

# CASE STUDY: THE ROLE OF THE CARE AND COMFORT ASSISTANT IN ENHANCING QUALITY

The role of care and comfort assistant was introduced as a twelve month pilot scheme in May 2013 at the Countess of Chester NHS Foundation Trust.

The Countess of Chester's Planned Care Division has employed six new members of staff to improve care and comfort for patients and their families. They are known within the division as the 'Countess Six', as their role was developed to reflect the six fundamentals of care known as the 6Cs; Care, Compassion, Competence, Communication, Courage and Commitment.

Essentially a non-nursing role, the principle intent of this role is to provide care and comfort interventions for patients, focusing on spending time, talking with and helping the patient with basic comfort needs; importantly it is seen as an additional healthcare role into which the newly launched 6Cs can be embedded.

## Key Outcomes

A three stage audit was conducted to provide feedback, and a six month evaluation of the progress of the role was obtained from patients, staff, and the care and comfort assistants. The audit demonstrated that overall feedback was very positive and patients felt that the role was valuable in providing care and comfort interventions.

- Improved patient experience - there has been an improvement in patient satisfaction with the care provided, and enhanced patient experience:

*"I was a short stay patient so did not have much time to see care and comfort assistant, however, I noted her manner with other patients was helpful, kindly and respectful, she was always attentive and caring".*

*"I would have gone to pieces after my cancer diagnosis if it wasn't for him, he sat and held my hand, I talked he listened, he was there when I needed support".*

- Fewer patient complaints -the number of complaints received within the pilot wards has decreased from 7 during the period May-August 2012 to 1 during the period May-August 2013.



- Improved staff satisfaction –care and comfort assistants have released time for existing staff to undertake more pressing clinical needs for patients. This reduces their workload and the improved patient care also gives them greater job satisfaction. Staff on each of the three wards were very positive about the role and the difference it had made to care:

*“I feel that since the care and comfort assistants started on the wards patient care has become more effective”.*

*“They provide the nice things for patients that I simply do not get the time to do due to clinical commitments”.*

*“It is hard to imagine how we coped without them”.*

- The comfort and care assistants have also given very positive feedback with regard to their role:

*“It is the most fulfilling job I have ever done”.*

*“I’m passionate about the role; I make sure I put the 6Cs at the heart of everything I do for the patients”.*

*“The patients know that I will be around to check on them and make sure they have what they need, if they don’t I will do my best to help them. Sometimes that is a trip to the shop or taking the problem to the nursing staff. I always go back and check to see if things have been sorted if I can’t do it myself”.*

- Reduced length of stay - for elective enhanced recovery pathways has been achieved due to the work of the multi-professional team, of which the care and comfort assistants are part. However it is difficult to attribute this reduction specifically to one staff group.

## Background

The Countess of Chester Hospital NHS Foundation Trust consists of a 600 bed large district general hospital, which provides its services on the Countess of Chester Health Park, as well as a 64 bed intermediate care service at Ellesmere Port Hospital. The Trust has almost 4,000 staff and provides a range of medical services to more than 445,000 patients per year from areas covering; Western Cheshire, Ellesmere Port, Neston and North Wales. The Countess of Chester Hospital has an excellent reputation for delivering high quality patient care and is nationally accredited at the highest levels in many areas, in particular those relating to clinical outcomes and patient safety.

The project emanated from an idea formulated by the Trust’s planned care divisional manager, Linda Fellows. She discovered that whilst visiting the wards and speaking to patients the common theme she heard was that the nursing care on the elective wards was excellent, but staff were so busy that the patients did not like to ask for help by using the call bell. They would wait until an opportunity presented in their bay to draw attention to their need for assistance.

Linda had the idea of introducing a non- nursing role that was purely there to add value to the patient experience by being available to spend time talking with patients and helping them, for example by getting papers from the shop or even walking alongside patients who have been told by therapists to mobilise, but who are reluctant to do so unless someone is with them. The role also fitted with the newly launched 6Cs, hence the reason for naming these assistants as the ‘Countess Six Care and Comfort Workers’.

## Key Aims

- Release clinical time for registered and non-registered nursing staff to focus on more pressing clinical patient needs
- Reduce length of stay
- Enhance patient comfort and care
- Improve patient experience
- Improve patient satisfaction with care

## Key Stages of Setup

February  
2013

- Funding was secured from the North West Strategic Health Authority to trial six care and comfort assistants for a period of twelve months

February  
2013

- An initial meeting of senior nursing staff took place, which included the head of nursing for planned care and the Trust’s clinical manager, who discussed
  - the aims and objectives of the role
  - an induction programme and
  - the development of a competency framework

March 2013

- The 6 posts were advertised on the NHS jobs website, interviews took place in the same month

May 2013

- The six care and comfort assistants started in post and attended a two day Trust induction programme which included, for example; manual handling, infection control, resuscitation training, customer care and quality and caring sessions.
- Following this induction they were provided with a local induction programme specific to each ward, and a mentor/supervisor was allocated. They started working on the wards later that week

## How it Works

Six care and comfort assistants are employed in this role and work between three planned care wards. The assistants complement the current nursing establishment on the pilot three wards; with each ward having two designated care and comfort assistants who are rostered to work opposite each other on the wards so that a period of 7am – 6pm Monday to Friday is covered. They receive verbal information about each patient at the start of their shifts and provide care and comfort interactions for patients on their allotted wards.

### Supervision

Each care and comfort assistant was allocated a qualified and experienced senior nurse who would function as mentor. In the initial stages it was decided that the ward manager would undertake appraisal and one-to-one meetings so that individual progress could be closely monitored by those responsible for helping to establish the role. The mentor was responsible for ensuring that role development was monitored through the competencies, and that reflection logs were completed within workbooks.

### Training and Development

It was acknowledged that a structured education and training programme for the care and comfort assistant role was required in order to ensure that the role had its own unique identity that set it aside from other healthcare roles on the ward. Therefore, the Trust's consultant nurse and head of nursing worked closely with the Training and Education Department to develop a training programme which included:

- Workbook/competencies
- Equality and Diversity National Certificate in Further Education
- NCFE Dementia Care
- End of Life Care module

The workbook developed by the Trust's consultant nurse aimed to act as a guide to practice, so that the care and comfort assistants could achieve their required core competencies. It provides important tangible evidence of progress in the role for both the individual and their mentor on a regular basis so that progress and or problems are recorded and remedies sought. Reviews include identified and agreed actions and target dates. This was considered of particular importance to provide supporting evidence of achievement as part of the appraisal process.

The workbook is divided into several different but distinct sections:

- definition of the role
- explanation of care and comfort
- the 6Cs
- specific care and comfort duties according to the 6Cs
- competencies
- required skills and knowledge, learning needs
- evidence guide
- assessment of key skills
- log sheets to document activities
- care and comfort assistant statement of achievements and progress
- reflective log

## Resources

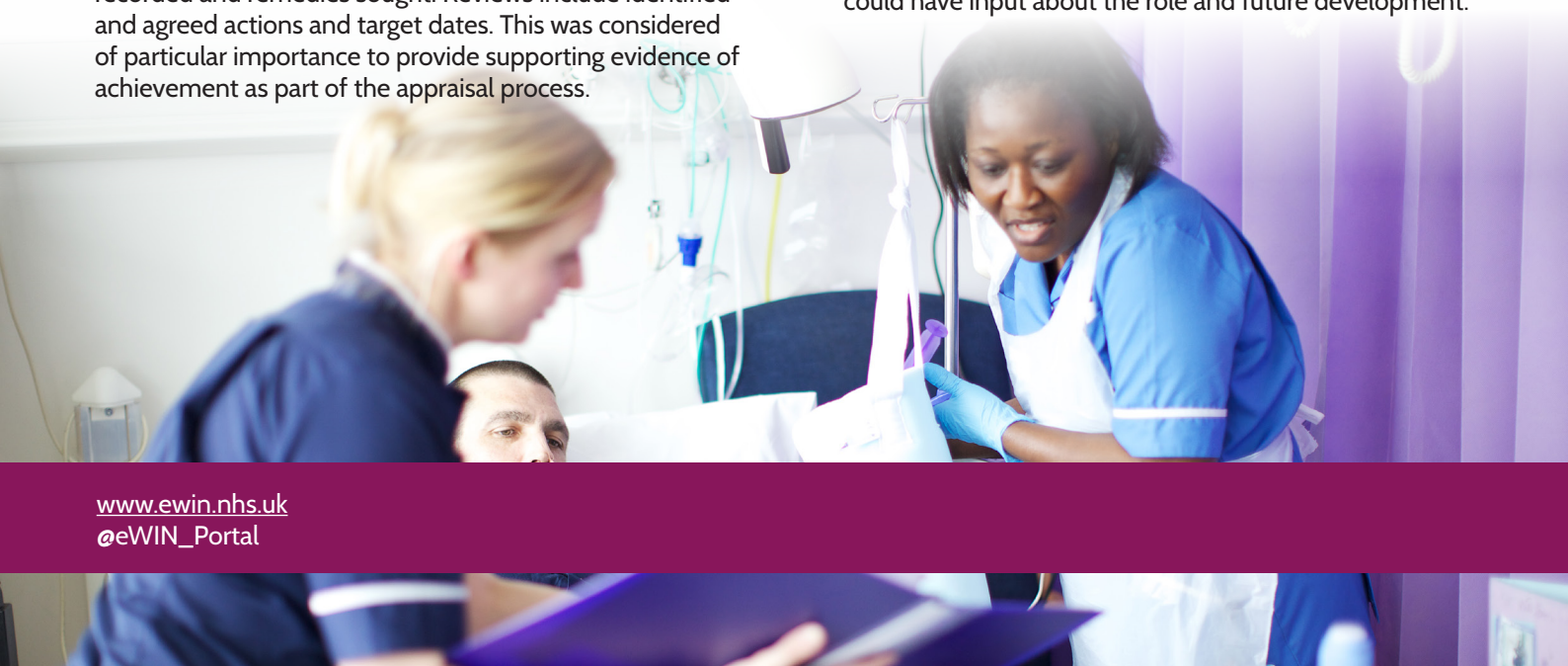
A notional sum of £100k from the North West Strategic Health Authority was secured to run the pilot.

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|--------------------------|--|
| Advertising              | £2,500                                     |
| Six posts at Band 1      | £93,000                                    |
| Induction training       | £750                                       |
| Uniforms                 | £100                                       |
| Additional training      | £3,000                                     |
| Development of workbooks | £250 (this includes consultant nurse time) |

End of Life Care and dementia training courses were provided free of charge

## Key Challenges

- **Staff understanding and acceptance of role** – team meetings were arranged by the ward managers to discuss the new role and how this would impact on the workforce and workload.
- **Patient understanding of role** – the care and comfort assistants were provided with uniforms that were distinct from the nursing workforce. Patients and relatives were informed of the role upon admission to the ward, and feedback sheets were also provided so that patients could have input about the role and future development.



## Key Learning

Rolling out new roles and recruiting to new posts is easier if more time is available. In this case, from when the monies were allocated the team only had a few months to put the idea into practice, including writing the job description, designing an induction and training programme, developing competencies, and recruiting to and introducing the posts into the clinical setting. Consequently the whole process was rushed and some problems with recruitment were experienced initially.

## Sustainability

Time spent with patients is crucial to ensuring good quality care; spending time with patients can have a positive effect on the care and comfort of patients. The care and comfort assistants are now part of the multi-professional team on the designated wards; they form part of the workforce and contribute on a daily basis to the patient care pathway.

## Next Steps

- Full audit and evaluation at the end of the pilot phase May 2014
- Dissemination of the results through publication
- Secure permanent funding and continuation of role and expand across the Trust

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