

## **Let's Celebrate Health Care Assistants: Compassionate Care in Practice**

1) **Six month evaluation** of the two- day course (May-October 2014) and follow up in clinical practice

2) **Post course telephone evaluation** of 10 participants from Secure and Local Services (During six months x 100 through course)

### **Introduction**

This two day course with follow up into clinical practice was devised by me and Janet Hussein Ali from a brief outlined in (*Development Programme for Health Care Assistants and Support Workers Band 1-3) Oates March 2014*)

One of the aims was to ensure that Health Care Assistants where practicing compassionately and to raise the profile of the Health Care Assistant role through a focus on promoting health and wellbeing through the recovery approach.

### **Background/Rationale for workshop**

The Francis Inquiry identified a lack of support, and development of these front line staff. The Cavendish Review was commissioned to look further into the problem and make recommendations. The reviewers interviewed health care assistants and support workers about their role; they found that more training and development was needed. One of its main findings was that Health Care Assistants are doing a brilliant job often under challenging conditions and needed more support. This workshop is one way that MerseyCare NHS Trust felt it could meet that recommendation within the report.

This two-day workshop aims to

- 1) To introduce the Health Care Assistant /support worker to their own Code of Conduct (giving a background to the Francis Report and Cavendish Review and the importance of the Department of

Health 6 C's)

- 2) To understand their own role in implementing the recovery approach; (instilling hope, use of recovery language) understand how the therapeutic use of activities can increase motivation and improve overall physical, psychological and social wellbeing.
- 3) To increase awareness of developing their own resilience and managing stress
- 4) Following the workshop, complete the Ward Stars Portfolio as evidence of implementing activities with service users

The evaluation of the two -day course content, evaluation of the Cavendish questionnaires, and the follow up telephone interviews of people who have completed the workshop, are all qualitative as an in depth review is useful until more HCAs have completed the course. I will then provide quantitative data.

The first evaluation report of the workshop highlighted that some of the activities such as dough making were seen as childish. This was reviewed and changed to offer relaxation, this is now consistently evaluated well by each group as it can be used for their own benefit to manage stress, and it is also key to recovery for service users.

Many of the HCAs are already very recovery focused in their work and are helping service users join libraries, community social groups, slimming groups, visiting the free museums in the city and generally having a well - ness focus to recovery.

Some felt the ward stars was patronizing to them and they '*did not need to gain stars like kids to prove their worth*' As mature learners I am going to take that comment on board for other groups and have already modified some of the activities accordingly. Once the HCAs have seen the ideas available to them on the two web sites (ward stars and wardipedia)

they feel better about it.

This six monthly report includes the perceptions of 10 HCAs after they have completed the course

As a result of this evaluation several changes will be made, these are listed in the **recommendations section** of the report

The Purpose of the telephone interview was to asked semi structured questions based on the learning outcomes of the workshop to gauge in a rudimentary way any transfer of learning into practice.

### **Key Learning from the Cavendish Questionnaire**

In addition to the evaluation each workshop participant completed a questionnaire that was originally given out to HCAs and Support Workers when the Cavendish report was gathering its evidence.

A thematic content analysis of 100 questionnaires revealed key themes against each Question

1. **What do you enjoy most about your job?** *'Satisfying when patients respond to my encouragement' 'When I am listened to about changes to the patients health and well being' 'When I am seen as part of the team' 'making a difference'' interaction with the patients' 'Being there for patients'*
2. **Are there any activities that you always do rather than a nurse or senior care assistant?** *'Personal care' 'NO (majority of respondents)' 'Observations and 1-1's'*
3. **What prevents you doing your job properly?** *'not being heard, we know the patients really well' 'lack of funds to do social activities' 'shortages of staff' 'lack of support from managers' 'not having my opinion taken seriously'*
4. **Would you know what to do if you wanted to take up a more senior position?** **Majority of responses where 'Yes'**
5. **Where you work what makes you feel part of the team?** *'Knowing that we support each other', 'being trusted and respected' 'being*

*included in decisions' 'being informed of changes' 'working with people who care and are in job for the right reason' 'not being treated as inferior, but part of a unit of staff' 'I work with a great team' 'it's a bit 'us' and 'them' and 'not us all together', sad really, patients notice that' 'positive feedback and good communication'*

**6. In your current role have you ever been asked to do any thing that you feel is beyond your level of competence? Majority of respondents said 'No'**

That Merseycare NHS Trust Health Care Assistants and Support Workers are reflecting the national findings as summarised in the initial quote from the Cavendish Report; they need to feel valued and respected. They need more positive and specific feedback from their managers, they need more opportunities for reflective practice and to be supported to develop within and beyond their role should they wish.

**Example of Thematic content Analysis of Course Evaluations**

- 1. Qualitative summary of participants comments;** 'felt listened to', 'able to voice opinions', 'learnt more of role of HCA', 'relaxed atmosphere', 'being able to share experiences', 'engagement and interaction', 'not alone in the problems I face every day,' 'very enjoyable', 'practical activities where fun and got the group working together well' 'learnt a lot from other workshop participants',
- 2. What ideas would you take back to the ward?** 'look after myself more'', 'activity ideas', positive thinking, how finding solutions is everyone's responsibility, 'being negative is lazy thinking and is unprofessional,' we now have a code of conduct', 'importance of treating service users and each other according to the FRED A principles'' 'The way we talk about and to service users can affect their recovery', 'I want to read more on personality disorders' 'think about past history of patient before judging them' 'the six c's and ward stars'
- 3. Qualitative Summary of suggested improvements** They would have preferred the workshop to have been certificated, 'give more information prior to workshop', 'needs a bit more structure', 'make it longer', 'too many managers, not enough HCAs on the ground' 'more information on mental health' 'more on attachment theory and mental health,'

## Thematic content Analysis of the 10 telephone interviews

**1) Have you completed the ward stars portfolio?** 4 completed 4 half way  
2 not started

**2) Rate the helpfulness of IMAGINE framework** 3 really helpful, 2 a little helpful 4 no help 1 person commented on the overlap of each one

**3) Barriers to completing Ward Stars Portfolio** 4 no time 3 ringed all responses (not enough staff, team don't value activities) 3 not enough staff

**4) What information on the recovery approach have you used?** 4 diversional activities 5 Sleep Hygiene 1 person ringed all 6 statements

**5) Give an example of a health focused activity?** 4 self help leaflets 2 breathing techniques to calm an anxious patient 2 Gym and walking 2 music and reminiscence

**6) 1-5 rate how you feel about your job after the course** 7 rated feel more **positive about job** 3 a little more positive

**7) How do you think the course helped me do my job better** " best course I have been on since I came in '96" 'can argue my point more' 'I listen to service users more' ; 'gave me understanding other job roles even if we have the same title' 'course gave me a different outlook' 'more aware of activities' 'more confident' 'insight to personality disorder, am more patient with them now'

**8) Tell me one thing you do differently as a result of what you have learnt on the course?** 'Sleep hygiene' 'listen more' 'health promotion' 'speak up for myself'

**9) Managing stress was covered on the course have you been able to help service users understand this?** 'Have taught deep breathing to help patient manage anger and how to walk away from trouble' 'look after my own stress levels better' 'liked the DVD we were given on mindfulness have used it myself'

## Recommendations related to Practice

- **Practice Visits** Instead of individual practice visits, that are costly on my time, I suggest instead that I offer mainly email and telephone support with some visits to a few HCAs at a time.

- **Role Models for Student Nurses** A recurring theme of our discussions on the course has been the way student nurses who are on ward placements within MerseyCare never seem to leave the office to learn how to interact with the patients, many HCAs felt this system perpetuated the way staff nurses tend to be completely office bound when they qualify.

### **Recommendations relating to the course**

- 1) **Retain the existing format** as it is because all the evaluations were good to outstanding. The biggest strength and benefit to MerseyCare has been in the mixing up of staff from across the two divisions. They have benefited on hearing about different ways of working and have learnt a lot from each other.
- **Increase computer time in the workshop** for Ward Stars and Wardipedia
- **Paperless By January 2015** cease producing a paper version of portfolio and use on line version, it will be easier to support their development. This will be evaluated in my next six monthly report.
- **Frequency of workshops** Increase workshops to **once a week** and widen the venues from mid –November to include Southport, Windsor Clinic, Rathbone (This was agreed by Ray Walker on Tuesday 21<sup>st</sup> October 2014)
- Notify Modern Matrons and Managers to send staff as it is mandatory.
- **Discuss the possibility of setting up Action Learning Sets** I think it was excellent and visionary to make the initial workshops mandatory for all HCAs. I would like to offer Action Learning Sets in the future so they are both responsible for their own updating and share good practice. I have a lot of experience developing these and they are very good for morale. This would really work with the existing model of mixing staff across the two divisions

### **1. Conclusion**

The evidence so far suggests that the workshop has been very good for morale there has been a very positive response from the course participants.

Many HCAs are doing the activities already, and have a good understanding of recovery with the health focus.

My own evaluation. I love running these workshops, its service development at its best, and I am very pleased with the results, but will continue to evaluate and modify according to the evaluations to ensure it remains contemporary.

**The Last word goes to the HCAs as it demonstrates their compassion and motivation to make things better.....**

The Health Care Assistants had many good ideas to improve things for patients, I emphasized on the course that I wanted them to be critical but also take responsibility to try to think of solutions or at least offer to be part of the solution

Here is a wish list collected by me over the each course

- *Our in patients need more access to therapies for in- patients particularly DBT and CBT would be welcome*
- *We would like more progression opportunities for Band 2's*
- *We need more consistency and continuity in service delivery, better hand overs, standardized check list orientation for bank staff*
- *We need to establish better links with outside agencies*
- *We need to find a solution to the problem of nutrition and dementia More appropriate foods (nutritious finger foods) for people with dementia, we cannot get any food outside meal times for our patients they loose weight.*
- *We would like a budget to do activities with, we buy things out of our own money, we also buy patients toiletries, provide clothing,*

*toothbrushes out of our money*

- *We need to stand up for ourselves more, this is up to us, so HCAs can be listened to and respected by qualified staff when they report information about a service users conditions*
- *HCAs worried about boundaries and confidentiality issues with peer support workers we need to learn more about this, managers please explain*
- *Teams take time to develop its difficult having bank staff who are new to both us and the patients*
- *When staff are moved staff it would be great if they got a proper induction and a bit more warning*

*Thank you !*