

# CASE STUDY: LET'S CELEBRATE HEALTHCARE ASSISTANTS: COMPASSIONATE CARE IN PRACTICE COURSE

Healthcare assistants (HCAs) are essential to the delivery of high quality patient care, and, as identified in the Francis Report and Cavendish Review, there is a real need to improve the support they receive as well as their development in the workplace.

In response to this need the Executive Director of Nursing for Mersey Care NHS Trust initiated the development of a two day mandatory course, 'Let's Celebrate Healthcare Assistants: Compassionate Care in Practice.' The aim of this course, and the follow-up support offered to staff in practice, is to introduce the [Ward Stars Activities Programme](#) as well as the new HCA Code of Conduct, and the Compassion in Practice Six Cs, all of which are underpinned by a recovery approach within Mersey Care.

The trust already runs a very successful apprenticeship scheme for new and existing staff, which offers the Skills for Care Health and Social Care Diploma. However this particular two day course was aimed at developing HCAs who had been in the service some time and were not already on the apprenticeship scheme. The health care assistant pathway into practice outlines where this course fits into the overall pathway (Appendix 5).

## Key Outcomes

One hundred HCAs have attended so far, all of whom evaluated the course as being very positive. They felt it had met their expectations and was relevant to their role in practice. 'It was relaxing and good fun, but I also learnt more about my role' "Finding out about the ideas on the Ward stars and Wardipedia website was really helpful to my role". For many of the participants this was the first time they had received specific information on new developments in mental health care, advice on how to apply the recovery approach in practice, and guidance on the fact that they now had a responsibility to be lifelong learners.

They really valued the chance to meet other HCAs in different roles, and felt the course had raised the profile of their role to their team and managers. Further post-course telephone interviews with ten participants elicited that the workshops had updated their practice, and had encouraged them to read more about mental health care as well as the recovery approach.



Further thematic analysis indicated that there was an improvement in:

- **continual professional development** - following the workshop there was an increase in the number of expressions of interest amongst HCAs for continuing learning. After attending the course five HCAs want to be seconded onto a degree course in mental health nursing and six have started the Skills for Care Diploma in Health Care apprenticeship schemes that are run 'in house' by Mersey Care NHS Trust. The HCA pathway into practice as outlined in Appendix 5 shows the commitment of the Trust to be an effective learning organisation. Mersey Care NHS Trust anticipate that they will be seconding 15 HCAs from each of the divisions (secure and local services) next year on to the mental health nursing degree.
- **job satisfaction** - on a scale of 1-5 rate on how participants felt about their job after the course, 70% of those interviewed by telephone felt more positive, whilst 30% felt a little more positive.
- **resilience** - a focus during the course on coping strategies to increase participants' resilience resulted in a greater awareness of the cumulative effects of stress, both on their own health, and that of the service users and patients. *"The course reminded me to look after myself more, Compassionate care starts with me"*
- **patient care** - the course helped embed greater understanding of the importance of compassionate care, which is centred around the 6Cs (care, compassion, competence, commitment, courage, and communication) *"The way we talk about service users can affect their recovery"*. After attending the course HCAs were able to offer a wider range of activities to service users that are not just diversionary or social but also health educative. These included, for example, promoting healthy eating, sleep hygiene and exercise, which are all fundamental to the recovery approach, particularly good sleep. *"Activities are broader than I thought, and I know how to teach patients about their mental and physical health now, using the resources we were taught about"*. Evidence that this is occurring in practice is captured in the Ward Stars portfolios that each HCA completes and which is signed off by the facilitator or their ward manager. This is discussed at the HCAs' annual personal development review (PDR).
- **service improvement** - The healthcare assistants performance is measured at their annual performance review with their manager against the four values outlined within the staff charter, (continuous improvement, accountability respect and enthusiasm Appendix 6) The staff charter very clearly states what the Trust will do to support their staff and very clearly outlines what is expected of the staff According to the managers there has already been an improvement in the HCAs' understanding of the recovery approach, there is more health related information being given to patients and service users, and there is an increase in self confidence in the HCAs within the care teams, as they are speaking out more and feeling more confident.
- **understanding of HCA roles** - participants reported a greater understanding of both their own role and other HCAs' roles, in local community services as well as in secure services, including various challenges that could be faced. Learning from each other was a highlight and feature of the workshop, *"gave me understanding of other job roles even if we have the same title"*.
- **confidence** - the participants' confidence grew as their knowledge developed with regard to the components of the recovery approach, and current mental health care developments *"I need to stick up for myself and say what ideas I have to make things better"*.
- **communication** - in addition to the evaluation each participant completed a Cavendish Review style questionnaire (see Appendix 7). The thematic analysis of these questionnaires revealed very similar findings to those reported within the Cavendish Review, for example; not feeling valued or properly supported within their teams. The report summary of these findings and the evaluations from the two day course were fed back to managers in the six monthly report. This allowed managers within the Trust to gain a greater insight into HCAs' views and existing frustrations. The course allowed the participants to talk and to actively be listened to. Many spoke of their frustrations around knowing patients really well, but not having their views taken seriously. One HCA described it as *"being locked in a sound proof room and someone threw away the key"*.
- **inspiration** - HCAs gained an understanding during the computer session that the Ward Stars and Wardipedia information could support their practice by giving them ideas as to how to occupy service users. Furthermore, one of the experiential exercises in the workshop asked participants to 'discuss a time when they worked compassionately with a service user'. This generated some wonderfully rich accounts that were moving, sometimes very sad, sometimes funny and often very uplifting; reminding participants of the emotions that caring could raise. For example:  
*"One of the HCAs was working with a young woman with a drug and alcohol problem, who was becoming more and more agitated as the day progressed as she was due to have a gynaecological investigation the following day which required an overnight stay in a general hospital. The HCA listened to her fears and worries and saw beyond her rather loud aggressive and disruptive behaviour, to get to the real issue, which was that she had no dressing gown or nightie to go into hospital with. The HCA brought her some and she then felt confident enough to go ahead and have the surgery."*

## Background

Mersey Care NHS Trust provides specialist inpatient and community mental health, learning disability and substance misuse services for adults in Liverpool, Sefton and Kirkby. It has a wider role too, providing medium secure services for Merseyside and Cheshire, and high secure services covering the North West of England, the West Midlands and Wales. The Trust serves a population of 1.38 million, and employs 4,000 staff.

In April 2014 Mersey Care underwent a restructuring from six clinical business units into two divisions, now known as local services and secure service. Organisational change is stressful for everyone, and healthcare assistants in particular take a large responsibility for patient care. As identified within the Cavendish Review HCAs often feel undervalued, and may well be the least well equipped to deal with the emotional labour associated with the caring role (Smith 2001). The Trust is trying very hard to shift away from a high anxiety, blame culture towards one that raises concerns, is reflective and learns from experience. This process is supported by the Trust's staff charter, and a learning and development strategy that enables the Trust to achieve three key objectives outlined in its new, five year Perfect Care Strategy. The organisation has realised for some time that when change is happening, front line staff do need more support. Therefore support, spiritual and pastoral services are available to staff, who can apply to go on a 'retreat' funded by the Trust. Mersey Care is also trying to ensure more consistent critical incident debriefing and clinical supervision, as well as supporting staff in a more structured way, as outlined in the new staff charter.

## Key Aims

- Design and implement a development opportunity which discusses the role of the HCA as a health educator, role model and motivator
- Outline the general principles underpinning compassionate mental health care whatever the condition
- Introduce and apply to practice the Department of Health's 6 Cs, and convey how being compassionate and applying all of the 6 Cs to practice depends on looking after your own mental health and wellbeing
- Discuss individual accountability in relation to the new code of conduct for HCAs and support workers
- Introduce the Ward Stars activities programme and portfolio
- Increase understanding of the recovery approach and the psychology of resilience which supports much of the recovery approach. Encourage HCAs to discuss ways in which they could increase the service user's resilience, based on research evidence
- Discuss how compassionate care in practice depends on the ability to develop and sustain personal resilience
- Clarify the importance of the HCA role in offering health and socially focused activities

## Key Stages of Setup

March  
2014

- The Executive Director of Nursing and the Director of Workforce devised a report entitled "A development programme for health care assistants and support workers (bands 1-3)", suggested that a two day development programme should be offered as mandatory in response to recommendations in the Francis and Cavendish reports

May 2014

- A clinical skills facilitator was appointed to develop and run the course. The portfolio, teaching plans and materials on the recovery approach were then, created as were the health care assistant Code of Conduct, the 6 Cs Ward Stars and IMAGINE framework

June 2014

- Courses commence and each course participant is visited in practice to help establish a way of completing the Ward Stars portfolio and to receive general support

July 2014

- Monthly evaluations commence followed by modification of the course content and activities

October  
2014

- The first HCA to complete the Ward Stars Portfolio was nominated for Mersey Care NHS Trust annual positive achievement award. Several other health care assistants have completed them in both divisions

10 October  
2014

- *Celebrate Practice and Achievements on World Mental Health Day: a conference for health care assistants, apprentices, assistant practitioners and support workers* organised by the Deputy Director of Nursing and held at Aintree Racecourse

November  
2014

- Post-course telephone survey conducted with ten out of the one hundred course participants

## How it Works

The two-day course runs every week with a maximum of fifteen people on each course. Each participant is given a Ward Stars portfolio to complete in practice. This is developmental, and when completed is taken to the individual's personal performance review with their manager. The course is a mixture of theory and practical activities that allows HCAs to engage in reflective activities about their role and responsibilities. The emphasis is on encouraging critical debate about the HCA role and how it could be improved. It is taught around the components of the health care assistant Code of Conduct, the Department of Health Six Cs, the recovery approach and The Ward Stars activities programme.

### Ward Stars activities programme

[Ward Stars](#) is an initiative that was set up by a service user (Marion Jenner) and a health care assistant (Nic Higham). It is designed around helping HCAs to achieve seven star awards, based around the acronym IMAGINE (imagination, mindfulness, activities, generosity, involvement, neighbours and empathy (Appendix 1 Introduction to the Ward Stars). The Ward Stars portfolio is introduced during the course, and the HCAs then plan with the facilitator how they are going to complete the other Ward Stars.

### Compassion in Practice 6Cs

Back in December 2012, NHS England launched the 6Cs as part of Compassion in Practice, the Vision and Strategy for Nurses, Midwives and Care Staff, as the values and behaviours essential to the delivery of high quality compassionate care. The vision is based around six values – care, compassion, courage, communication, competence and commitment. The vision aims to embed these values in all nursing, midwifery and care-giving settings throughout the NHS and social care to improve care for patients.

### HCA Code of Conduct

The Skills for Health and Skills for Care (2014) Code of Conduct for Healthcare Assistants and Support Workers is [available here](#). This is one of the tenets upon which the course is founded.

### Participants

Many of the HCAs had worked for Mersey Care for over twenty years or more and had a really good understanding of their role and responsibilities. However for some this was their first specific evidence-based mental health course. The average age of course participants was forty to fifty years old, and there was an equal division of gender. The educational background of the first one hundred participants varied; there were seven graduates, two of whom had masters degrees and were qualified teachers, whilst others had completed an NVQ in health care some years ago. Several HCAs had A levels, many had GCSEs and others had come into health care

from other careers, for example, from the police, army, law, teaching and security services, or their own businesses.

### Course portfolio

- Compassionate care in practice hand-out (Appendix 2)
- Teaching plans for the two days (Appendix 3)
- Information on the HCA Code of Conduct
- Brief summary of the Cavendish Review
- Reflective completion sheet and certificate of each Ward Star
- Stress management information
- Recovery approach summary
- Ward Stars portfolio and guidance material available from [www.wardstars.org](http://www.wardstars.org)

### Core Teaching

- Small group exercises and whole group discussions. (For more detail see Appendix 3 Teaching Plans)
- Participants work in pairs to share personal stories of when they have been compassionate in care. This is a wonderful icebreaker as it is positive and reminds everyone that although they may be working in very different parts of the service, they each have great examples of compassionate practice. Participants are reminded that the main purpose of the course is not to just learn creative things to do with service users, but how to stand back from their practice, reflect, and look after their own mental and physical health while undertaking a very challenging job.
- Time is spent on the computer so participants can become familiar with the [Ward Stars](#) and [Wardipedia](#) websites.
- Review of what is new around the recovery approach, how to build resilience, how childhood trauma affects adult mental health, and what optimises brain development in adolescence, as well as sleep research, nutrition and mental health.
- Participants write up a reflective account on compassion under the empathy star in their portfolio as a homework exercise and bring it on day two for the facilitator to look at.
- Discussion around the core principles of early intervention, patient education, family and social support, partnership working, as they are relevant to the recovery of any mental health and physical health condition.
- Discussion as to the challenges of doing activities with service users, including the fact that many HCAs provide materials for this themselves as there is not a distinct budget (this has been brought to the attention of managers).

- Participants undertake two relaxation sessions so participants can compare a neuromuscular technique to a visualisation technique. The idea of teaching this is that it is an activity that can be done with patients and it is also good for the individual to understand the value of relaxation from an experiential perspective.
- To consolidate learning, the HCAs work in small groups to produce a 'mind map' of what they have learnt around the main themes of the course i.e. the Ward Stars activities programme, looking after yourself, the recovery approach, the HCA Code of Conduct.

## Resources

After the Francis and Cavendish reports recommended that HCAs should receive up-to-date information and development specific to their role, it was identified that HCAs at Mersey Care should be updated specifically on recovery-focused mental healthcare. Funding was applied for and granted by the Department of Health and was used to appoint a clinical skills facilitator for twenty two hours per week across a fixed term period of one year. The clinical skills facilitator was appointed on a Band 6 and a full time apprentice administrator appointed on a Band 1 to cover the administration of the course and photocopying. The facilitator worked three days a week, two days running the course and one day for follow up.

## Key Challenges

- **Participant stress levels** - the stress levels amongst course participants was so high in the first few groups that they needed activities that helped their own health and wellbeing. Therefore some of the activities were changed from things such as salt dough making and painting to experiential relaxation techniques. Amending and improving the two day course in such a way was made possible through the constructive feedback from participants.
- **Resistance to change** - considering the major changes to structure and function of the organisation, the courses have been very well attended, but as winter has progressed and increased pressures on the service, it has been difficult to run them at full capacity. However, overall, there has been tremendous good will and commitment demonstrated from both modern matrons and managers to support their HCAs.

## Key Learning

- It would be better if the Ward Stars portfolio were an electronic version from the start in order to develop and encourage computer literacy as much as possible.
- Always listen to the course participants, they have a perspective on care and often have some remarkable insights and practical ideas as to how patient care can

be improved. For example many patients with dementia suffer from anxiety and do not like eating large meals, they prefer grazing. This observation was made by one of the HCAs on the course and she is currently working with her manager and the catering department to try and make more nutritious finger foods available outside meal times.

- The need for HCAs to process their emotional, and often very upsetting, stories of patient interactions is important. This is particularly so for staff who work in community houses and are often on their own for entire shifts with the patients.
- It is important to ensure that HCAs comments are captured in an evaluation, with a summary report that can be shared with senior staff.

## Sustainability

The course facilitator visits each participant a month or so after the course to discuss progress and to make an individual plan of completion for the Ward Stars programme. This ensures that momentum is not lost, and that HCAs continue to undertake professional development. Mersey Care intends to offer the initial two day course to around 900 staff with a follow up two day annual update for each HCA. This update will go into more depth about new developments and focus on experiential learning to refine and develop therapeutic communication. The clinical skills facilitator is being retained for a further year to continue the delivery across the NHS trust. Continuation of the course and annual updates for staff has resource implications thus a work plan has been devised and costed to ensure that this is possible.

## Next Steps

Participants indicated that they believe compassion-focused reflective practice and clinical supervision should be a regular occurrence. Therefore the Trust is aiming to develop a process whereby HCAs can regularly set aside time to discuss the emotional impact that caring has upon them and to facilitate the development of self-care resilience strategies. The nursing directorate is leading on embedding clinical supervision and reflective practice more consistently throughout the Trust.

This workshop has enabled HCAs to recognise the importance of the recovery approach and their role in delivering compassionate care. However further work will continue within the Trust to ensure that these approaches are embedded within the entire team and that other staff respect and value HCAs for their contributions to care. Recently a Soul of Leadership Course for staff nurses focused on compassionate care and emotional intelligence. The clinical skills facilitator from the HCA course was able to speak to staff nurses to advocate for HCAs, stating the main problem as being that HCAs did not feel listened to. Following this intervention the clinical skills facilitator was then able to meet with senior nurses, to review the evaluations from the staff

nurse course and discuss how staff nurses could be better supported to supervise and facilitate reflective practice with the healthcare assistants within their team. There has been an action plan developed to formalise and implement this change starting in 2015.

Further research will also be conducted into the meaning of compassionate care, examining the roles and responsibilities of qualified and student nurses alongside those of HCAs. This will help determine how demarcated the roles are, and also examine office time. This work will continue to implement a recovery focused approach that is compassionate at its core, and supports staff well in the process.

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## Supporting Material

The following resources are available as an appendix to this case study:

1. Information on the Ward Stars Portfolio
2. Compassionate Care in Practice. What do we mean?
3. Workshop Teaching Plans
4. The First Six Months Evaluation Report
5. Health Care Assistant Pathway into Practice
6. Merseycare Staff Charter
7. Example of the Cavendish Review Questionnaire

## References

- Mersey Care NHS Trust (2014) Staff Charter: we are working together for perfect care Mersey Care.nhs.uk/staffcharter accessed 8/06/2014
- Smith P Gray B (2001) Emotional Labour of Nursing: Caring and Learning Revisited 2000 Nurse Education in Practice (2001) 1, 42-49

# THE HEALTHY EATING PYRAMID

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