

St Monica Trust

Bringing clinical and healthcare expertise into home care service

The Care at Home project involved training and developing home care staff to incorporate clinical and dementia care provision

Background

St Monica Trust retirement villages were established in 1925. They provide a range of sheltered accommodation, nursing and dementia care homes designed to promote independence, dignity and fulfillment among residents.

In 2012, St Monica Trust diversified into home care and wanted to create a new package of care support that met these needs. There are very few development materials available to staff working in the social care sector in relation to the delivery of health care.

St Monica Trust pride themselves on providing innovative care for elderly and disabled people and their work referenced in this Case Study provides more details of a recent initiative.

What we wanted to achieve

The main aims of the pilot project was:

- Support people to live independently by offering clinical, health care and specialist dementia care and support.
- Develop home care workers skills and abilities around clinical and mental health issues,

including enabling them to achieve formal qualification units in these subjects.

- St Monica Trust planned to develop in consultation with local health and statutory services in order to provide more seamless care and support for people who wish to remain in their own home and not move into nursing care.

“This project enabled us to provide some clinical skills to care staff working in people’s own homes to support healthcare in the community and increase the service we could provide to people.”

Care at Home Worker

What we did

St Monica Trust developed a new training programme involving Senior Carers to focus on the different needs within home care. To assist this process, they engaged with an expert clinical trainer to develop content that helped form workbooks.

Using a combination of taught workshops and workbooks ensured that staff learnt theory and applied practice, leading to formal assessment around areas including medication administration.

The programme of training that was delivered focused on both induction and continued professional development, including the achievement of Level 3 Qualification and Credit Framework (QCF) units relating to clinical expertise.

Assessors were identified to assess the competence aspects of each unit, and all observations took place in the service users own home, and with their full knowledge and consent.

All observations were carried out with regard to the service users' privacy and dignity and no intimate personal care was directly observed.

The resources and wider pilot process was evaluated to ascertain effectiveness and the transfer of learning to the workplace.

What we achieved

Training and development has resulted in highly skilled, competent and qualified staff with level 3 Diploma to work with people in their own homes.

Participants in the training gained confidence around rights and choice for people with dementia. Their understanding of assistive technology has

strengthened; as was their ability to provide more choice to the people they care for. Participants also gained better understanding, knowledge and awareness of malnutrition and dementia.

For medication administration, participants had a much clearer understanding of what they were giving individuals. They gained confidence in their ability to discuss issues with pharmacists and the ability to store in safe place.

What we learnt

Workshops were put on at a time to suit the service, and workbooks were adapted with examples of real situation in peoples own homes.

The units on nutrition and dementia and rights, risk and choice and dementia are fundamental to this innovative service provision to ensure that staff are working in a consistent and enabling manner.

There is a definite benefit to providing this training and assessment in house. Despite this, internal trainers and assessors there were issues with access to observations, and this would have been likely to increase if external assessors had been used.

The most cost effective way of assessing work practice however is by training senior care workers in the organisation to observe practice and this could be combined with quality monitoring visits.

The materials produced for the training sessions and associated workbooks are suitable for use for a number of Health and Social Care Providers who require their staff to complete any or all of the QCF units DEM 302; DEM 304; HSC 3047; HSC 2024; CMH 302 These resources are available from Skills for Care.

“ This has given me a lot more confidence to do my job. Particularly a better understanding of medication and working with people with dementia. ”

Care at Home Worker

For more information please contact

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Skills for Care Recommends

We produce various resources around mental health and dementia care, including formal qualifications in relation to the latter. The following may be of interest;

Common Core Principles of Mental Health



This guide presents the 10 common core principles to support good mental health and wellbeing in social care settings. They can be used to enable workforce development for any member of staff working in social care.

www.skillsforcare.org.uk/mentalhealth

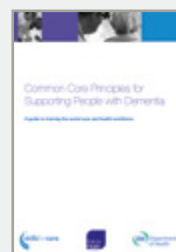
Common Core Principles for supporting people with Dementia



We have produced a guide which supports the social care and health workforce to care for people with dementia. Employers should use the principles as part of their development plans to improve the experience of those with dementia and their carers.

www.skillsforcare.org.uk/dementia

Guide to qualifications in adult social care



We have developed a Level 2 and 3 qualifications in both Dementia Care, as well as ensuring there is a Dementia pathway as part of the Diplomas in Health and Social Care.

www.skillsforcare.org.uk/qualifications

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