampled homes showed an overall 27 per cent reduction in complaints and a five per cent increase in compliments compared to the same period the year previously.

Staff interviewed largely perceived the Programme to be positively impacting on residents care, however in the context of some homes care was seen to be delivered in much the same way as before. Observed impacts included: residents receiving greater consistency of care because of reduced agency use; more person-centred care because nursing assistants know them and their needs; and, more timely and responsive care because of the increased capacity across the home.

Some argued that care is being delivered more safely overall because staff are consistent and have more time. Analysis of KPI data from the 16 sampled homes show some early indicators of success including a substantial reduction in medication errors, incidents and safeguarding.

**Emerging impacts for staff**

The Programme has had an immediate impact for the nursing assistants in role. Across the case studies, nursing assistants reported feeling more satisfied in their role as a consequence of feeling better recognised and rewarded, enjoying the content of their new work and having opportunities to progress.

Nurses across homes reported that the Programme was having a positive effect for them where it had increased their capacity to spend more time on their tasks and with residents in the confidence that nursing assistants were supporting them.

Surveyed nursing assistants indicated that they thought the Programme was having a positive impact on improving communication between colleagues and improving understanding between colleagues. The case studies also highlighted instances where the Programme was perceived to have improved communication channels across staff roles.

The KPI data from the sampled 16 homes shows that total agency nurse spend across the homes decreased by 11 per cent overall in the period August 2015 to January 2016 compared to the same period the year previous.

**Future of the CADP**

This research suggests that the majority of nursing assistants surveyed and interviewed are happy in their new role and plan to stay with HC-One for the foreseeable future. Nevertheless, retaining nursing assistants within a competitive health and care market is a high priority for home managers.

Nursing assistants expressed a desire to continue to train and develop in their role. In the follow-on survey, 92 per cent indicated that progressing towards an NVQ Level 5 in Leadership and Management or an internally delivered leadership and management Programme would be useful. HC-One plans to keep nursing assistants engaged through further qualifications including launching mentoring qualifications.
and development opportunities which will allow nursing assistants to explore career pathways into care home management.

Conclusions and recommendations

In the first year of its implementation our evaluation findings paint a positive picture overall of a well-planned Programme that continues to be refined and developed. We found evidence of early successes where the Programme elements are performing well, as well as some challenges for HC-One to consider.

Launch events were seen to be an effective means of introducing the Programme, building awareness and equipping managers with the skills and knowledge needed to recruit candidates. The two greatest reported motivating factors that attract candidates to the role are a desire to improve skills and outcomes for service users.

**Recommendation:** Launch events or other face-to-face workshops are used as part of any future communication plan on nursing assistants and that the content of these events continues to be refined in line with new learning.

**Recommendation:** Future communications and adverts emphasise the opportunities the role affords to improve skills and resident care. Drawing on personal accounts and stories of the impact can be an important driver in encouraging others to apply.

The overall learning and development package is regarded as a key Programme asset and nursing assistants rate their training highly as preparing them for the role. The face-to-face training in particular was highlighted for providing a quality learning experience.

**Recommendation:** Ensure nursing assistants are supported to feel highly confident in all areas of practice such as through maintaining the nurse mentor relationship once in post.

The nurse mentor has an important role to play in ensuring nursing assistants are supported. There are challenges in some cases around coordinating time for trainees to practice skills under the guidance of a designated mentor. Overall, nursing assistants and mentors indicated they would welcome more time working together.

**Recommendation:** Set expectations for the hours per week that should be spent mentoring. HC-One and home managers should work together to overcome challenges in the rota.

**Recommendation:** Nurse mentors are provided with Programme content and complete mentor training prior to receiving a mentee. Encourage mentors to attend the training alongside their mentee. Give mentors dedicated time to go through workbooks and other mentor-related tasks.

Nurses play a significant role throughout this Programme and their positive engagement in the training and implementation of nursing assistants can be critical to its success. It was usual for some nurses to express initial concerns about the
role, and so any concerns they have should be addressed at the outset and throughout the Programme.

**Recommendation:** Particular attention should be paid to communicating with nurses about the nursing assistant role, covering in detail the benefits it brings to them, and how they will be accountable working alongside nursing assistants.

Just over half of the residents and relatives surveyed had heard about the nursing assistant role, showing that whilst steps have been taken to inform residents and relatives, awareness is not complete. Most surveyed and interviewed residents and relatives would feel safe with the care provided by a nursing assistant. Where residents and relatives have concerns these can be addressed with information clarifying the rationale for the Programme, training content and role profile.

**Recommendation:** Further information is provided to relatives about the role and its impact. Our findings suggest that face-to-face communication by staff at all levels could be more effective than written communications.

Generally speaking, nursing assistants indicated they are enjoying their role, it is broadly as they expected it to be, and it can contribute to improved morale. Nursing assistants are undertaking a diverse range of responsibilities in their new role although the exact scope and extent to which they are practising new skills is variable.

In the early stages of implementation it may be necessary for home managers to monitor the working patterns of nursing assistants to ensure they are being utilised to their full potential.

Future aspirations for the Programme tended to centre on consolidating and building on the learning and development of nursing assistants. Nursing assistants have high aspirations for their future and it is therefore encouraging that HC-One is exploring ways for them to continue their learning journey.

**Recommendation:** Develop a plan for providing ongoing learning and support to nursing assistants to ensure that they feel supported and developed in their role such as periodic face-to-face events and training.

In these early stages of implementation the emerging impacts for residents has so far been positive. Impacts on the continuity of care look promising; the KPI data suggests an overall reduction in agency spend and the case studies show the benefits of staff continuity for person-centred care planning. Most commonly and consistently staff noted that the Programme can enable care to be delivered in a more timely way which will enhance residents' experience of care. Most, but not all, staff feel that the Programme has increased capacity which should ensure the quality and safety of care across the board. The early emerging KPI data for measures of safety show substantial decreases in three key areas including medication errors, but smaller increases in two others (safeguarding and incidents), which should continue to be monitored across all homes.

This evaluation has explored the learning and impacts emerging from the early stages of implementation. It will be important for HC-One to continue to monitor the different elements of the Programme to ensure that it is working to meet markers of quality and safety.
**Recommendation:** Establish a programme of ongoing evaluation of the impact of the CADP for at least a further year which could include: continued monitoring of the Programme KPIs; periodic surveys of nursing assistants, residents and relatives; externally commissioned in-depth review of the impact of the nursing assistant role against adult social care inspection domains in a mixed sample of care homes.
1. Introduction

1.1. Context

The national shortage of nurses across the health and social care sector has been well documented. Research estimates that national vacancy rates for nurses in the NHS and adult social care are 24,000 (FTE), with 40 per cent of these vacancies covered by agency staff1.

The shortage of nurses and a dramatic rise in the use of agency staff is noted as one of the biggest challenges currently facing the independent care sector2. Skills for Care reports that annual turnover of nursing staff in this sector is high (29 per cent)3 and most vacancies go unfilled for at least six months, with some being empty for around two years4. The cost of care agency staff typically exceeds the cost of employed staff by over 100 per cent5, placing a substantial strain on the financial viability of care homes6. Care England’s recent report outlining a ‘Five Year Vision for the Independent Social Care Sector’ warns that the care system is at risk of collapse if providers and commissioners do not collaborate to bring more nurses into the sector7.

Whilst addressing the challenges around the nursing workforce, the sector also needs to respond to changing care needs of their clients. The sector is faced with an ageing population and so demand for care is growing, and people are presenting to services with more complex and multiple needs. Health Education England’s (HEE) Shape of Caring Review8—which sets the strategic vision for nurse and care assistant education and training—recommends that the future workforce adapt to deliver more holistic and compassionate care. This will require greater coordination of care across agency boundaries delivered with greater flexibility within and across roles.

Care assistants and support workers are a fundamental part of the health and care workforce and will be integral to meeting these challenges; however research has noted that many of them currently feel undervalued in their role. HEE’s Talent for Care review9 identified that many care assistants need to feel that their role is part of a wider career structure in its own right and not just a route towards entry into qualified nursing.

Providers are seeking new ways to address the challenges facing them and a number have invested in developing ‘hybrid’ posts that sit between a care assistant and a registered nurse. An ‘assistant practitioner’ specialist role is now operational in the NHS. In the care home sector, HC-One is amongst other industry leaders

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1 Source: Christie & Co analysis (2015); NMC (2015); NHS Employers (2014)
2 Source: http://www.carehome.co.uk/news/article.cfm/id/1571863/burgeoning-workforce-troubles-health-social-care
4 Source: NHS Employers (2014); http://www.huffingtonpost.co.uk/davina-ludlow/are-hybrid-care-workernur_b_7695336.html - Davina Ludlow for Carehome.co.uk (2015)
5 On a per hour basis
7 Source: Care England, ‘Sustainability, Innovation and Empowerment: A Five Year Vision for the Independent Social Care Sector’
8 Source: HEE ‘Shape of Caring Review’ March 2015
9 Source: HEE’s Talent for Care review is setting a national strategic framework for the development of the support workforce across the NHS.
including Barchester Healthcare and Four Seasons to be innovative and ‘grow their own’\(^\text{10}\).

It is clear that such roles will become increasingly commonplace in the health and care workforce. Indeed, in December 2015 the Government announced plans to introduce a new nursing support role to work alongside care assistants and registered nurses to deliver hands-on care. These roles are newly developed, and it will be important to monitor their effectiveness. In the health context, HEE cautions that further review is needed to identify and develop the most appropriate skill mix within teams, and the optimal scope of practice for these roles:

‘In some cases, these roles are expensive and have the disadvantage of not being able to perform as a registered nurse. However, in other cases where they are fully utilised, they can act as a bridge between the registered and non-registered workforce.’

This evaluation follows the introduction of HC-One’s nursing assistant role. It aims to contribute to the evidence and understanding around how this role is implemented in the adult social care context and its impact in the immediate to short term.

### 1.2. The Care Assistant Development Programme

**Aims and objectives**

HC-One has created a new role called a nursing assistant that sits between a senior carer and a qualified nurse. The new staffing model is implemented through the Care Assistant Development Programme (CADP).

The overall objective of the CADP is to improve the quality of care received by residents, by reducing the use of agency nurses within HC-One homes, whilst up-skilling their existing workforce and providing a progression route for care staff.

The Programme has a number of anticipated benefits for care home residents:

- Care is delivered by familiar people who understand residents’ individual needs and preferences.
- Care is delivered in a consistent way by people who understand HC-One policies and learning and development Programmes.
- Nurses have more time to spend with residents rather than spending disproportionate time administering medicines.

In addition to the above, the Programme is anticipated to bring benefits for HC-One employees including:

- an opportunity for career progression and opportunity to earn a higher salary
- working with HC-One colleagues rather than unfamiliar agency staff
- opportunities to further develop skills from new learning and development Programmes.

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\(^{10}\) Source: Care England (2015)
Programme description

The CADP is open to senior carers and carers who meet the following criteria:

- have achieved S/NVQ level III or working towards level III in Health & Social Care
- have been assessed as fully competent in safe medicines administration, following training in HC-One’s Royal Pharmaceutical Society accredited medicines Programme
- have successfully passed a competency-based interview and written assessment.

A comprehensive learning and development Programme has been designed by HC-One and subsequently accredited by the Royal College of Nursing to prepare senior carers for the nursing assistant role. Nursing assistants must also be up to date with all of HC-One’s pre-requisite training before they enrol onto the Programme. This training covers all compliance subjects plus role specific training such as Mental Capacity Act, Deprivation of Liberty Safeguards, Person Centred Care and a five part bespoke programme on Dementia.

The Programme content covers the following topics:

- administration of medicines
- care planning and completion of supplementary charts
- taking and recording of vital signs, temperature, blood pressure and respiration knowing how to monitor and report abnormalities
- administration of simple dressings
- administration of prescribed nutritional support such as PEG feeding
- continence assessments
- pressure sore prevention assessments and planning
- phlebotomy (optional)
- management and team leading.

The Programme is delivered through a blend of online and face-to-face training. Each nursing assistant is mentored through the Programme by a qualified nurse who oversees them undertaking agreed clinical interventions. Throughout the Programme the nursing assistant completes a workbook to record their progress, consolidate learning and reflect on their practice.
Implementation

HC-One has taken a staged approach to implementing the CADP across their estate. In April 2016 there were 109 homes participating in the CADP. Homes have been introduced into the Programme across five phases of implementation, shown in Figure 1.1.

Figure 1.1: Programme phase launch dates\textsuperscript{11} and number of homes

<table>
<thead>
<tr>
<th>Phase</th>
<th>Launch Date</th>
<th>Number of Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>March 15</td>
<td>20</td>
</tr>
<tr>
<td>Phase 2</td>
<td>June 15</td>
<td>22</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Sep 15</td>
<td>36</td>
</tr>
<tr>
<td>Phase 4</td>
<td>Oct 15</td>
<td>8</td>
</tr>
<tr>
<td>Phase 5</td>
<td>Feb 16</td>
<td>23</td>
</tr>
</tbody>
</table>

1.3. Introduction to the evaluation

In June 2015, HC-One commissioned the Social Care Institute for Excellence (SCIE) to evaluate the first phases of implementation of the nursing assistant role.

Evaluation aims

The overall aims of the evaluation are to:

- evaluate the immediate and short-term impact of the Care Assistant Development Programme on the quality and consistency of care provided by HC-One
- inform the development and further implementation of the Programme and ongoing self-evaluation after this evaluation is complete
- validate the Programme against national good practice markers for the delivery of safe and good care.

\textsuperscript{11} Note: this is not the month when the Nursing Assistants were in post but the date that the launch event and subsequent communications took place within the homes.
Evaluation outcomes

The primary outcomes for the evaluation are to:

- identify, describe and where possible explain what works well, less well, and why in implementing the nursing assistant role
- use the findings from process research to contribute to the development of the nursing assistant model
- where possible, identify and describe the perceived advantages offered by the adoption of the nursing assistant role
- disseminate the research findings across the health and social care community.

The secondary outcomes are to:

- help HC-One identify plans for the long-term evaluation of the impact of the Programme
- where possible, identify what the wider social care sector needs to do to support the adoption of the nursing assistant role.

Evaluation questions

Gathering data from Programme stakeholders including care home staff (home managers, nurses, nurse assistants and carers/senior carers), wider stakeholders and residents and relatives, the evaluation addresses the following questions:

1. Does the Programme lead to better quality and consistency of care for residents?
2. Does the new staffing model lead to better recruitment, retention and progression of staff at the same time as reducing reliance on agency nursing?
3. What elements of the Programme, e.g. communications, recruitment, training, mentoring, worked well or less well, and why?
4. How does HC-One work to ensure that the nursing assistant role is sustainable over time and continues to deliver the intended benefits?
5. In what way/s (if any) do aspects of the Programme need to be developed or changed in order to improve outcomes?

Evaluation approach

The evaluation was conducted between June 2015 and May 2016 and employed a mixed methods and formative approach, outlined in the methodology chapter below.
2. Methodology

2.1. Scoping and logic model

Logic model development

During the scoping stage, and informed by a review of key Programme documents, an overarching Programme logic model was developed (see Appendix A) to help guide the evaluation design and analysis. Logic models originate from the field of programme evaluation, and are simply diagrams that convey relationships between the resources being put into a programme, the interventions, the activities and processes, the outputs from these and the short-term, intermediate and longer-term outcomes.

Stakeholder interviews

Semi-structured telephone interviews were conducted with five key stakeholders to develop understanding of early challenges and enablers, as well as expectations for the Programme and anticipated risks.

2.2. Nursing assistant surveys

Baseline survey

A baseline survey was issued in July 2015 to 60 nursing assistants who had recently enrolled on the Programme to explore their motivations for joining, reflections on the learning and development Programme, and current levels of confidence and skills (see Appendix B). We received a response from 30 nursing assistants (48 per cent).

Follow-on survey

A follow-on survey was issued to the same Programme participants in December 2015–January 2016 to enable us to explore changes in attitudes, confidence, skills and perception of impact on outcomes for residents (see Appendix B). We received a response from 27 candidates (45 per cent), a slightly smaller proportion than at baseline.

2.3. Case studies

Approach

A case study approach was taken to the qualitative fieldwork to provide rich data around how the Programme was implemented in care homes at different phases. The case study approach provides useful contextual information, helping us to understand the effectiveness of different elements of the Programme, drawing on a range of stakeholder perspectives.
We conducted six case studies in homes that had implemented or were in the process of implementing the nursing assistant role. Homes were chosen to reflect the diversity of HC-One’s estate (in size and location) and phase of implementation. The sample comprised four homes in England and two in Scotland to reflect the different regulatory context within which the Programme was implemented. Table 2.1 below outlines the profile of the case study homes.

Table 2.1: Overview of case study homes

<table>
<thead>
<tr>
<th>Home study home</th>
<th>Location</th>
<th>Size and resident profile</th>
<th>Programme phase</th>
<th>Stage of implementation at fieldwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home 1</td>
<td>England</td>
<td>72 beds offering residential, nursing, respite care, care for younger people with disabilities</td>
<td>1</td>
<td>Nursing assistants fully recruited. Partially in post and in training.</td>
</tr>
<tr>
<td>Home 2</td>
<td>England</td>
<td>40 beds offering residential and nursing care</td>
<td>2</td>
<td>Nursing assistants fully recruited. None in post.</td>
</tr>
<tr>
<td>Home 3</td>
<td>England</td>
<td>40 beds offering residential and nursing care</td>
<td>4</td>
<td>Nursing assistants fully recruited. Partially in post and in training.</td>
</tr>
<tr>
<td>Home 4</td>
<td>England</td>
<td>48 beds offering residential, nursing, end of life care, care for younger people with disabilities</td>
<td>1</td>
<td>Nursing assistants fully recruited. All in post.</td>
</tr>
<tr>
<td>Home 5</td>
<td>Scotland</td>
<td>42 beds offering residential and nursing care</td>
<td>3</td>
<td>Nursing assistants fully recruited. Partially in post and in training.</td>
</tr>
<tr>
<td>Home 6</td>
<td>Scotland</td>
<td>50 beds offering residential and nursing care</td>
<td>1</td>
<td>Nursing assistants fully recruited. All in post.</td>
</tr>
</tbody>
</table>

Fieldwork

Case study fieldwork was coordinated and facilitated through the home manager. SCIE circulated briefing notes and consent forms in advance to potential interviewees. Topic guides were developed and tailored for the different stakeholder groups.

During the fieldwork visit, SCIE researchers spoke to staff including: home managers; deputy managers; nursing assistants (in role and in training); nurses; senior carers and carers. Insights were gathered from residents and relatives of residents where feasible. SCIE took the guidance of the home manager to determine

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12 Care homes in Scotland operate under the Scottish regulator of adult social care, the Care Inspectorate. The Care Inspectorate require a ratio of nurses to residents that is different to England. In Scotland, HC-One is varying from this requirements through the CADP on a pilot basis in the first instance.
whether it was practical and appropriate to interview residents i.e. where the resident had given consent and had the capacity and availability to participate.

On the day of the fieldwork we took a practical and flexible approach to conducting interviews in terms of timings, format and location so as to minimise disruption to the home’s operations. Interviews were conducted individually or, where appropriate, in pairs. Where key staff were not available on the day, telephone interviews were conducted at a later date. Interviews lasted between 20 minutes and one hour depending on the interviewee’s role and level of involvement in the Programme.

Table 2.2: Overview of case study sample

<table>
<thead>
<tr>
<th>Home</th>
<th>Home manager</th>
<th>Deputy home manager</th>
<th>Nursing assistants</th>
<th>Nurses</th>
<th>Carers/senior carers</th>
<th>Residents</th>
<th>Relatives</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case study home 1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Case study home 2</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Case study home 3</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Case study home 4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Case study home 5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Case study home 6</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>2</strong></td>
<td><strong>17</strong></td>
<td><strong>5</strong></td>
<td><strong>6</strong></td>
<td><strong>9</strong></td>
<td><strong>4</strong></td>
<td><strong>49</strong></td>
</tr>
</tbody>
</table>

Analysis

For each case study, a thematic analysis of data was conducted looking across interviews and a summary report produced. For the overarching evaluation analysis, all interviews were analysed using a thematic framework. The framework approach allowed us to interrogate the data, searching for commonalities and differences across and within the homes and staff roles. Case study homes are not named in this report to protect the confidentiality of the research participants.
2.4. Resident and relative surveys

Resident survey

A short paper survey was administered to residents at a sample of 43 homes participating in the Programme. The survey aimed to explore understanding and awareness of the nursing assistant role and attitudes towards the Programme. The survey was administered by HC-One through care home management and staff. Only residents with capacity were asked to complete the survey and support from care staff was provided where required. 52 residents responded to the survey.

Relative survey

A short paper survey was administered to relatives of residents at a sample of 43 homes participating in the Programme via the home manager. The survey aimed to explore relatives’ understanding and awareness of the nursing assistant role and their attitudes towards the Programme. The survey was administered by the home administration. 131 relatives responded to the survey.

2.5. Stakeholder interviews

Interviews were conducted with six wider stakeholders involved in the Programme to provide local, regional and national perspectives on Programme development, outcomes and implications for the wider sector. We spoke to three internal stakeholders from HC-One Operations, Learning and Development and Human Resources. We spoke to three external stakeholders: a visiting healthcare practitioner; a representative from the Scottish Care Inspectorate; a representative from the Care Quality Commission.

2.6. Tracking of key performance indicators (KPIs)

The CADP has its own set of KPIs that are monitored and reported by HC-One on a monthly basis once the first nursing assistant is in post. Homes get an overall rating of red, amber or green depending on the status of individual KPI metrics which are also rated as red, amber or green.

The following KPIs were chosen as they match the core KPIs that HC-One would track in each home on a monthly basis prior to the Programme being implemented, allowing HC-One to specifically monitor the impact of the nursing assistants on existing KPIs. If a home has an overall rating of red or amber then a member of the Operations Team will review the KPIs to ensure none have been adversely affected as a direct result of the CADP.

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\[^13\] Red = 4 or more metrics are red; amber = 2 or 3 metrics are red; green = 1 or less metrics are red
The KPIs are as follows (criteria and metric descriptions can be found in Appendix C):

- percentage of residents with infections
- percentage of residents with hospital admissions
- medication errors
- safeguarding count
- complaints
- concerns
- medication audit result
- nurse agency hours
- carer agency hours
- nurse leavers
- carer leavers.

At the current stage of Programme implementation many of the nursing assistants recruited are still in training or have been in role for a short time only. As many homes have only partially implemented the nursing assistant role to date, the data does not yet provide a true reflection of a home’s ‘before and after’ KPI performance.

This evaluation therefore draws on the analysis of KPI data from a sample of 16 homes that have implemented the Programme. These are the homes that have the largest number of nursing assistants in post for the longest period and can provide the most meaningful picture on the impact of the Programme.

The following criteria were used to select the sample 16 homes:

- At least 50 per cent of their available nursing assistant positions are filled and in post.
- Nursing assistants have been in post for a minimum of two months.

2.7. Reporting

Formative reporting

The evaluation was underpinned by a formative approach whereby SCIE worked collaboratively with HC-One to communicate emerging findings to help shape and improve Programme delivery. Key findings from the surveys and case study fieldwork were compiled into summary documents and presented for consideration by HC-One’s Programme Team. HC-One has drawn on emergent evaluation findings along with their own learning throughout early implementation and has adapted aspects of the Programme in response.

Summative reporting

This is a final evaluation report intended for the HC-One’s Programme team. It brings together all strands of evaluation activity to draw conclusions against the evaluation aims. This report will be accompanied by a dissemination event to present the learning to wider stakeholders and facilitate discussion within the wider sector.
2.8. How to read this report

Formative evaluation

Readers of this report should consider the longitudinal nature of this evaluation. Evaluation activities took place between July 2015 and March 2016, concurrent with early stages of Programme implementation and so participants in this research will have experienced the Programme at different points in its development. Where possible, we have indicated the phase of implementation alongside our findings and noted where HC-One has since made changes to the Programme.

Reading impacts on residents

Impacts on residents described in this report from interviews and surveys are largely reported as second-hand observations from staff and often anecdotal in nature. The impacts described are immediate/short term and should be considered within the context that the homes we visited had only partially implemented or recently implemented the new staffing model. Furthermore, some of the anticipated impacts of this Programme described are preventative in nature, and therefore not possible for us to validate through this research.

Data sampling

When considering the findings, readers should note the following caveats to the data sampling.

The response rate to the nursing assistant surveys was relatively low compared to the number of nursing assistants that have since been enrolled on the Programme. Survey findings should be treated as a snapshot of insights from a proportion of the candidates enrolled early in the Programme, rather than generalised to all.

Qualitative data is not intended to be generalisable to the Programme as a whole but rather to illustrate the breadth of experience across and within homes and offer depth of insight. Case study visits took place over the course of one day and used a practical approach to sampling interviewees. Whilst efforts were taken to include representation from all key staff groups as well as residents and relatives, this it was not possible in all case studies.

KPI data has been analysed for a sample of 16 homes only that are the furthest along in their implementation of the Programme. However, even in these homes the role is not fully implemented or has been implemented for a short time only. The analysis of KPIs should be treated as an indication of early impacts only and are not generalisable to the Programme as a whole.
Terms used in this report

The box below outlines definitions of the stakeholders referenced throughout this report in the context of this Programme.

- **Nursing assistant**: The role implemented through the CADP. Nursing assistant describes those in post having completed all prerequisite learning and development.

- **Nursing assistant in training**: Enrolled onto the Programme and part-way through learning and development programme. Including those in the process of completing prerequisite training.

- **Home manager**: Provides overall leadership and home management. Responsible for operational outcomes of the home including the provision of a high quality and kind service, occupancy, financial performance and development of external relationships.

- **Nurse**: Qualified nurse employed by HC-One. The nurse is in charge of the unit or the home.

- **Agency nurse**: Qualified nurse employed by nursing agency.

- **Carer**: Assists in the provision of care through working as part of a team to achieve required standards. Involved in the general activities of the care home.

- **Senior carer**: Plans, implements and supervises the provision of care, in conjunction with colleagues. Involved in the general activities of the care home.

- **Resident**: A resident within a home receiving care of any kind (residential, nursing, respite etc.).

- **Relative**: A relative, carer or close friend of a resident.
3. Findings

3.1. Recruitment and retention

Between March 2015 and April 2016, HC-One recruited 459 candidates who at the time of reporting were either in post or progressing towards the nursing assistant role.

**Table 3.1: Status of candidates recruited onto the Programme**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>In post</td>
<td>139</td>
</tr>
<tr>
<td>Enrolled on the training Programme</td>
<td>84</td>
</tr>
<tr>
<td>Prerequisite training to complete</td>
<td>236</td>
</tr>
<tr>
<td>Total</td>
<td>459</td>
</tr>
</tbody>
</table>

The Programme has sustained a high level of retention. Of the 459 candidates recruited to date, it has lost one nursing assistant in post and 15 who were developing or left before being in post.

**Profile of nursing assistants**

The baseline survey provides a snapshot profile of 29 nursing assistants/nursing assistants in training enrolled onto the programme in the first three phases. Those surveyed were overwhelmingly drawn from the existing HC-One workforce, with 93 per cent indicating that they previously worked for HC-One.

Surveyed nursing assistants were experienced in working in health and social care; 93 per cent had worked in the sector for four years or more (Figure 3.1).

**Figure 3.1: How long have you worked in the health and social care sector? (n29)**
A similar candidate profile was reflected in the nursing assistants interviewed who were typically drawn from their home’s pool of most experienced senior carers. However, home managers explained that whilst experience was important, it was not always the most experienced candidates that excelled in the recruitment process.

Motivations for joining CADP

‘I am proud to be chosen as a candidate for the nursing assistant role and feel with support and training I can have a positive impact on both my residents and the home itself.’ (Nursing assistant, baseline survey respondent)

At the baseline survey, nursing assistants were asked to consider their reasons for joining the Programme and to indicate how important a range of factors were in motivating them. As shown in Figure 3.2 below, many reasons were considered important, especially wanting to develop skills, improve quality of care and to progress their career. An increase in pay was considered the least important factor by far, with just 21 per cent indicating that it was ‘very important’.

Figure 3.2: Thinking about why you wanted to join the CADP, how important were the following factors in motivating you to join?

<table>
<thead>
<tr>
<th>Reason</th>
<th>4 (Very Important)</th>
<th>3</th>
<th>2</th>
<th>1 (Not Important)</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop my skills</td>
<td>93%</td>
<td></td>
<td></td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>To improve the quality of care for residents</td>
<td>93%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To progress my career in the health and care sector</td>
<td>86%</td>
<td></td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be a leader/role model for other care workers</td>
<td>79%</td>
<td></td>
<td>14%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>To be part of a new innovative model of care</td>
<td>76%</td>
<td></td>
<td>21%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To take on more responsibility in my role</td>
<td>72%</td>
<td></td>
<td>17%</td>
<td>21%</td>
<td>14%</td>
</tr>
<tr>
<td>To increase my pay</td>
<td>21%</td>
<td>24%</td>
<td>17%</td>
<td>21%</td>
<td>14%</td>
</tr>
</tbody>
</table>

The survey asked whether there were any other factors that motivated them and provided a space to comment. Of the 15 who left a comment, the majority reaffirmed their reason for joining was to progress and develop new skills. Other reasons
included supporting the nurses in their role and to make a difference in the lives of people they care for.

Similar motivating factors were expressed by the nursing assistants interviewed. In addition to the points above, nursing assistants reflected on their longer-term goals for progression, often explaining that prior to the nursing assistant role their opportunities had felt limited.

Some had previously explored nursing as a career but were discouraged by the length of the degree programme. For them, the nursing assistant role enabled them to practise some of the clinical and leadership skills of a nurse whilst retaining their current employment. Nursing assistants expressed an interest in applying more specialist and clinical skills than the senior carer role allows, such as venepuncture and diabetes care:

’Being a carer was the highest I could go and it was putting me down, whereas now the nursing assistant role came up I can go further. If I do want to go to university to become a nurse, I will already have skills in place.’ (Nursing assistant, case study home 4)

The nursing assistant role appealed because it provided an alternative progression route to nursing. It was noted with interest for example, that the nursing assistant role could potentially lead to a career in care home management. Through the role, some interviewees hoped to gain insight into the overarching workings of the home and develop their understanding of how care is planned and delivered across all staff:

’I haven’t been to university and wanted to progress and do more leading roles. I like being a carer but wanted to be more involved in the other side...medications and how to deal with the [clinical] side rather than handing it [over]...dealing with doctors.’ (Nursing assistant, case study home 6)

Many nursing assistants we spoke to perceive the role as being a natural progression for them, and in some cases not that different to their role as a senior carer. As senior carers, some were already undertaking key aspects of the nursing assistant role such as administering medications, leading teams, liaising with external professionals and care planning. The nursing assistant position provided recognition for what they were already doing and gave the training to support them.

Alongside motivations for joining the Programme, we also examined the reasons why some carers and senior carers had decided not to apply. Care staff’s reasons for not applying were individual to them, but mainly indicated that they were content within their current role and level of responsibility. In some cases the nursing assistant role was perceived as less appealing for a carer or senior carer who was newer in post and therefore less familiar with the home and HC-One processes. Being an ‘older’ carer or senior carer and working part-time were other factors that influenced some decisions not to apply.
Recruitment process

The recruitment process for the nursing assistant post was open to all candidates who met the criteria and consisted of a competency based interview (with the home manager and a human resources representative) and a written assessment.

‘We were satisfied in the approach HC-One took developing criteria, having a robust recruitment process, supporting training and maintaining supervision and providing mentoring support and oversight.’ (Stakeholder, Scottish Care Inspectorate)

Home managers regarded this process as rigorous and felt confident that it was assessing applicants for the right skills for the role. Taken together the verbal and written elements tested a range of skills:

‘The interview is where you put your nursing assistant hat on and that puts people through their paces…the role is a step change [for senior carers] in terms of management and leadership, and the interview is where we get opportunity to take that through.’ (HC-One internal stakeholder)

Skills and attributes home managers look for in a potential nursing assistant:

- Ability to communicate
- Understanding of safeguarding
- Understanding of and commitment to person-centred care
- Leadership potential

Home managers and deputy home managers felt well placed to identify internal candidates with the potential to fulfil the role. The recruitment process could enlighten management around the skills across their team, highlighting gaps and areas for further learning and development. Some candidates who did not pass the assessment were offered support to move them towards a point when they might apply again in the future.

None of the homes we visited has recruited externally to the nursing assistant role. One manager did advertise externally and offered interviews to external candidates, however none attended the interview.
Recruitment to the CADP: Evaluation learning and HC-One’s response

Evaluation found: Evaluation evidence suggests that the Programme is providing progression opportunities for some of HC-One’s most experienced care staff. That said, it shouldn’t be assumed that only the most experienced carers can excel at interview and assessment stage and those with potential should be given support and encouragement to apply and development plans to get them to a stage where they could be accepted. The recruitment process is considered effective and rigorous at testing the right skills for the role.

HC-One’s response: A stakeholder from HC-One’s Learning and Development team notes that whilst the recruitment process has remained largely the same over the course of the Programme, HC-One has developed their understanding of how to identify suitable candidates and are sharing this learning with home managers:

‘We’ve got better at seeing who suitable candidates are. I think the homes have got better; initially they were looking at the role as a carer, [but are now asking] “what would you do as a nursing assistant” …it’s making sure we get the right people through.’ (Stakeholder, HC-One)

3.2. Communicating the CADP

Care home management

Upon a home being selected to participate in the Programme, the home manager is required to attend a launch event consisting of a full day workshop with other managers in the same phase of implementation. The workshop provides an introduction to the Programme by the HC-One Programme Team. Managers are briefed on the importance of both internal and external communication to the success of the Programme and focuses on the support required to enable nursing assistants to succeed and transition into their new role.

The home managers interviewed found the launch events to be an effective method for introducing the Programme and preparing them for implementing the nursing assistant role. They reflected that the event provided a comprehensive overview of the role and the rationale for its introduction. It was considered particularly useful that the events were attended by the head office Programme Team as well as representation from homes that were earlier adopters of nursing assistants, so as to draw on their experiences. Launch events have evolved over the course of the Programme to integrate the learning around ‘what works’ from the earlier phases.

The workshops gave home managers the space to ask questions and voice any initial worries and concerns. For example, one manager questioned whether the role would create a ‘top-heavy’ staffing model, reducing the home’s capacity to deliver at the carer level. Having an open dialogue with homes that had already implemented the Programme could ease concerns:
‘The workshop was good because they told us about [the Programme] but we felt we had input into it as well. One home had trialled it and we were able to ask “what if?” “what happens then?”’ (Home manager, case study home 4)

Following the workshop, managers had supportive channels in place to direct their questions and concerns either through the HC-One Programme team, the Learning and Development Team, or through following up contacts with managers from other participating homes.

Regulatory stakeholders

The Scottish Care Inspectorate met with HC-One regularly and has been involved in the Programme throughout implementation. It attended launch event presentations where it could see how the Programme would be implemented in homes and saw demonstrations of how the Programme had worked in early phase homes in England.

‘They made it clear from outset and anticipated what the concerns of the regulator might have been…We could have thought they were trying to reduce nurses and get round the staffing schedule but they were clear it wasn’t about nurse agency cost, but about reduced capacity, and I could see potential benefits for career progression.’ (Stakeholder, Scottish Care Inspectorate)

Nursing assistants

In the baseline survey, nursing assistants indicated that they most commonly found out about the Programme through internal channels, primarily their ‘manager and/or colleague’ (68 per cent), followed by a ‘leaflet and/or poster’ (21 per cent) and a ‘presentation by management’ (5 per cent). Some were informed of the Programme through two or more methods.

Nursing assistants interviewed described similar initial communications, typically led by the home manager and communicated to all staff or approached individually. For carers/senior carers who felt hesitant about pursuing the role the support and encouragement of management was key to them applying. Having the opportunity to discuss the role with a member of HC-One’s Learning and Development Team was also useful for setting expectations about the role and the recruitment process.

Nursing assistants’ understanding of their role whilst in training was shown to be varied across and within homes. Some indicated that they were clear from the outset what was to be expected of them, whilst others had not fully understood what the role would entail. Where nursing assistants had felt less clear, this tended to be in their understanding of the parameters of the role such as the specific medical interventions they could administer, and to which residents.

Care home staff

The importance of communicating the Programme effectively to the wider care home staff and to nurses in particular was raised as a key theme across the case studies. It was clear that promoting understanding of the role across staff is an ongoing process, with interviewees explaining that the role continues to become better
understood with time. Understanding and awareness accelerates once nursing assistants are in post and are demonstrating the role working in practice.

‘[Staff] didn’t understand at first, I didn’t either...even the nurses thought they were losing their jobs. When we had it explained they did seem more understanding, and as time has gone on we all know our routine within the company.’ (Nursing assistant, case study home 4)

Communicating the Programme to nurses in particular was an important step in introducing the Programme into a home. Across the case studies, it was consistently noted that nurses had voiced initial concerns about the nursing assistant post and how it would impact and align with their own work. On hearing of the nursing assistant role, nurses could feel insecure in their position and anticipate risk of redundancy. They also expressed fears over their accountability for the actions of nursing assistants under their guidance, and within a staffing model where they might be the only nurse on shift. Concerns could often be addressed with clear communication, might also require managers to address the softer impacts on nurses, such as them feeling devalued or demotivated.

There are a number of ways that managers were seen to be alleviating nurses’ anxieties that were considered to be effective. Firstly, communicating with the nurses at the outset of the Programme, before communicating with other staff could prevent the spread of hearsay.

‘It’s about communication – talking to the nurses better and first...to make them comfortable and confident that it wasn’t about cost saving.’ (Stakeholder, HC-One)

Secondly, home managers could empower nurses through affording them key roles in the Programme so they feel invested in its success. Managers did this through giving nurses a say in the recruitment of nursing assistants and through involving them in their learning and development – by being a nurse mentor, attending training or offering ad-hoc support.

Reflecting on the learning from early Programme phases, HC-One identified that robust and positive communication of the Programme within the care home is critical to successful implementation. The importance of getting internal and external communication right has been emphasised through subsequent launch events. Home managers embarking on the Programme in later phases told us that they had listened and adapted their approach in response to the learning that had come out of the earlier phases.

‘[Nurses said:] “we don’t want care assistants doing our job”, but once it was discussed they came around – being open and explaining how it came about, talking about what help the nursing assistant would be to them...we had conversations openly because I knew in other homes, there had been that distrust.’ (Home manager, case study home 5)
Whilst the initial communications are critical, staff revealed that ongoing dialogue and repeated reassurances through implementation is also necessary to fully address negative perceptions.

Residents and relatives

As directed by HC-One, home managers indicated that they had disseminated communications about the Programme to their residents and relatives in a number of ways. For residents, the Programme was communicated in residents meetings and through individual conversations with staff at all levels. For relatives, communications could entail emails and letters, written communications placed around the home, and communicated in person through individual discussions and relatives meetings.

Home managers and staff acknowledged the challenges in communicating these changes, not least because of some residents’ capacity to understand. Managers reflected that whilst they had made efforts to communicate to all relatives, via email for example, it was not clear to what extent relatives had engaged with the communications, particularly as in-home meetings are attended by some relatives only.

Surveyed residents and relatives were asked whether they had been aware of the nursing assistant role prior to receiving the survey. Responses were highly consistent across residents and relatives with just over half of both groups indicating that they were aware of the role (Figure 3.3). Similarly, 52 per cent of relatives and 61 per cent of residents indicated that they know who is or will be a nursing assistant in their home (Figure 3.4).

Figure 3.3: Were you aware of the nursing assistant role before receiving this survey? Residents (n52) and relatives (n131)
Residents (n=52) and relatives (n=127)

Figure 3.4: ‘I know who is or will be a nursing assistant in my home?’

Relatives showed a stronger appetite for more information about nursing assistants with 53 per cent indicating they would like more information compared to 25 per cent of residents (Figure 3.5). Taken together, these findings suggest that whilst communications have been moderately successful, there is more work to be done to ensure that as many residents and relatives as possible are aware of the Programme.

Figure 3.5: ‘I would have liked more information about the role’. Residents (n=51) and relatives (n=123)

The most common way that surveyed residents and relatives said they found out about the Programme was directly through home staff and carers/senior carers in particular (Figure 3.6). The findings suggest that nursing assistants in training and care staff – as opposed to home management – play a key role in communicating the Programme to residents. For relatives too, it is communication from staff that played a larger role than written communications.
Where residents and relatives indicated they had received information regarding the role they rated the quality of this information highly. When the survey asked residents and relatives to what extent they were satisfied with the quality of information they received, it is encouraging that 88 per cent of residents indicated they were satisfied, with 46 per cent feeling ‘very satisfied’. Of the relatives surveyed, 67 per cent indicated they were satisfied, with 34 per cent of these feeling ‘very satisfied’.

Figure 3.6: How did you hear about the role? Residents (n=52) and relatives (n=131)

Where residents and relatives indicated they had received information regarding the role they rated the quality of this information highly. When the survey asked residents and relatives to what extent they were satisfied with the quality of information they received, it is encouraging that 88 per cent of residents indicated they were satisfied, with 46 per cent feeling ‘very satisfied’. Of the relatives surveyed, 67 per cent indicated they were satisfied, with 34 per cent of these feeling ‘very satisfied’.

Figure 3.7: To what extent were you satisfied with the quality of information you received about the nursing assistant role? Residents (n=52) and relatives (n=131)
Staff, resident and relative interviewees suggested that communication of the Programme to residents and relatives appears to work best when communicated directly by the nursing assistants in role or in training.

‘The nursing assistant is good, they sat down for half an hour and talked to me and said if I had any questions, you can ask me.’
(Resident, case study home 4)

When the resident and/or relative are familiar with the nursing assistant, it contributed to their acceptance of them taking on greater responsibilities. A number of nursing assistants described residents and relatives who had played supporting and encouraging roles throughout their training and development.

‘Family members have given positive feedback regarding my new job role and are always enthusiastic to know what training I have been doing.’ (Nursing assistant, follow-on survey respondent)

Residents and relatives perceptions of the nursing assistant role

Across the case studies, interviewees indicated that broadly speaking residents and relatives who knew about the role seemed content with the changes taking place, but also noted more exceptional instances where they had raised questions and concerns about the role. This typically happened where they had observed a nursing assistant in training undertaking an intervention that they recognised as being out of the scope of their carer/ senior carer role. The use of uniforms to distinguish nursing assistants from their carer colleagues was widely supported by staff and residents.

The survey findings present a positive picture overall of residents’ and relatives’ perceptions of the nursing assistant role. Of those surveyed, 90 per cent of residents and 71 per cent of relatives agreed that they would feel safe with a nursing assistant caring for them or their relative (Figure 3.8).

Figure 3.8: ‘I would feel safe with a nursing assistant caring for me/ my relative’. Residents (n51) and relatives (n128)
A notable minority of 17 per cent of relatives and a smaller 8 per cent of residents indicated that they have worries or concerns about the nursing assistant role. A larger proportion felt unsure, which may suggest there is a role for more information to be provided (Figure 3.9).

Figure 3.9: ‘I have worries or concerns about the nursing assistant role’. Residents (n49) and relatives (n116)

Of the 36 surveyed relatives that chose to comment on their worries and concerns, seven were concerned or sought reassurance regarding the level of training that was being provided for the role. A further seven would like to see more information about the role and which staff would be in role:

‘I am worried that I don’t know who these people are. Is it going to be consistent people or many different ones?’ (Relative survey respondent)

Other concerns raised were:

- Nursing assistants would replace nurses and the overall level of care would diminish (3).
- Nursing assistants would need to be monitored and supervised (3): ‘I hope all staff have supervision’.
- Medicine and blood should only be administered by a qualified nurse or doctor (2).
- The Programme was a means of reducing staff costs (2).
- Senior carers not having the capacity to take on extra responsibilities (1): ‘Things carers should be doing are not getting done, how are they going to do them with extra duties?’.
- Whether the Programme had been validated by relevant health and care bodies (1).
Communicating the CADP: Key learning and HC-One’s response

Communicating to staff

The evaluation found: Communicating the role effectively to care home staff was an important step in the introduction of the Programme in a home. Some nursing assistants felt unclear about the remit of the role at first, though understanding improves as the Programme progresses.

Nurses expressed a number of concerns about the role initially which could often be addressed through clear information and through engaging nurses early in the Programme to make them feel valued and invested in its success.

HC-One’s response: In response to early learning, an Implementation Review document was launched to enable quality assurance checks to be made at each home on the Programme. This verifies that the Programme has been communicated effectively. This includes a check that nursing assistants in training have seen the role profile and understand the role. This review is subsequently shared with the central project team who will intervene if issues have been identified.

HC-One has fed the early learning that nurses should be engaged with first into their launch events and subsequently home managers have drawn on the experiences of early homes in their own implementation plan.

Communicating to residents and relatives

The evaluation found: Over half of the residents and relatives engaged with through this evaluation had heard of the nursing assistant role, suggesting that there is still some work to be done to fully embed the message. For the residents and relatives surveyed and interviewed, it was the care home staff, not written communications that were the primary method of hearing about the Programme.

HC-One’s response: The Implementation Review document will enable quality assurance checks to be made on communications with residents and relatives. It asks managers to confirm with their relatives and residents that they are aware of the Programme and understand it, and to ascertain how they were informed about the Programme. It asks managers to confirm what the process is for communicating with new residents and relatives.

3.3. Training and development

In-home mentoring and support

As part of the Programme each nursing assistant is assigned a nurse mentor who is one of the qualified nurses in their home. The nursing assistant in training shadows their nurse mentor and practises agreed clinical interventions under their guidance.
The nurse mentor signs off the nursing assistant’s competency in new skills and acts as a source of support and guidance.

Evidence across the evaluation suggests that the nurse mentor role is a valuable Programme element. In response to the follow-on survey, 92 per cent of nursing assistants indicated that their nurse mentor had prepared them for their role, with 59 per cent indicating that it had prepared them ‘to a great extent’ (Figure 3.10).

**Figure 3.10: To what extent do you feel the nurse mentor prepared you for your role as nursing assistant? (n27)**

In the interviews, nurse mentors were often highlighted as playing a crucial role in supporting nursing assistants, though there was variability in the execution of the nurse mentor role and its perceived effectiveness by nursing assistants across homes. In the follow-on survey, 89 per cent of nursing assistants said they had felt supported by their nurse mentor, with 67 per cent feeling supported ‘to a great extent’.

**Figure 3.11: To what extent do you feel supported by your nurse mentor(s)? (n27)**

We identified two main approaches to implementing the nurse mentor role in the case studies. One approach was to recruit one nurse mentor for all their nursing assistants; the other was to recruit one nurse mentor for each nursing assistant. Both approaches have a number of potential benefits and risks. Our research suggested that there is no ‘right’ model, but rather a set of factors that home managers should consider when introducing mentors, set out in Table 3.1 below.
Table 3.1: Models of nurse mentoring

<table>
<thead>
<tr>
<th>Mentor model</th>
<th>Benefits</th>
<th>Risks</th>
<th>Mitigating risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>One mentor for all nursing assistants in training</td>
<td>• One mentor can bring consistency to the support provided</td>
<td>• Lack of time to support all nursing assistants adequately</td>
<td>• Set expectations of what is expected of mentor from the outset</td>
</tr>
<tr>
<td></td>
<td>• It allows for best practice to be taught consistently</td>
<td>• Risk to quality of support if the mentor selected is not committed or takes extended leave</td>
<td>• Recruit mentor with personal commitment to learning and development</td>
</tr>
<tr>
<td></td>
<td>• Homes can recruit their most committed nurse as mentor</td>
<td></td>
<td>• Offer protected time for nurse mentor role</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Be flexible when arranging shadowing opportunities</td>
</tr>
<tr>
<td>One mentor per nursing assistant in training</td>
<td>• Nurse mentor has more time to devote to their mentee</td>
<td>• Lack of clarity around who is a nurse mentor</td>
<td>• Clearly allocate mentors from Programme outset</td>
</tr>
<tr>
<td></td>
<td>• Can select nurse who works closest with the nursing assistant to maximise shadowing opportunities</td>
<td>• Nurses mentors teach different practice</td>
<td>• Allow mentors to attend training alongside nursing assistants to promote consistent practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Nurse mentors offer different levels of support</td>
<td></td>
</tr>
</tbody>
</table>

The mentor role has worked well when nursing assistants were clear about who their mentor was, had sufficient opportunities to work alongside them and the mentor demonstrated a number of key qualities (see box below). Feedback across the surveys and case studies suggests that most, but not all, nursing assistants engaged with in this evaluation have had this positive experience of mentorship.

‘She was always there for help and if I needed anything she was there. She did say to me, if you need anything call me day or night because she knows I work night shift.’ (Nursing assistant, case study home 3)
Nursing assistants got the most out of their mentor relationship where they had sufficient opportunity to work alongside their mentor, to shadow them in role and practise new skills under their guidance. However, it can be challenging to coordinate these opportunities when the trainee and nurse mentor do not typically work side by side.

‘I’ve not spent much time with my mentor. We work on different shifts so don’t always get together… She is approachable and helpful but there is no time set aside.’
(Nursing assistant in training, case study home 2)

It is likely that home managers will need to actively facilitate regular shadowing opportunities through the staff rostering. In one home the manager rostered extra care staff over the training period to enable the trainee to be taken off the floor and shadow their mentor. There is an expectation that nursing assistants will be flexible too, and demonstrate commitment through undertaking paid training on their days off.

Some of the nurse mentors we spoke to had clearly embraced the role. They saw mentoring as being part of their wider nursing responsibilities to upskill staff, but also as a way to develop their own skills. Mentors recognised the challenges in coordinating time to support their mentees alongside their day–to-day role. Integrating the role into their daily tasks, through planning when they can demonstrate particular skills to the nursing assistant, was a good way to do this.

On both the mentor and mentee sides, there were calls for the Programme to include a minimum designated mentoring hours each week to explore topics in depth.

### Case study home 6: Maximising the mentoring role

The manager in this home restructured the staff rota so that all trainees worked on the first floor of a two-floored home. This maximised the time trainees spent working alongside the nurse mentor and home manager who maintained an ‘open door’ policy throughout the shift.

Trainees progressed from shadowing their nurse mentor to shift swapping – a system where the trainee and the nurse mentor swapped roles for the duration of the shift with the trainee acting as the floor leader. This provided substantial opportunities to build confidence in the new role whilst under the close supervision of a nurse. One nursing assistant estimated that they took part in a shift swap up to three times a week during their training period.

Home managers were another key source of support for nursing assistants in training. They played an important role in cultivating a learning and development culture in the home where nursing assistants felt comfortable to seek support and...
guidance. In the follow-on survey, 92 per cent of nursing assistants said they had felt supported by their home manager, with 69 per cent feeling supported ‘to a great extent’ (Figure 3.12).

**Figure 3.12: To what extent do you feel supported by your home management?** (n27)

![Survey data chart](chart)

Other nurses in the home, including agency nurses, also acted as informal sources of advice and guidance for nursing assistants in training. In all the homes we visited, nursing assistants described being part of an open and supportive culture where it was ok to ask questions whenever they weren’t sure.

> ‘I get a lot of support from my manager and the deputy – we all do. She is always there for me. I have even rung her at 2am and she doesn’t have a problem with that.’ (Nursing assistant, case study home 4)

Undertaking the Programme as a cohort of trainees was shown to add a further layer of peer support through the Programme.

**Case study home 6: Peer support**

In this home, the four nursing assistants undertaking the training programme took the initiative to form their own study group. They would meet in the evenings to go through their workbooks and online learning. They formed a forum on social media to exchange questions and answers. This provided an important source of support during an intensive training period.

**Training workshops**

The training workshops were very well received by nursing assistants. In the follow-on survey, 96 per cent of respondents felt the workshops had prepared them for their role as nursing assistant, with 58 per cent saying it prepared them ‘to a great extent’ (Figure 3.13).
Nursing assistants we interviewed overwhelmingly indicated that the workshops were of a high quality and delivered interesting content by knowledgeable trainers. Trainers brought external and specialist perspectives to the topics which could prompt nursing assistants to think about care in new ways. For example, the topic entitled ‘what is a quality service’ asked trainees to tour their home from the perspective of a relative.

In the case studies we saw examples where nurses had been invited to attend the workshops alongside nursing assistants in training. This was shown to have a number of benefits including: refreshing nurses’ skills; aligning practices across the home; and showing nurses the scope of the CADP, enabling them to delegate and support nursing assistants more effectively.

**Online learning**

In the follow-on survey, 84 per cent of respondents felt that the online training prepared them for their role as nursing assistant, the lowest proportion across the three Programme elements (Figure 3.14). Most nursing assistants interviewed enjoyed the online training and found it a useful learning tool that could be revisited whenever they needed clarification on a topic. As was found in the follow-on survey, those interviewed generally indicated that face-to-face training was their preferred method of learning, and that some online topics such as wound care could have been more comprehensively addressed face-to-face.
Figure 3.14: To what extent do you feel the online learning prepared you for your role as nursing assistant? (n27)

Overall reflections on learning and development

Overall and across stakeholders, the learning and development programme was felt to be sufficient in breadth and depth to enable nursing assistants to carry out their role effectively. In the follow-on survey, many nursing assistants commented positively on the Programme, expressing that they had improved their knowledge and skillset:

‘The nursing assistant role and training has provided me with the knowledge and experience to work alongside the nurses, which is going to give the nurses more free time to deal with residents who need more care.’ (Nursing assistant, follow-on survey respondent)

Nursing assistants responding to the baseline and follow-on survey were presented with a list of skill areas covered by the Programme and asked to rate their level of confidence in applying these skills at both points (on recently joining the programme and six months later). Looking across responses where nursing assistants felt ‘very confident’ in applying skills we can see where overall nursing assistants’ confidence has changed, shown in Figure 3.15 below.
Figure 3.15: ‘How do you rate your confidence in applying the following knowledge and skills?’ Percentage of nursing assistants who scored themselves as ‘very confident’ at baseline and follow-on

The findings show an overall increase in nursing assistants feeling ‘very confident’ in nine out of the ten areas. Most striking is the increase in being ‘very confident’ in applying ‘leadership’ (118% per cent increase); ‘nutrition and hydration’ (78 per cent increase); and ‘understanding what is a quality service’ (70 per cent increase).

At follow-on, nursing assistants are feeling least confident in ‘phlebotomy’; ‘basic life support’; ‘medical conditions and diagnosis’ and ‘understanding diabetes’. These could be potential areas for further training and development.

In the follow-on survey, we asked nursing assistants whether they think they need additional training and/or support to enable them to carry out the nursing assistant role effectively and provided them with a space to comment. With the exception of wound care (requested by three respondents), additional training/support needs were highly varied which may suggest that a personalised approach to further training and development is appropriate once in role.
‘Would love more wound care training, i.e. what dressing to apply to which type of wound, why, how long for as there is a variety of dressings and treatments available.’ (Nursing assistant follow-on survey respondent)

Table 3.2: Additional training/support needs commented in follow-on survey. Need calculated based on the frequency it occurred in participant feedback (n13)

<table>
<thead>
<tr>
<th>Training/ support need</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound care</td>
<td>4</td>
<td>31%</td>
</tr>
<tr>
<td>More mentoring from a nurse</td>
<td>3</td>
<td>23%</td>
</tr>
<tr>
<td>Peg feed</td>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>Basic life support</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Catheter care</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Dealing with challenging behaviour</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Injections</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Taking manual blood pressure</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>More shifts as a nursing assistant</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Phlebotomy</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Care plan</td>
<td>1</td>
<td>8%</td>
</tr>
</tbody>
</table>

Although seen as a small percentage in the follow-up survey, nursing assistants interviewed across a number of case studies expressed a need for further care planning skill development. Whilst it was felt to be appropriate that care planning skills were taught at the home level (as every home has different styles and expectations around care plans), it was suggested that creating the space for structured sessions on care plans with the nurse mentor would be beneficial. Some homes are coordinating additional training to supplement the care planning module and have called upon the Learning and Development Facilitator to run additional care planning workshops.

Case study home 6: Support in care planning
The home manager and nurse mentor in this home noted that nursing assistants were coming to the Programme with variable levels of skill in writing care plans. They found it useful to ask all trainees to write a care plan early on in the Programme so they could assess their individual capabilities at the outset, and tailor support accordingly.

Another area for further training suggested by nurses was end of life care, specifically palliative care medication, which could benefit nursing assistants when liaising with external professionals such as the GP.
Training and development: Key learning and HC-One’s response

Support systems

The evaluation found: The majority of nursing assistants and managers involved in this research indicated that they feel supported through the Programme. In cases where nursing assistants have felt less well supported, they often requested more time to practice in their new role under the supervision of a designated mentor.

HC-One’s response: The Programme has a number of support channels through which issues with learning and development can be raised. Home managers who are responsible for implementation of the role in their home receive support from their area team (Operations Director, Assistant Operations Director, L&D Facilitator and HR Advisor) who can assist with challenges around coordinating training. All area teams and home managers are supported by a dedicated project team which compromises of project management resources and specialist functional resources such as Resourcing, Learning and Development and Human Resources.

The implementation review document explicitly asks home managers to ascertain their nursing assistants’ progress on the Programme and whether there are any issues. It asks for checks that each nursing assistant is receiving appropriate support from their nurse mentor and their colleagues.

Nurse mentor

The evaluation found: The nurse mentor was highlighted as a crucial Programme component and we found that it works best when mentors are carefully assigned to trainees and have the capacity and commitment to undertake the role. Mentors are motivated when they see their role as being part of their own development and would welcome the introduction of additional resources to support them in their role.

HC-One’s response: HC-One has recently launched an ‘Introduction to Mentoring’ learning module to support mentors further. HC-One has been awarded accreditation from the Royal College of Nursing (RCN) for the Future Leaders Programme for registered nurses who want to develop their leadership and practical management skills further. The accreditation for the Future Leaders will give nurse mentors opportunity to develop and feel valued.

HC-One is exploring ways to ensure that all nursing assistants are clear about who their mentor is, and propose insisting on the nurse mentor details being supplied prior to them being enrolled on the programme. They are aware of the potential risks if one nurse mentor is mentoring many nursing assistants, which may impact the quality of the overall mentoring, and will keep oversight of this as a project team.
Further learning and development

The evaluation found: Areas where nursing assistants are feeling less confident and have requested further learning and development such as wound care and care planning.

HC-One’s response: They will review care planning and other requests for further training and development to see how they can prepare nursing assistants as part of their transition to their new role. The learning and development facilitators have shown to be flexible in their approach to meet the needs of homes, for example by supplementing online learning with additional face-to-face sessions on care planning when homes request it.

3.4. Implementing the nursing assistant role

The nursing assistant role in practice

The nursing assistant role has intentionally been devised to allow local flexibility in each home, to ensure contextual factors are taken into account and local needs addressed. The case studies illustrated that the role can be utilised in different ways, impacted by factors including the size of the home, staffing model, and relationships between staff.

Some nursing assistants in post indicated that they were carrying out fairly similar roles and responsibilities to when they were senior carers:

‘We still see ourselves as senior carers, our role hasn’t changed significantly; dressings we were doing as a senior carers, a lot of the time external resources like tissue viability would come in and we just do the back end of it, we do get an active input but not as far as would have expected.’ (Nursing assistant, case study home 4)

Other nursing assistants have noted a marked change in their role and responsibility since being in post. Nursing assistants were seen to be undertaking a wide range of new tasks across the case study homes including: administering medications; wound dressing; care planning (including seven-day care planning); risk assessments; leading staff on the floor; checking the practice of care staff; leading social worker review meetings and attending to professional visitors. Less commonly, nursing assistants were having involvement in managerial tasks such as ordering medications, undertaking audits and health and safety checks. In addition, nursing assistants are working across different floors of the home and getting to know new residents. However, it should be recognised that nursing assistants working at night have far fewer opportunities to undertake some of the above tasks. There may also be times in the home where nursing assistants’ skills are not required:

‘Not all nursing assistants get to do the nursing assistant role, as sometimes there are a number of nursing assistants working the same day.’ (Nursing assistant follow-on survey respondent)
In the follow-on survey, 81 per cent of nursing assistant respondents indicated that the role is broadly as they expected it to be and 78 per cent agreed that they have sufficient opportunities to use their new skills (Figure 3.16).

**Figure 3.16: To what extent do you agree with the statements: ‘The role is broadly as I expect it to be’ and ‘I have sufficient opportunities to use my new skills’ (n27)**

The follow-on survey asked nursing assistants about changes in their time spent on different tasks since being in-post. The biggest change was seen in managing/leading a team with 85 per cent of respondents indicating they had increased their time spent on this task. Following this, 73 per cent had increased the time they spent contributing to care plans and 67 per cent had increased the time spent administering medications (Figure 3.17).
Nurses were seen to be influential in shaping the nursing assistant role, as we found it was typical for nurses to hold the responsibility for delegating tasks on a daily basis. An approach taken in a number of the case study homes was for the nurse and nursing assistant to allocate the distribution of tasks between them at the start of the shift, an approach that was supported by home managers.

‘I took a step back because I thought it was important for them [nurses and nursing assistants] to establish how to be on the floor together and that meant that nurses were involved all the way through.’ (Home manager, case study home 4)

It is however the nurse who has ultimate authority over delegation of tasks and not all nurses delegate in the same way. A nursing assistant in one home described the need for nursing assistants to be flexible when responding to the different preferences of each nurse. It was broadly recognised that some nurses have their own preferences and comfort levels in releasing tasks to nursing assistants:

‘Everyone manages a shift differently and my advice would be to delegate what you feel comfortable delegating, don’t delegate what you don’t, but absolutely oversee everything.’ (Nurse, case study home 5)

Given the flexibility of the role, circumstances may arise where home managers feel they need to be more directive in the management of the shift to ensure that nursing assistants are being given sufficient opportunity to practice their skills. It was
acknowledged that staff can slip into familiar patterns of work, and whilst this is not inherently problematic, managers felt it was important for nursing assistants to build competence and confidence across all areas. This was particularly important for when nursing assistants would be supporting agency nurses or nurses new to post who were less familiar with all aspects of the home.

‘We discovered the nursing assistants had only ever done down stairs medications because that’s how they had always done it. We took it back to the nurses and said I need them to do it upstairs. We wanted them all to know everyone.’ (Home manager, case study home 4)

Nursing assistants’ experience in the role

We asked nursing assistants in the follow-on survey the frequency with which they had experienced challenges in their new role. Shown in Figure 3.18 below, the most frequently experienced challenge was managing their workload (experienced by 52 per cent) and linked to this ‘finding time to learn and develop new skills’ (experienced by 45 per cent). Some nursing assistant interviewees also acknowledged that the role is taking time to get used to which is increasing their workload in the short term. A part-time nursing assistant noted that a longer adjustment period into the new role is likely.

‘At first I was going back to check and check again. I’m getting quicker, getting more organised…not getting nervous anymore.’ (Nursing assistant, case study home 6)

‘Due to still being needed to carry out my care duties on the floor including overseeing the care plans for residential residents and now being expected to also oversee nursing resident care plans I feel my work load has significantly increased so I am still adjusting to managing my time better.’ (Nursing assistant follow-on survey respondent)

Getting enough support from managers and colleagues was regularly a challenge for 12 per cent, though it is encouraging that 42 per cent said this is never a challenge.
Implementing the nursing assistant role: Key learning and HC-One’s response

The evaluation found: The context of each home is important in shaping implementation of the role. The size of a home, the layout and the existing culture and relationships between staff can all influence how the role works in practice. It may be necessary for home managers to intervene to ensure that new nursing assistants are building experience across all areas of practice. Nursing assistants largely indicated they feel supported in their role with a minority feeling less supported. They most commonly experience challenges around managing their workload, particularly when in a period of adjustment to their new post.

HC-One’s response: HC-One will continue to monitor these issues through the implementation review document which asks home managers to discuss with nursing assistants in post: Whether their role in reality matches up with the role profile?; Whether they are clear on their responsibilities?; How they are being supported by colleagues?; and, whether they are happy in their new role?
3.5. Emerging impacts

Impacts for residents

It should be noted that at the time of our case study fieldwork the nursing assistant role was not fully implemented in all homes. The impacts described below are those that have already been observed by staff and residents.

Wellbeing and experience of care

Resident and relative perspectives

We spoke to a small number of residents in four case study homes who had begun to receive care from nursing assistants. Residents reflected that they were happy for the nursing assistants to deliver some care that was previously done by a nurse, subject to them being trained to do so. Their experience of care from nursing assistants was positive and their overall experience of care reported to be much the same as before.

‘[Nursing assistant] gives me my medication. She does this excellently. I have great faith in her. She does it properly and [there is] no fuss, no bother. I am very happy for her to give me medication.’ (Resident, case study home 3)

‘[Nursing assistants] bring my medication in. The nurse did it before they started the scheme. It’s fine by me to take the load off the nurses…Both are very competent and do their job well.’ (Resident, case study home 4)

Case study home 5: Wound care

Elizabeth has been a resident at this home for 19 months. She has two leg wounds that require dressing daily. Before the Programme her wounds were dressed by a nurse, but now a nursing assistant has taken over the role and she is happy with the quality of care she receives:

‘[Nursing assistant] has done my leg quite a few times. She is very good, she is wonderful. She was there one day, watching the nurse and ever since, she has been doing it right every time.’ (Resident)

She noted that her wounds are now dressed earlier in the day:

‘Nurses don’t always have the time, they are busy, especially on a night time doing dressing for other people.’ (Resident)

Her experience is positive because she knows the individual and has confidence in their ability:

‘If she wanted to do my tablets, I wouldn’t mind. She is good. She is nice. She knows me.’ (Resident)

Residents expressed individual preferences about who delivers their care. Some residents reflected that they would prefer for nursing assistants to administer their medication because they know them well. Other residents were apprehensive about nursing assistants performing particular clinical interventions on them, such as taking blood, where they would feel most comfortable in the care of a qualified nurse. This
suggests that communicating with residents about their preferences will be an important part of implementation.

Two measures of resident experience that are monitored through the KPIs are the number of complaints and number of compliments that a home receives each month. Analysis of the data from the 16 sampled homes that have implemented the CADP from May 2015 to March 2016 shows an overall positive picture when compared to the same period the year previous. The total number of complaints across the 16 homes fell from 90 to 66, a reduction of 27 per cent. The total number of compliments rose from 280 to 295, an increase of 5 per cent.

Table 3.3: Total complaints and compliments recorded each month across the 16 sampled homes that have implemented the CADP

<table>
<thead>
<tr>
<th>Month</th>
<th>Total complaints</th>
<th>Total compliments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014/15</td>
<td>2015/16</td>
</tr>
<tr>
<td>May 15</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>June 15</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>July 15</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>August 15</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>September 15</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>October 15</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>November 15</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>December 15</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>January 16</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>February 16</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>March 16</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>66</td>
</tr>
</tbody>
</table>

Care home staff perspectives

In the follow-on survey, nursing assistants indicated the extent to which they perceived the Programme to be positively impacting on residents’ experience of care. Shown in Figure 3.19, the vast majority felt that the Programme was having some positive impact on consistency of care (74 per cent scored 4 or 5), continuity of staff (70 per cent scored 4 or 5) and satisfaction with care (67 per cent scored 4 or 5).
Staff perspectives of how the Programme is impacting on residents were grounded in the context of the home. There were homes, for example, where the pattern of delivery of care was largely unchanged by the Programme or where the role was not fully implemented. From the perspective of some staff interviewed, the Programme was therefore not felt to be impacting on the experience of care residents received, but rather enabling homes to provide a consistently high quality of experience in the context of rising nurse shortages.

Where impacts were observed, staff identified these as occurring in two main ways: Firstly, through residents receiving more of their care from nursing assistants that know them and their needs from when they were carers and senior carers. As nursing assistants, they now play an increasing role in the planning of care and can feed in their knowledge of a resident’s preferences, contributing to more person-centred care planning.

‘I know what a resident likes and dislikes. For example, one resident likes their cup of tea at a certain angle, and I would write that in their care plan, in that detail.’ (Nursing assistant, case study home 5)

Nurses too acknowledged that nursing assistants’ input into care plans was shaping them to be more person-centred, as nurses could tend to write plans that were clinically accurate but lacking in the details gained from knowing a resident well. Nursing assistant input can help nurses to plan care daily in a more person-centred way:
‘Nurses here don’t get involved with the personal hygiene, the [nursing assistants] have done so before and as a result, know a lot of the hygiene habits, such as who likes to have a bath and what time, so as a result, nurses aren’t taking a shot in the dark…We have that knowledge to be able to care plan it now.’ (Nurse, case study home 1)

**Case study home 5: Care transitions**

The manager in this home noted that nursing assistants were facilitating smoother transitions for residents as they moved from residential to nursing care. This is a common transition for residents and because nursing assistants know both the nursing and residential side of the home, as well as the individual, they are a familiar face and a go-to contact for residents and relatives.

The second key way in which the Programme was seen to be impacting on experience of care was through nurses having more time to spend with residents when the nursing assistant is on shift. When nurses have more time to spend with residents this was perceived as improving the quality of care overall, and to be of particular benefit to residents receiving palliative care and those with more complex care needs.

**Responsiveness of care**

Residents receiving care in a more timely and responsive way was identified as the most observable and immediate impact on residents to have emerged from the Programme so far.

The medication round was highlighted as a clear example of where staff had observed residents receiving care in a more timely way. Nurses and nursing assistants can undertake the medication round simultaneously which is reducing the time taken to administer medications overall. Having a nursing assistant in place was also seen to minimise disruption to the medication round if a nurse is called away for an emergency.

It was noted by staff in several homes that residents can receive ad-hoc low level medications such as pain relief more quickly now that nursing assistants can administer them, compared to when they would have to wait for a nurse to become available.

Staff also observed that daily wound dressings are taking place earlier in the day and in a more planned way in some homes.

‘There are so many dressings to do and the nurses are between two floors and [wound dressings] all have to be done on the same day and in their beds – now it can be done in half the time.’ (Nursing assistant, case study home 5)
Safety of care

Nursing assistants were widely regarded as delivering high-quality care; no critique about the quality of care delivered by nursing assistants was made by staff, residents or relatives in any part of this research. Furthermore, it was suggested by some home managers that the Programme was indirectly driving quality across the home. In some cases, it was the perception of management that nursing assistants were raising the bar for nurses when it came to accuracy of medicine audits and documentation.

Some staff argued that care is being delivered more safely overall because the Programme has increased staff capacity across the home so staff have more time to pay attention to details in care planning and medications.

In the follow-on survey, nursing assistants indicated a positive picture of impact overall regarding the safety of care, shown in Figure 3.20.

Figure 3.20: On a scale of 1–5, please indicate the extent to which you think the nursing assistant role has contributed to the following impacts in your care home (n27)

Safety of care is monitored at the home level on a monthly basis through five KPIs: incidents count; infection count; hospital admissions count; safeguarding count; and medication errors.

We looked at the KPI data from the 16 sampled homes that have implemented the CADP over a 10-month period (May 2015 to March 2016) and compared it to the
data from the same homes over the same period the year previous. Overall, across the time period and across homes we found that:

- total **incidents** fell **30 per cent** from 3,105 to 2,186
- total **infection counts** increased **8 per cent** from 1,367 to 1,493
- total **hospital admissions** increased **7 per cent** from 443 to 473
- total **safeguarding counts** fell **20 per cent** from 199 to 160
- total **medication errors** fell **60 per cent** from 92 to 36.

Whilst it is too early in the Programme to draw firm conclusions from a small sample of homes, and we should caution against looking only at aggregated data, the substantial reduction in medication errors, incidents and safeguarding seen here are highly encouraging. It will be important to monitor these KPIs for all homes on the Programme over the coming months.

**Impacts for care home staff**

**Nursing assistants**

The Programme has had an immediate impact for the nursing assistants in role. Across homes, nursing assistants reported feeling more satisfied in their role as a consequence of feeling better recognised and rewarded, enjoying the content of their new work and having opportunities to progress.

‘**I am enjoying my new role and the extra responsibility and working on both floors which I think is working well because I am getting to know all relatives and residents.**’ (Nursing assistant follow-on survey respondent)

Some nursing assistants told us they are using the increase in salary to support an improved work/life balance, for example through reducing the hours worked each week and being able to afford a family holiday.

‘**I’m really enjoying it, I am happy, I love coming to work and I am at home more with the children.**’ (Nursing assistant, case study home 5)

In the follow-on survey, 85 per cent of nursing assistant respondents said that they are enjoying their new role and 89 per cent indicated that they plan to continue working for HC-One for the foreseeable future (Figure 3.21).
More exceptionally in the interviews and survey comments, nursing assistants reported feeling less positive about the role where they felt the role had not affected the type of work they were undertaking or where they felt they were not being utilised effectively or supported by nurses.

**Nurses**

The extent to which nurses reported experiencing impacts depended on the context of their home. For example, where nursing assistants were only operational from 9am–5pm, nurses only saw an impact during this time.

There were nurses across homes who said that the Programme was having a positive effect for them and that they now had increased capacity to spend more time on their tasks and with residents in the confidence that nursing assistants were supporting them.

*I'm comfortable because I know they know their limitations and when they need to seek advice and help which makes me comfortable to know they are doing it the way I've asked.* (Nurse, case study home 5)

One home manager anticipated that the Programme will lead to the better retention of nurses as a consequence of them feeling better supported in their role, and that new nurses in particular will benefit from working alongside an experienced nursing assistant. However, it was also noted that not all nurses were happy with the introduction of the Programme, and some have moved on since it begun.
Carer/senior carers

Overall and across case study homes carers/senior carers reported that the Programme had not impacted on their role to a great extent. The Programme was seen as positive development for carers because it increased their scope for career progression, not least because it immediately created new senior carer positions for carers to move into. The nursing assistant post was something that they could aspire to, even if they were not in a position to apply for a nursing assistant post right now.

Relationships between care home staff

In the follow-on survey, nursing assistant respondents indicated that they thought the Programme was having a positive impact on improving communication between colleagues and improving understanding between colleagues (Figure 3.21 below). The case studies also highlighted instances where the Programme had improved communication because nursing assistants brought both a nursing and carer perspective and could facilitate communication between these roles.

It should however also be acknowledged that the Programme has caused some challenges in managing the dynamics between staff in some cases, though this was expected to settle as people become accustomed to the new role.

Figure 3.22: On a scale of 1–5, please indicate the extent to which you think the nursing assistant role has contributed to the following impacts in your care home (n27)
Visiting health and care professionals

Nursing assistants in a number of the homes we visited indicated that they were engaging with external health and care professionals to a greater extent since being in post. This could involve professional liaison such as booking and coordinating visits, and attending to professionals when they visited the home, directing them to residents and communicating care needs.

We only spoke to one visiting professional as part of this evaluation, so the impacts reported are largely those observed by care home staff. Home managers and staff report that external professionals are content with the new role and happy to engage with the nursing assistants. They also noted the potential for visiting professionals to be attended to in a more timely way because a nursing assistant could see to them whilst the nurse is busy.

Some nursing assistants are starting to facilitate resident review meetings attended by the social worker. Open communication with the social worker about their change in role and a staged approach to building the nursing assistant’s confidence in this area worked well as an approach in one home.

Case study home 6: Social worker review meetings

In this home, the nursing assistant has started to lead on social worker review meetings. They began by shadowing their nurse colleagues building up to leading meetings on their own. The home manager sought feedback from the social worker following the review to ensure they were happy with their performance. The nursing assistant now feels confident to undertake reviews independently.

We spoke to a visiting nurse practitioner from the same case study home who indicated that they were happy with the quality of input they received from nursing assistants when they visited. Furthermore, they noted that when the nurse is doing the medication rounds they can be seen to by a nursing assistant, which makes best use of their time.

‘I think she has more knowledge of what’s going on in the care planning. It makes a lot of difference because I can trust the knowledge she’s got…She knows the residents.’ (Visiting nurse practitioner, case study home 5)

Use of agency nurse staff

The KPI data from the sampled 16 homes shows that total agency nurse spend across the homes decreased by 11 per cent in the period August 2015 to January 2016 compared to the same period the year previous. Nurse gross pay costs overall decreased 15.6 per cent across the sample homes – this was a larger decrease than the trend across HC-One’s Operations as a whole which saw a 5.5 per cent decrease in nurse costs between the same two periods.
In the case studies, not all homes anticipated that the Programme would reduce the use of agency nurse staff in the short term. Some did not have a widespread use of agency nurses to begin with, though the nursing assistant role was seen as an important step in protecting the home against the extensive use of agency nurses in the future. There are also homes where the number of nurses required on duty has not decreased since Programme implementation, and so it is not anticipated to impact on agency use.

Two of the case study homes we visited noted anecdotally that the use of agency staff had reduced since the nursing assistant role was put in place.

‘For example, tomorrow I have [a nurse] called in sick and I have two nursing assistants on with me, whereas before if they ring in sick I would need [to use] agency.’ (Home manager, case study home 4)

3.6. Future of the CADP

Sustaining the benefits of the CADP

‘I enjoy my new role and it has greatly improved my job satisfaction. It has inspired me to want to develop myself further and take my training to the next level.’ (Nursing assistant, follow-on survey respondent)
Our research suggests that the majority of nursing assistants surveyed and interviewed are happy in their new role and plan to stay with HC-One for the foreseeable future. Nevertheless, retaining nursing assistants is a high priority for home managers, who recognise that nursing assistants’ skill set is desirable in a competitive health and care market. In order to retain them, managers requested that HC-One builds on the momentum of the Programme and continues to engage nursing assistants in training and development opportunities. Further to this, they argued that HC-One should pay attention to market rates and benefits offered for similar roles with other providers to ensure that nursing assistants are receiving a competitive package.

It was recognised that home managers also have a key role to play in retaining nursing assistants through facilitating ongoing support, mentorship and development opportunities within the home.

**Case study home 5: In-home learning and development**

A nursing assistant in this home has been appointed to the role of joint nutrition champion – an internal post that is typically held by a qualified nurse. In this role, the nursing assistant will deepen their understanding of nutrition as well as develop their leadership skills in supporting their colleagues to implement best practice in nutrition across the home.

Nursing assistants interviewed and surveyed expressing a strong desire to continue to train and develop in their role. Nursing assistants want to continue progressing and further formal accreditations would boost their morale. More informally, it was suggested that nursing assistants could have benefitted from further face-to-face sessions supporting them in dealing with the stressors of the job. Ongoing supervisory sessions were also recommended to provide the space to reflect on their practice and identify challenges.

‘I would like to do more training NVQ4/5. I am always looking to improve myself.’  
(Nursing assistant follow-on survey respondent)

In the follow-on survey, respondents strongly indicated that additional training would be useful for their role: 92 per cent indicated that progressing towards an NVQ Level 5 in Leadership and Management and an internally delivered leadership and management Programme would be useful (Figure 3.24).
Longer-term aspirations for the CADP

Regulatory stakeholders would like to see that HC-One continues to monitor and evaluate the impacts of the Programme on a longer-term basis. A useful framework for assessing Programme impact might be the Care Quality Commission’s key lines of enquiry (is the service: safe; effective; well led; caring; and responsive to needs) to assess how the role is impacting on quality of care.

‘It’s always been important for us to be clear about how effectively the Programme has been scoped, planned and managed…not rushing it, taking it at pace and measuring its effectiveness internally and externally.’ (Stakeholder, Scottish Care Inspectorate)

HC-One wants to keep nursing assistants engaged and is exploring options for further qualifications in health and social care to continue their learning journey. HC-One is launching mentoring qualifications which could be offered to nursing assistants following a successful 6–12 months in post.

Nursing assistants will also have access to Ascent, HC-One’s new online performance development review (PDR) system. Ascent is a way for HC-One colleagues to measure their overall performance, whilst also speaking to their line manager about development opportunities which will allow nursing assistants to explore career pathways into care home management.
4. Conclusions

In the first year of its implementation, our evaluation findings paint a positive picture overall of a well-planned Programme that continues to be refined and developed. We found evidence of early successes where the Programme elements are performing well, as well as some challenges for HC-One to consider.

The overall learning and development package is regarded as a key asset to the Programme. Nursing assistants rate their training highly and feel it is sufficient in breadth and depth to prepare them for the role. The face-to-face training in particular was highlighted for providing a quality learning experience.

The nurse mentor has an important role to play in ensuring nursing assistants are supported and this research has highlighted excellent examples where mentors go above and beyond to fulfil this role. There are also challenges in some cases around coordinating time for trainees to practise skills under the guidance of a designated mentor. Overall, nursing assistants and mentors indicated they would welcome more time working together.

Nurses play a significant role throughout this Programme and their positive engagement in the training and implementation of nursing assistants can be critical to its success. It was usual for some nurses to express initial concerns about the role, and so any concerns they have should be addressed at the outset and throughout the Programme. Building on this early learning, HC-One continues to emphasise that communicating with nurses is key.

Just over half of the residents and relatives surveyed had heard about the nursing assistant role, showing that whilst steps have been taken to inform residents and relatives, awareness is not complete. Most surveyed and interviewed residents and relatives would feel safe with the care provided by a nursing assistant. Where residents and relatives have concerns, these can be addressed with information clarifying the rationale for the Programme, training content and role profile. The introduction of uniforms, which HC-One has rolled-out, should help to distinguish nursing assistants and give legitimacy to the role in the eyes of residents and relatives.

Nursing assistants expressed their views about how the role is working for them through the case studies and surveys. Generally speaking, nursing assistants are enjoying their new role, the role is broadly as they expected it to be, and many are experiencing positive impacts such as improved morale. Nursing assistants are undertaking a diverse range of responsibilities in their new role – though the exact scope and extent to which they are practising new skills is variable. In the early stages of implementation it may be necessary for home managers to monitor the working patterns of nursing assistants to ensure they are being utilised to their full potential.

In these early stages of implementation, the emerging impacts of the Programme for residents have so far been positive. Impacts on the continuity of care look promising; the KPI data suggests an overall reduction in agency spend and the case studies
show the benefits of staff continuity for person-centred care planning. Most commonly and consistently, staff noted that the Programme can enable care to be delivered in a more timely way which will enhance residents’ experience of care. Most, but not all, staff feel that the Programme has increased capacity which should ensure the quality and safety of care across the board. The early emerging KPI data for measures of safety shows substantial decreases in three key areas including medication errors, but smaller increases in two others (safeguarding and incidents), which should continue to be monitored across all homes.

Future aspirations for the programme tended to centre on consolidating and building on the learning and development of nursing assistants. Nursing assistants have high aspirations for their future, and would welcome ways in which they can build on the momentum of what they have already achieved. It is therefore encouraging that HC-One is exploring ways for them to continue their learning journey.

This evaluation has explored the learning and impacts emerging from the early stages of implementation. It will be important for HC-One to continue to monitor the different elements of the programme to ensure that it is working to meet the markers of quality and safety, outlined below, and against the programme KPIs. The implementation review document and checklist, analysis of the KPIs and continued engagement with staff, residents, relatives and stakeholders will all contribute to HC-One’s overall understanding of Programme performance.

Validating the CAPD against quality markers of quality and safety

In this final section we have evaluated the CAPD in relation to a nationally recognised set of quality markers for adult social care: Driving up Quality in Adult Social Care, What is Quality\(^\text{14}\). Driving Up Quality was developed by Think Local, Act Personal and built on work by SCIE\(^\text{15}\) and defines quality in adult social care in terms of three outcomes:

- Positive care experiences meeting personal aspirations
- Effective service delivery – achieving personal outcomes and value for money
- Services which keep people safe

The table below describes our analysis of the extent to which the Programme has delivered in relation to these outcomes, both in terms of the Programme itself; and in terms of its early impacts.

\(^{14}\) Think Local Act Personal, Driving Up Quality in Adult Social Care, what is quality, 2013
\(^{15}\) SCIE, Defining excellence in adult social care services, 2010
<table>
<thead>
<tr>
<th>Quality outcome</th>
<th>Programme delivery</th>
<th>Impact of Programme</th>
</tr>
</thead>
</table>
| **Positive care experience meeting personal aspirations** | • The Programme has robust key performance indicators to track impact on residents. These include measures of safety, satisfaction and health.  
• KPIs are measured regularly, and through real-time updates. | • KPI data over a 10-month period from the sampled 16 homes shows an overall increase in the number of compliments and a decrease in the number of complaints, compared to the same period in the previous year.  
• The case studies and the surveys of staff have found that staff believe the Programme has brought improved quality of care, including increasing resident satisfaction. For instance, 78% of nursing assistants told us that the Programme has had an impact on resident satisfaction with their care. |
| **Processes that ensure services are effective – this includes achieving personalised outcomes and value for money** | • The Programme aims to increase the continuity of care and reduce the reliance on agency nursing; both of which will increase the effectiveness and cost effectiveness of care.  
• The Programme is underpinned by a high-quality learning and training Programme that aims to increase leadership skills, skills in person-centred care and the quality of care giving.  
• This evaluation has found that the learning and development Programme is of a high standard, delivering evidence-based and high quality training. The Programme has now been accredited by the Royal College of Nursing. | • KPI data from the sampled 16 homes shows an 11% decrease in spend across the homes on nurse agency staff, compared to the same period in the previous year.  
• In both the case studies and through the surveys, staff told us that the Programme has increased the continuity and consistency of care, with staff understanding each other’s roles better. For instance, 70% of nursing assistants report that the Programme has had a great impact on continuity of care. |
<p>| <strong>Services that keep people safe (without taking</strong> | • This evaluation has found that the Programme has clear aims and KPIs around delivering safe care. | • KPI data from the sampled 16 homes shows substantial overall decreases in medication errors, incidents and safeguarding counts |</p>
<table>
<thead>
<tr>
<th>Quality outcome</th>
<th>Programme delivery</th>
<th>Impact of Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>away personal control)</td>
<td>• The evaluation has found that there are strong measures and monitoring arrangements in place to ensure that care is delivered safely.</td>
<td>over 10 months compared to the same period the previous year. There were however small increases in infection counts and hospital admissions.</td>
</tr>
<tr>
<td></td>
<td>• This evaluation has found that residents, relatives, managers and nursing assistants are confident that the Programme will contribute to safe care. For instance, 90% of residents and 71% of relatives agree strongly or agree that they would feel safe with a nursing assistant caring for my relative e.g. giving medication/ dressing wounds.</td>
<td></td>
</tr>
</tbody>
</table>
5. Recommendations

This section outlines some of the key lessons learned from the evaluation in the form of recommendations for HC-One, home managers and stakeholders across the sector to consider. The formative nature of this evaluation has led HC-One to have already actioned a number of recommendations and are exploring ways to improve the Programme across many of these areas.

Recommendations for HC-One

Recruitment and retention

- Face-to-face launch events were important in building awareness of the Programme and equipping the managers in the skills and knowledge needed to recruit candidates. We recommend that launch events or other face-to-face workshops are used as part of any future communication plan on nursing assistants, or the introduction of any new role into the organisation and that the content of these events continues to be refined in line with new learning.

- The two greatest reported motivating factors that attract candidates to the role of nurse assistant are candidate’s desire to improve their skills and improve outcomes for service users. Whilst pay is an important factor, in future communications and adverts about new roles or job opportunities, it is vital to emphasise the opportunities the role affords to improve skills and resident care.

- Personal accounts and stories of the impact of the programme on those who have become nursing assistants can be an important driver in encouraging others to apply. Nursing assistants should be interviewed and their stories used as part of wider communication and recruitment materials.

Communicating the Programme

- There needs to be continued efforts to communicate the benefits of the nursing assistant role, as this evaluation has found that ongoing, and multi-channel, communication is necessary. Particular attention should be paid to communicating with nurses about the role, covering in detail the benefits it brings to them, and how they will be accountable working alongside them. It is helpful to involve nurses directly in the process of recruiting nursing assistants, by giving nurses a say in the initial selection and interview process of nursing assistants.

- The survey evidence showed that a high proportion of relatives didn’t know about the nursing assistant role and this group had an appetite for more information. As part of future communications, we recommend that there is further information provided to relatives about the role and its impact. Our findings suggest that face-to-face communication by staff at all levels can be more effective than written communications.
Learning and development

- The survey showed that the learning and development programme has increased nursing assistants’ confidence in almost all areas. It has also highlighted specific areas where nursing assistants are feeling less confident such as care planning and wound care. We recommend that nursing assistants are supported to feel highly confident in all areas of practice such as through maintaining the nurse mentor relationship once in post.

- The evaluation has shown ways that nurse mentors can be supported in their role and we recommend that all the following are implemented: nurse mentors are provided with Programme content prior to receiving a mentee; nurse mentors are encouraged to complete the mentor training prior to receiving a mentee; encouraged to attend the training with their mentee; giving dedicated time to go through workbooks and other mentor-related tasks.

- Some homes find it more challenging to coordinate times for the nursing assistant and nurse mentor to work alongside one another and our findings suggest that the time spent with a mentor varies across nursing assistants. We recommend that the Programme sets expectations for the hours per week mentors and mentees should spend together, and that HC-One and home managers work together to overcome challenges in the rota.

Implementing the nursing assistant role

- The CAPD programme management team was highly regarded by those we spoke to, working effective and responsively with different stakeholders and individual homes throughout. We recommend that a similar programme management team is established for any future high impact project in HC-One.

- Nursing assistants told us that they welcomed the support given to them from home managers, through the Learning and Development Team and by nurse mentors. They also told us that the role, whilst rewarding, is demanding. It will be important for HC-One to develop a plan for providing ongoing learning and support to nursing assistants to ensure that they feel supported and developed in their role. This could include providing periodic face-to-face events during which nursing assistants could share learning and receive training from experts.

Ongoing evaluation

- We recommend that HC-One establishes a programme of ongoing evaluation of the impact of the CADP for at least a further year. This could involve the following activities:
  - Continued monitoring of the Programme KPIs
  - Periodic surveys of nursing assistants, residents and relatives using either paper-based surveys or the new digital touchscreens in care
homes to track the impact of nursing assistants on resident satisfaction and other care outcomes.

- Externally commissioned in-depth review of the impact of the nursing assistant role against the CQC adult social care inspection domains and KLOEs in a mixed sample of care homes.
Appendix A: Programme logic model
Appendix B: Surveys

Nursing assistant baseline survey questions

ID Number:

Section 1: About you

1. Please indicate your role prior to joining the Care Assistant Development programme
   
   Carer
   
   Senior Carer
   
   Other
   
   If you selected other, please specify in the space below:

2. Did you work for HC-One in your previous role?
   
   Yes
   
   No

3. How long have you worked in the Health and Social Care sector?
   
   1-2 years
   
   2-4 years
   
   4-6 years
   
   6+ years
Section 2: Applying for the Care Assistant Development Programme

4. How did you hear about the Care Assistant Development Programme?

- Launch event
- Leaflet/poster
- One Voice - Newsletter
- Home Manager / colleague
- Local recruitment
- Presentations from management
- Press and external communications
- Other

If you selected other, please specify in the space below:

5. Thinking about why you wanted to join the Care Assistant Development Programme, how important were the following factors in motivating you to join:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not Important 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very Important 5</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>To progress my career in the health and care sector</td>
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<tr>
<td>To increase my pay</td>
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<tr>
<td>To develop my skills</td>
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<tr>
<td>To take on more responsibility in my role</td>
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<tr>
<td>To improve the quality of care for residents</td>
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<td>To be a leader/role model for other care workers</td>
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<tr>
<td>To be part of a new innovative model of care</td>
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</table>

6. Were there any other factors that motivated you to join the Programme?

7. a. On a scale of 1-5, please indicate the extent to which you had the following worries or concerns about joining the programme?

<table>
<thead>
<tr>
<th>Concern</th>
<th>Not a worry/ concern 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>This was a worry/ concern 5</th>
<th>Don’t Know</th>
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<tbody>
<tr>
<td>Finding the time to learn and develop new skills alongside other commitments</td>
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<tr>
<td>Getting enough support from managers and colleagues in my new role</td>
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<tr>
<td>Not having the right knowledge/ skills required for the new role</td>
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Having the confidence and capabilities to take on greater responsibility/leadership

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- [ ]
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- [ ]
- [ ]
- [ ]

b. Did you have any other worries/concerns about joining the programme?

Section 3: Confidence, capabilities and skills

8. Thinking about your knowledge and skills before you joined the Care Assistant Development Programme, please rate your confidence in applying the following knowledge/skill areas:

<table>
<thead>
<tr>
<th>Knowledge/Skill Area</th>
<th>Not confident</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very confident</th>
<th>Don’t know</th>
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</thead>
<tbody>
<tr>
<td>Understanding diabetes</td>
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<tr>
<td>Wound care</td>
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<tr>
<td>Catheter care</td>
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<tr>
<td>Medical conditions and diagnosis</td>
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<tr>
<td>Phlebotomy</td>
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<tr>
<td>Basic life support</td>
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<tr>
<td>Risk assessment</td>
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<tr>
<td>Nutrition and hydration</td>
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<tr>
<td>Understanding what is a Quality Service</td>
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<tr>
<td>‘Stepping up’ - Leadership</td>
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Section 4: Training, development and support

9. On a scale of 1-5, please indicate the extent to which you feel the following aspects of your training will prepare you for your role as Nursing Assistant?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>To no extent</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>To a great extent</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touch e-Learning modules</td>
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<tr>
<td>Nurse Mentor relationship(s)</td>
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<tr>
<td>Face to face training/workshops</td>
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</table>

10. a. On a scale of 1-5, please indicate the extent to which you feel supported to carry out your role as Nursing Assistant effectively by:

<table>
<thead>
<tr>
<th>Source</th>
<th>To no extent</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>To a great extent</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleagues at HC-One (e.g. the Learning &amp; Development team)</td>
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<tr>
<td>My care home management</td>
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<tr>
<td>My Nurse Mentor(s)</td>
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</table>

b. If you feel you need additional support to enable you to carry out the role effectively, please write here.
Section 5: Understanding of new role and intended impact

11. On a scale of 1-5, please indicate the extent to which you think the Nursing Assistant role will contribute to the following impacts in your care home:

<table>
<thead>
<tr>
<th>Impact</th>
<th>No impact</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Great impact</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleagues working in a more positive environment</td>
<td></td>
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<tr>
<td>Colleagues know each other better and what they bring to provide care and support</td>
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<tr>
<td>Residents/relatives are more satisfied with their care</td>
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<tr>
<td>Care records are reported more accurately</td>
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<tr>
<td>Medication is administered more accurately</td>
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<tr>
<td>Care is provided in a safer environment (e.g. fewer incidents)</td>
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<tr>
<td>There is greater continuity of staff in the care home</td>
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<tr>
<td>Higher colleague satisfaction</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colleagues communicating more effectively</td>
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</tbody>
</table>

Section 6: Final reflections

12. Please use this space to make any final comments about the programme or to expand on any of your responses.

For example, is there anything working particularly well about the Programme, or anything you would like to see improved?

Nursing assistant follow-on survey questions

ID Number:

Section 1: Confidence, capabilities and skills

1. On a scale of 1-5, please rate your current confidence in applying the following knowledge/skills:

<table>
<thead>
<tr>
<th>Knowledge/Skill</th>
<th>Not Confident</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very Confident</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catheter care</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
### Medical conditions and diagnosis

| | | | | | | |
|---|---|---|---|---|---|

### Phlebotomy

| | | | | | | |
|---|---|---|---|---|---|

### Basic life support

| | | | | | | |
|---|---|---|---|---|---|

### Risk assessment

| | | | | | | |
|---|---|---|---|---|---|

### Nutrition and hydration

| | | | | | | |
|---|---|---|---|---|---|

### Knowing what is a *Quality Service*

| | | | | | | |
|---|---|---|---|---|---|

### ‘Stepping up’ - Leadership

| | | | | | |
|---|---|---|---|---|

## Section 2: Training, development and support

2. On a scale of 1-5, please indicate the extent to which you feel the following aspects of your training have prepared you for your role as Nursing Assistant:

<table>
<thead>
<tr>
<th>To no extent (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>To a great extent (5)</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touch e-Learning Modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Mentor relationship(s)</td>
<td></td>
<td></td>
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<tr>
<td>Face to face training/workshops</td>
<td></td>
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</tbody>
</table>

3. a. On a scale of 1-5, please indicate the extent to which you would find the following additional training and support useful to your role as Nursing Assistant:

<table>
<thead>
<tr>
<th>Not at all (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>To a great extent (5)</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD or refresher training in a specific clinical/ care area</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HC-One delivered leadership and management programme</td>
<td></td>
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<td></td>
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<tr>
<td>NVQ Level 5 in Leadership and Management</td>
<td></td>
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</tbody>
</table>

b. If you think there is any other training that would be useful, please write here.

4. a. On a scale of 1-5, please indicate the extent to which you feel supported to carry out your role as Nursing Assistant effectively by:

<table>
<thead>
<tr>
<th>Not at all (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>To a great extent (5)</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleagues at HC-One (e.g. the Learning &amp; Development team)</td>
<td></td>
<td></td>
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<tr>
<td>My care home management</td>
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</tbody>
</table>
**My Nurse Mentor(s)**

b. If you feel you need additional support to enable you to carry out the role effectively, please write here.

**Section 3: Understanding of new role and impact**

5. Thinking about your new role as Nursing Assistant, to what extent do you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree 1</th>
<th>Disagree 2</th>
<th>Neither agree not disagree 3</th>
<th>Agree 4</th>
<th>Strongly agree 5</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoy my role as Nursing Assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>The role is pretty much what I expected it to be</td>
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<tr>
<td>I have sufficient opportunities to use my new skills</td>
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<tr>
<td>I plan to continue working for HC-One for the foreseeable future</td>
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<tr>
<td>I have a full understanding of my role and how it contributes to residents’ care</td>
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<tr>
<td>My colleagues have a full understanding of my role and how it contributes to residents’ care</td>
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<tr>
<td>Residents/relatives have a full understanding of my role and how it contributes to residents’ care</td>
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</tbody>
</table>
6. On a scale of 1-5, please indicate the extent to which you feel the Nursing Assistant role has contributed to the following impacts in your care home?

<table>
<thead>
<tr>
<th>Impact Description</th>
<th>No impact</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Great impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleagues are working in a more positive environment</td>
<td></td>
<td></td>
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<tr>
<td>Colleagues know each other better and what they bring to provide care and support</td>
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<td>Residents/relatives are more satisfied with their care</td>
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<td>Care is provided in a safer environment (e.g. fewer incidents)</td>
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<td>Residents are receiving greater consistency of care</td>
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<td>There is greater continuity of staff in the care home</td>
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<tr>
<td>Higher colleague satisfaction</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Colleagues are communicating more effectively</td>
<td></td>
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</tr>
</tbody>
</table>

7. To what extent has your workload on the following tasks changed since becoming a Nursing Assistant?

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Significantly reduced my time spent on this</th>
<th>Slightly reduced my time on this</th>
<th>No change</th>
<th>Slightly increased my time spent on this</th>
<th>Significantly increased my time spent on this</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administering medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undertaking risk assessments</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Catheter care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributing to care plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Section 4: Final reflections

8. a. On a scale of 1-5, please indicate the extent to which you have you experienced the following challenges in your role as Nursing Assistant?
Residents and relative survey questions

1. Were you aware of the Nursing Assistant role before this survey?
   - Yes
   - No
   - Unsure

2. How did you hear about the role? (tick all that apply)
   - Home Manager
   - Leaflet/poster
   - Nurse
   - Carer/Senior Carer
   - Other (please write)
   - I did not know about the role

How satisfied were you with quality of information you received?
   - Very satisfied
   - Satisfied
   - Unsatisfied
   - Very unsatisfied
   - I did not receive information

b. If you are experiencing any other challenges please write here:

9. Please use this space to make any final comments about the role, or to expand on any of your responses.

   For example, is there anything working particularly well about the Programme, or anything you would like to see improved?
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand the Nursing Assistant role and what it means for my/ my relative’s care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would have liked <strong>more information</strong> about Nursing Assistants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know <strong>who</strong> is or will be a Nursing Assistant in the care home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would <strong>feel safe</strong> with a Nursing Assistant caring for me/ my relative e.g. giving medication/ dressing wounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have <strong>worries/ concerns</strong> about the new role (please write in space below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worries/concerns:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have any other comments, please write here:
### Appendix C: Programme KPIs criteria

<table>
<thead>
<tr>
<th>Business Goal</th>
<th>Area</th>
<th>Measure</th>
<th>Measure Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Health &amp; Care Experience for Residents</td>
<td>Incidents</td>
<td>Number of Incidents by Severity</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Safeguardings</td>
<td>Number of Safeguardings</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Medicines</td>
<td>Medicines Audit Result</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Care KPIs</td>
<td>Number of Medicines Errors</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Complaints</td>
<td>Number of Complaints</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Compliments</td>
<td>Number of Compliments</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Resident Satisfaction</td>
<td>Overall Resident Satisfaction</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Staffing</td>
<td>Nurse Agency Hours</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Staffing</td>
<td>Nurse Agency Hours % Payroll</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Staffing</td>
<td>Carer Agency Hours</td>
<td>Monthly</td>
</tr>
<tr>
<td>Best Working Environment for Colleagues</td>
<td>Retention</td>
<td>Number of leavers by role</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Recruitment</td>
<td>Number of vacancies by role</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Staff Satisfaction</td>
<td>Overall staff satisfaction by role</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

#### Metric Description

- **% of residents with infections within the home taken from KCI's**
- **% of residents with hospital admissions within the home taken from KCI's**
- **Difference between last month and this month's count**
- **Difference between last month and this month's count**
- **Difference between last month and this month's count**
- **Difference between last month and this month's count**
- **Pass or Fail**
- **Difference in hours for agency use against the previous month**
- **Difference in hours for agency use against the previous month**
- **Nurse Leavers**
- **Care Leavers**

#### RAG Criteria

- Red - 4 or more metrics are red
- Amber - 2 or 3 metrics are red
- Green - 1 or less metrics are red

- Red >=30%, Amber 11% - 29%, Green >=10%
- Red >=0%, Amber 0% - 9%, Green >=8%
- Increase in errors = Red, Remain the same or dropped
- Increase in errors = Red, Remain the same or dropped
- Red > 3, Amber 1 - 2, Green >2
- Red > 3, Amber 1 - 2, Green >3
- Increase in errors = Red, Remain the same or dropped
- Red >12, Amber 1 - 12, Green <1

#### Home Name | Overall Rating | Infection % (Based on Nov KCI Date) | Hospital Admission % (Based on Nov KCI Date) | Medication Errors | Safeguarding Count | Complaints | Concerns | Medication Audit | Nurse Agency | Carer Agency | Nurse Leavers | Carer Leavers

1
Appendix D: Interview topic guides

Care Home staff

NB: interview questions were tailored to each staff role

About you
1. Can you tell me about your role and how you are involved in the Care Assistant Development Programme?
   Probe: length in role/ length on CADP/ length working for HC-One

Recruiting candidates for the CADP
1. How was the CADP promoted to carers in your home?
   Probe: How effective was this recruitment?
   Probe: How could it have been improved?
2. Is there anything in particular that helped or hindered carers/senior carers apply for the role?
3. Can you think of any reason why carers/senior carers might not want to apply for the role?

Routes into the CADP
4. How did you find out about the CADP?
5. What were your motivations for applying?
6. Was there anything in particular that helped or hindered you when applying for the role?
   Prompt: E.g. timescales, support from staff, understanding of role
7. Did you have any reservations or concerns about applying for the role?
   Probe: Can you think of any reason why other carers/senior carers might have reservations applying for the role?
   Probe: What could HC-One do to alleviate these concerns?

Understanding and awareness of the Nursing Assistant role
1. To what extent do staff fully understand the Nursing Assistant role? E.g. purpose, aims?
   a. Probe: Why/why not
   b. Probe: Impact of this?
2. To what extent do you think residents and relatives are aware of the Nursing Assistant role?
   Probe why/ why not?
   Probe: What is the impact of this?
   Did they receive a leaflet or see posters that were used to advertise the programme?

Nursing Assistant training and development

Aim: To understand the effectiveness of the training and development programme in preparing candidates for the role of Nursing Assistant.
To understand the impact of the training and development programme on care home staff and residents. Note that this section is covering the impact of the training and development, not the impact of the role once implemented.

3. **How much of the training and development programme have you undertaken?**

4. **What are your views on the content of training and development for the Nursing Assistant role?**
   
   *Probe: Is programme content sufficient in breadth and depth?*
   *What aspects of training and development work well?*
   *What works less well?*
   *What’s missing?*

5. **What are your views on the structure of the training and development?**
   
   *Probe: Are programme timescales appropriate?*
   *Balance between online and offline courses?*
   *Has the workbook helped support your learning?*

6. **What are your reflections on the Nurse Mentor role?**
   
   *Probe: How has this had an impact on your training and development?*
   *What works well about this role?*
   *What works less well?*
   *What do you think would have happened without this role?*

7. **Which aspects of your training and development have you found most useful in preparing you for your role as Nursing Assistant?**
   
   *Probe: Why?*
   *Which aspect of your role has/will it help you with?*

8. **Have you found anything challenging about your training and development?**

9. **Is there any other training and development you need to enable you to carry out your role as Nursing Assistant effectively?**

10. **Is there any other support you need to enable you to carry out your role?**
    
    *Probe: from HC-One/ home management/ Nurse Mentor etc.*

---

**Impact of the implementation of the Nursing Assistant role**

**AIM:** To understand the impact of the Nursing Assistant role once it is operational and explore whether it is achieving its intended outcomes, or other outcomes.

---

**Impacts for staff**

11. **Which different activities/responsibilities are you undertaking as a Nursing Assistant?**
    
    *Probe for as much detail as possible e.g. can you quantify or estimate proportions of how your time on activities has changed?*

12. **Has the implementation of the Nursing Assistant role had any impact on the use of agency staff?**
    
    *Probe: Why/ Why not?*
    *If not, do you expect it to in the future?*
    *What is the impact of this?*

13. **Has the Nursing Assistant role had any impact on Nurses’ and Carers’ workloads?**
    
    *Probe: Are they undertaking different activities/ responsibilities?*
    *Specifics- Who? What? When?*
What is the impact of this?

14. Has the Nursing Assistant role had any impact on the relationships between staff?
   Probe: Are you now working closely or engaging with different people as a result of the programme?
   How is this different to what happened previously?
   What has helped/ hindered this?
   What is the impact of this?

15. Has the Nursing Assistant role had any impact on staff satisfaction/morale?
   Probe: Who? Why/ why not?
   What is the impact of this?

Are there any other impacts of the Nursing Assistant role for staff, positive or negative?

Impact for residents and relatives

16. Do you think the Nursing Assistant role has impacted on the care residents receive?
   Probe: Quality of care
   Consistency of care
   Safety of care
   Care planning (e.g. more care plans, quality of care plans, better use of care plans)
   Probe: Which residents? Is the impact different for specific groups/ situations/ experiences?
   (E.g. dementia/ complex health needs)
   For all the above:
   If not, why not?
   Is there any evidence of this impact or specific examples they can give?
   Were these impacts realised immediately or once the role was embedded?

17. To what extent do you think resident’s relatives and families have noticed changes in the care residents receive?

18. Are there any unintended or negative impacts of the Nursing Assistant role on the care residents receive?

Overall programme reflections

19. Is there anything about this home in particular that is impacting on the role positively or negatively?
   Probe: E.g. previous existing relationships, communication, culture, retention of staff, number of agency staff?

20. What do you think is working particularly well in the programme?
   Probe: Why? What can we learn from this?

21. What do you think is working less well in the programme so far?
   Probe: Why? What can we learn from this?

22. What challenges have been encountered?
   a. How have they been overcome? [If not overcome, what steps need to be taken to address them?]

23. What, with hindsight, would you like to have seen done differently or improved?

The future

24. Thinking about your job and career, what are your plans for your future?
   Probe: stay at HC-One?

25. Has the CADP impacted on your future plans?
26. What advice would you give to other candidates undertaking the programme?

Residents and relatives

About you

2. How long have you/ your relative been a resident at this home?

3. So that we understand your experience better, would you mind telling us whether you/your relative have any long term health or care conditions?
   Probe: How does this affect you/them?

4. Which staff members provide most of your/their care?
   Probe: Carers, Senior Carers, Nurses, Management
   Probe: What are the different types of care they provide you/them?
   i. Prompt: Catheter, wound care, assisted in taking medications?
   ii. Probe: Who provides what and how often?

Your experiences of care

1. Overall, how satisfied are you with the care you/ your relative receive at this home?
   Probe: explore why/ why not satisfied

2. Have you noticed any changes to the way your care is delivered over the last few weeks? [tailor depending on how long Nursing Assistants have been in place]
   Probe: E.g. in who delivers their care/ consistency of care/ quality of care
   If yes, how do you feel about this- is it a good change?

3. How could staff [further] improve your care?

Continuity and consistency of care

1. To what extent do you understand the different roles of the staff that care for you/ your relative?

2. To what extent do the people that care for you/your relative know you and your needs?
   Prompt: How often are you/they cared for by staff that you/they don’t know?

3. How important is it to you that the same people provide your/their care each day?
   Probe: Is this more important for some aspects of care than others?

Understanding and awareness of Nursing Assistant role

This section will be accompanied by a printed card outlining the NA role in simple terms with an image.

4. Have you heard of the Nursing Assistant role?
   If yes:
   a. What do you understand it to be?
      Probe: How does it differ from that of a carer or nurse?
   b. How did you hear about this role?
      Prompt: written/ verbal/ care home staff/ HC-One
   c. Did you understand all the information you were given?
      Probe: How could this information have been improved?
      Probe: Is there anything about the role you still don’t understand or is unclear to you?
The nursing assistant role is a new role for senior carers/carers that wish to progress in their careers. Nursing assistants will assist in tasks that were previously only done by nurses such as administering medicines, care of wounds, catheter care under the supervision and guidance of the qualified Nurse. Only carers/senior carers with a certain level of experience/qualification can be apply for the role and they undergoes a programme of training and development before they can qualify. It is hoped that the role will mean that fewer strangers deliver your care.

d. Do you think it is important for relatives/residents to be made aware of this role?
   Probe: Why/why not?

e. What would be the best way for HC-One to communicate this role to you/you and your relative?
   Probe: Type and frequency of communication/level of detail

Benefits and challenges

When considering benefits and challenges probe around whether these are expected benefits and challenges or actual experienced benefits and challenges.

5. What, if any, do you think the benefits of a Nursing Assistant role might be?
   Probe: Quality of care/resident safety/consistency of care
   Probe: Are these expected or experienced benefits?

6. What, if any, do you think might be the challenges/disadvantages?
   Probe: Quality of care/resident safety/consistency of care
   Probe: Are these expected or experienced disadvantages?

7. Do you have any worries or concerns about the Nursing Assistant role?
   Probe: Reasons for concerns and impact of concern
   Probe: What could HC-One do to alleviate these worries or concerns?

Final reflections

8. What is the best thing about your care and support at the moment?
   Probe: Who’s involved, why is this good, how does it make you feel, has it changed or improved, what’s the impact of this?

9. What’s the one main thing that could be improved about your care?
   Probe: Which care area, why would this make a difference?

10. Are there any final comments you’d like to make about the Nursing Assistant role?

   Thanks and close
Evaluation of the Care Assistant Development Programme: Learning from early implementation
Final report to HC-One

This report presents the findings from the evaluation of the early implementation of HC-One’s Care Assistant Development Programme (CADP). The evaluation aims to:

- evaluate the immediate and short-term impact of the CADP on the quality and consistency of care provided by HC-One
- inform the development and further implementation of the Programme and ongoing self-evaluation after this evaluation is complete
- validate the Programme against national good practice markers for the delivery of safe and good care.