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Training new HCAs to give compassionate care

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In October 2013, Newcastle upon Tyne Hospitals Foundation Trust set up an academy for all new healthcare assistants, to enable them to develop with the knowledge and skills to deliver compassionate and safe care. HCAs attend the academy before working in clinical practice. They complete knowledge packs in line with national minimum training standards during their probationary period. Evaluation showed that HCAs felt more confident to deliver clinical care after completing academy training.

NHS staff in bands 1-4 make up 40% of the workforce and are responsible for 60% of direct patient contact, but receive only 5% of the education and training budget (Health Education England, 2014). The Cavendish Review (2013) recommended consistent, high-quality training for all healthcare assistants, while Compassion in Practice (Department of Health, 2012) and the national minimum training standards for health and social care support workers in England (Skills for Care/ Skills for Health, 2013) were developed to raise standards.

Newcastle upon Tyne Hospitals Foundation Trust has set up a HCA academy as part of a drive to recruit and develop HCAs more effectively. Trust staff help HCAs to develop the skills and knowledge to deliver safe, compassionate care. After attending the academy, HCAs continue their development during their probationary period.

The trust’s nursing and midwifery strategy 2013-2016 aimed to “establish a HCA training programme, to teach fundamental skills and practice, to support staff from the beginning of their careers with the trust”. The purpose was to introduce new HCAs to the trust and its values, provide mandatory induction and training, and provide the essential knowledge and skills to enable the delivery of safe and compassionate care. The initiative was the result of collaboration between the staff development and senior nursing teams.

Healthcare assistant academy

The HCA academy is a mandatory training programme for all new HCAs. It also supports staff who have been redeployed to new clinical areas such as adult and paediatric wards, intensive care, outpatients, community services and theatre.

The academy programme is mapped to the national minimum training standards. The two-week programme includes an introduction to the trust and to HCAs’ roles and responsibilities, along with other organisational and clinical topics (Box 1).

Sessions are delivered by a range of staff. After completing the, HCAs complete three knowledge packs during their six-month probationary period. The questions in these packs come directly from the minimum training standards.

Recruitment

HCA recruitment is a centralised process (Corder et al, 2014). Fundamental skills in maths and English are tested. This is

5 key points

1 Healthcare assistants make up 40% of the workforce and are responsible for 60% of direct patient contact

2 National minimum training standards set out the expectations for HCA training

3 A two-week academy helps HCAs gain the skills and knowledge they need for practice

4 Academy training supports ongoing development during an HCA’s probationary period

5 Staff can support the delivery of the academy training

HCAs learn skills in a clinical suite equipped with manikins and clinical equipment.
followed by value-based scenario interviews to test caring and compassionate values, with assessment carried out by senior clinical staff. One-to-one interviews are then held.

Since we started the first HCA academy in October 2013, there have been seven cohorts of between 12 and 23 participants. A total of 128 staff have attended.

Most have embraced their role and settled well into their clinical settings. About one in 10 have moved on – similar to the attrition rate for the national year of care programme (Sprinks, 2014). Reasons for this include the post not being what was expected, moving out of the area or taking up other educational or work opportunities.

The academy’s facilities

The academy is delivered in a designated training room and a clinical suite with three patient bed areas, a life-size manikin and many items of clinical equipment that staff will see or use in practice. Having this facility greatly enhances the training and allows many skills to be practised in a safe, supportive environment.

HCAs attend trust induction during the academy programme; this includes trust priorities, e-learning, moving and handling, and cardiopulmonary resuscitation.

From day four, participants are required to wear their uniform. This has a number of benefits: it enables them to plan their time, with time to change before the start of the class, much as they would do before a shift – forgetting locker keys or a uniform can be a valuable lesson for practice.

Wearing uniform helps them to understand dress for work according to trust policy.

Benefits

HCAs now feel more confident when going into the clinical area because of the knowledge and practical skills gained at the academy.

Practical skills taught during the programme include bed making, taking observations, applying anti-embolism stockings and taking blood glucose; trust values and expectations are also explained. After successfully completing the programme HCAs should then have the knowledge and skills to deliver care that meets the needs of patients and their families. Staff development directly affects care and enables staff to ensure patients’ needs are met.

The academy is flexible; we have added a conflict resolution session and a breastfeeding awareness session, which covers supporting patients and staff who are breastfeeding.

A programme in Ireland for existing HCAs had both indirect and direct benefits for staff, including a desire to learn and long-term confidence, which were expected to reduce staff turnover and absence rates (Griffin, 2012).

At the end of each academy, the HCAs complete an evaluation. Suggestions that have been implemented include allowing time on day one to discuss staff benefits, such as travel schemes and car parking. Another issue was the need to complete e-learning as there was not enough time during the induction; we now allocate an afternoon for this and IT trainers facilitate this session. Recently, a participant suggested the group and trainers should eat lunch together; we are planning to do this.

HCAs gave positive feedback through their evaluation. One described feeling ‘well supported’. Others commented:

“I found the academy useful and a great way to introduce people into the trust, with background information on the trust and what is expected of us as HCAs. And also that we now know ward sisters won’t expect us to do things straight away.”

“I have learned a lot regarding taking patients’ obs, dementia, tissue viability, end of life. The whole training course has been invaluable.”

“I will support patients the best that I can and make sure I will apply what I have learnt, by knowing and applying the 6Cs.”

Ongoing development

Following the academy, HCAs have three knowledge packs to complete during their probationary period. These are mapped to the national minimum training standards and provide the trust with assurance that the HCAs have met minimum levels. These packs are marked by the staff who deliver the academy and HCAs receive feedback.

Conclusion

Over the past year, we have made many steps in supporting and developing new HCAs to deliver safe and compassionate care from the start of their employment. External drivers have influenced the development of the academy, as has the trust’s focus on this staff group. The new value-based recruitment process helps candidates to demonstrate they have the right attitude to caring and compassionate values.

The national minimum training standards have provided a framework for the academy and the knowledge packs. Our facilities enable us to provide theoretical and practical experiences. The knowledge packs demonstrate HCAs’ knowledge and understanding related to their role.

Many HCAs have told us that they would have struggled significantly in the clinical environment had they not had the time in the academy first.

We look forward to the introduction of the Care Certificate in March 2015, which we will be able to use to build on the work done using the national minimum training standards to continue to support our HCAs.

References


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