**NHS Education for Scotland**

**Equality Impact Assessment Report**

**Name of function, policy or programme: Training and support for staff in care homes to deliver ‘Caring for Smiles’, Scotland’s national oral health initiative for older dependent people.**

**NES directorate or department: Dental Directorate – Priority Groups**

**Name of person(s) completing EQIA: Jose Marshall, Assistant Director Trish Gray, Educational Lead.**

**Individuals or groups contributing to EQIA: Health Board Trainers and Care Home Staff**

**Date Report Completed: 13 July 2017.**

**1. Define the function[[1]](#footnote-1)**

* What is the purpose of the function
* Who does the function benefit and what is the relevance of the function to those groups?
* How are they affected or will they benefit from it?
* What results/outcomes are intended?
* What is NES’s role in developing and delivering the function?
* Who are the partners in developing and delivering the function and what are their roles?

‘Caring for Smiles’ is Scotland’s national oral health initiative aimed at improving the oral health of older dependant people, particularly those living in care homes. The main function of the project, which supports the Scottish Government’s ‘National Oral Health Improvement Strategy for Priority Groups’ (2012), is to provide training and education for care home staff in oral health, enabling them to apply their knowledge and skills directly to the everyday personal care of older dependent people.

The training offered is in the form of an SCQF qualification which means that staff are assessed on their knowledge and practical skills relating to oral care. This is often the first formal qualification that care home staff have been able to access and leads to increased confidence in learning and benefits to personal development.

The Oral Health Improvement Team (OHIT) has worked with the National Older People’s Oral Health Improvement Group (NOPOHIG) and Scottish Qualifications Authority (SQA) since 2012 and has successfully credit rated two training awards via the Scottish Credit and Qualifications Framework (SCQF).

**Details of the training awards:**

1. Foundation – SCQF level 5 with 2 notional credit points. Covers the importance of every day oral care, with a practical oral care session, including introduction to risk assessment, care planning, daily documentation and referral.
2. Intermediate SCQF level 6 with 2 notional credit points. Includes oral care, skills to deal with dementia, palliative care, end of life care with a practical session focusing on the more complex issues of risk assessment and documentation.

Health board trainers deliver the training within the care homes to staff. Convenient training dates and times are agreed after negotiation with care home managers to ensure that staff have access to the learning and resources required for the accredited training course. There is a strong focus on providing safe and effective person centred care by embedding oral care within the daily personal care routine. There is emphasis on the need for individualised care planning, risk assessment and the importance of documentation.

At present, 11 of the 14 health boards in Scotland are actively involved in delivering this training. A total of 931 care staff have successfully completed the Foundation level qualification with 34 having successfully completed Intermediate level. A total of 375 staff are currently working towards Foundation level and 12 staff are working towards Intermediate level.

The oral health improvement team(OHIT) works in partnership with health, social care and the private sector to facilitate delivery of training and provide support with assessment and quality assurance. The OHIT have developed an online community of practice, with a restricted trainers’ area which enables access nationally to training resources, assessment criteria, quality assurance requirements and includes a ‘support for learning’ guide. There is also a discussion forum for trainers to engage in peer support for their own learning and discuss challenges in training delivery. The community of practice also has open pages to enable all care staff in Scotland to access learning resources. This activity is central to the integration of health and social care[[2]](#footnote-2) and sets a standard of practice within care homes across Scotland, providing an enhanced educational infrastructure for a range of staff supporting independent work based learning.

A ‘train the trainer’ model is currently being delivered to 6 care home staff in Greater Glasgow and Clyde (see the attached appendix 1 for further details). This model aims to increase the coverage of those undertaking the qualification in care homes, by training care home staff to intermediate level, which in turn enables them to deliver training to other care home staff to foundation level. This should increase rapport between health boards and care homes by enabling the training to be delivered around the staff’s work patterns to a greater extent and generally reducing barriers to participation. This will help to ensure that the skills and knowledge are developed to champion oral care for older dependent people.

A further ‘train the trainer’ model is in the early stages of being implemented in Highland to support remote and rural training delivery. Impact evaluation for this will take place over the course of 2017, with planned reporting by end March 2018.

**2. Evidence used to inform assessment**

Briefly summarise or list the types of evidence you have used in this EQIA. (Evidence may include surveys, statistical data; consultation responses, in-depth interviews, academic or professional publications, scoping studies). You may also attach a bibliography or list of references.

1. A survey in the form of a questionnaire was sent to care home staff and to the health board trainers who have been involved in the delivery of training.
2. Evaluation and analysis of a briefing workshop which took place in December 2016 and which provided training to health board trainers on giving and receiving feedback, reflective practice and the associated links with quality assurance within an accredited training programme.
3. Google analytics are attached in appendix 2 and provide data regarding use of the online community of practice.
4. The Scottish Social Service Sector Report (2015) workforce data highlights that the average age of care workers is 44 years, with 85% being female and 15% being male. 53% work on a part time basis and 47% work full time.
5. **Results from analysis of evidence and engagement**

What does the evidence and any engagement activities tell you about:

Results from the questionnaires sent to care home staff highlighted that staff felt that the training being brought to the care home enabled them to work around their shifts and provided them with a relaxed learning environment

which in turn encouraged them to ask questions about the practicalities of providing oral care to residents. It also allowed for a shadowing period, where care workers could have additional practical support from the trainer, especially when they were experiencing difficulties with providing oral care to people suffering from a dementia related illness. Some staff were also able to receive one to one support to help them complete work based learning tasks.

Some quotes from the care workers on one to one support included:

*“Trainer gave detailed advice on what was required and assessed drafts of each unit to offer further support. Trainer was also available by email if required.”*

*“My trainer helped with practical input when I struggled to clean older people’s mouths.”*

When care workers were asked how the ‘Caring for Smiles’ training had made a difference to their knowledge of oral health, they responded saying that knowing what a healthy mouth should look like, as well as understanding the importance of fluid intake in older people, had made a huge difference and had increased their confidence in knowing when to refer to dental services.

Some quotes from the care workers on confidence and approach included:

*“I know what to look out for in people’s mouths and I know how to look after their dentures.”*

*“Learnt more about end of life care. Also, reminded me how important oral care is and following the foundation course I found I was more focussed on areas which had previously been quite laxed.”*

Feedback from the trainers concluded that having an accredited training course was beneficial for the care workers’ CPD hours and for registration with the Scottish Social Services Council. Undertaking the assessment within the training also gave care staff a greater sense of achievement and helped consolidate their learning.

All trainers responded saying that they had provided additional one to one support to care home staff at some point or another, e.g. for literacy difficulties, English as a second language, lack of confidence in ability and help with writing reflective practice accounts.

The online community of practice was noted as being accessible and the downloading of training resources was easy. This provided participants with hard copy materials which was important as access to computers was often a problem. Going into care homes to deliver the training also helped build up rapport and gave the care home staff the opportunity to gain a recognisable qualification.

Some of the trainer quotes included:

*“Some carers may require help when writing reflective accounts.”*

*“Encourage and motivate staff with low confidence of their own abilities.”*

Feedback from the NOPOHIG training sub-group highlighted the fact that some trainers were finding it challenging to give learner feedback and guidance on reflective practice. In response to this, a pilot briefing workshop took place in Lanarkshire Health Board in December 2016. Evaluation responses indicated that the training was very beneficial to the trainers’ own confidence and practice in being able to approach giving feedback and guide learners with reflective practice. Further workshops have now been delivered to 12 Health Boards in Scotland actively delivering the Caring for Smiles training.

Some quotes from participants were:

*“Enjoyable overview and will be more confident providing feedback, not just in delivering Caring for Smiles, also within my role as an OHE.”*

*“I will put more thought into reflective practice.”*

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| 4.Planned impact on patients, service, organisation | Impact targets for patients, organisation and service | Measurement |
| Improve access to and quality of oral care for older dependent people in care homes. | Personalised Oral Health Risk assessments are completed and oral care plans actioned for individuals. | Completed oral care plans are included in residents’ records.Results from Care Inspectorate report in area of oral care. |
| 3.Planned changes in individual/team performance or behaviour | Team and /or individual performance targets | Measurement |
| Care home staff have increased knowledge and skills giving confidence in providing and supporting older people with oral care.  | Care home staff’s belief that providing oral care is of high importance and embedded within every day personal care. | Results of questionnaire survey. |
| 2.Planned changes in individual or team capability (skills, knowledge, confidence, attitude) | Team and /or individual learning targets | Measurement |
| Health Board trainers have the knowledge and skills to deliver the accredited training courses and mark assignments to foundation level. | All oral health trainers within health boards attend the Briefing Session on giving feedback, reflective practice and quality assurance. | Registration forms, attendance sheets and evaluation feedback of those attending the Briefing Sessions being rolled out in 2017. |
| What needs to happen for the required changes in capability, performance and impact? | Targets describing the reaction to or engagement with the planned initiative | Measurement |
| 1. Continued delivery of accredited oral health training to increase number of staff who have received training.  | Health Board trainers are actively delivering the training. | Health Board training figures and number of staff who have completed the SCQF qualification. |

**4. Actions taken or planned in response to issues identified in the analysis**

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| --- | --- | --- | --- | --- | --- |
| Issue identified | Action to be taken in response to issue | Responsibility | Timescale (indicate whether actions have already been completed, or provide timescale for carrying out the action) | Resources required | What is the expected outcome? |
| Gap in trainers’ knowledge in giving feedback, knowledge of reflective work based practice and marking assignments. | Deliver Briefing workshops to all trainers delivering the accredited training programme in 201. | Trish Gray | By end 2017. | Online community of practice/PowerPoint/staff | Training staff within Health Boards have increased knowledge of reflective practice and quality assurance.  |

Key Learning Points

1. Care workers require access to paper based learning resources, as they often don’t have access to computers within the care home and they regularly work unsociable hours with the bulk of their work being practical personal care. Also, some care workers have limited knowledge of I.T.
2. Some support works have difficulties with literacy, with some having English as a second language; to support learners with these issues, trainers utilise the additional support for learning guide developed by NES, available at: <http://www.knowledge.scot.nhs.uk/caringforsmiles.aspx>
3. Trainers will continue to support learners with any literacy issues and with developing skills in reflective practice, through accessing relative guidance via the Caring for Smiles Online Community of Practice and through raising any evolving issues at six weekly training sub-group meetings.
4. Working collaboratively with NMAHP to deliver ‘Promoting Excellence Training’ (A framework for all health and social services staff working with people with dementia, their families and carers). This has been pivotal in engaging stakeholders with up to date knowledge in Dementia Skilled Level, which is required by all staff that have direct and/or substantial contact with people with dementia and their families. Any required training updates on this will be reviewed at six weekly training sub-group meetings.

**5. Risk Management**

In this assessment, have you identified any equality and diversity related risks which require ongoing management? If so, please attach a risk register identifying the risks and arrangements for managing the risks.

*Any risks identified in this process should be added to the appropriate project or organisational risk register. See the NES risk management guidance for advice on identifying and scoring risks, or take advice from your directorate's risk champion.*

The Scottish Social Services Sector report highlights that 90% of care workers have no disability with 2% disclosing disability, and the status of 8% is unknown. 49% of workers are white, 3% Asian, 2% are of Black ethnicity, with 1% reported as other, and 1% unknown. There is a risk of lack of support for care home staff from Care Home Managers or Health Board teams who work collaboratively with NES. Access to IT equipment could also be a risk if it is not available.Not appropriate to add to Directorate’s risk register, as risk sits entirely at board level, although NES will continue to mitigate risk by ensuring that we support learning methods that do not require access to I.T.

**6. Consideration of Alternatives and Implementation**

The educational support benefits the care home staff by providing them with accessible, ‘on the job’ training, at times to suit work commitments. Bringing the training into the working environment means that staff do not have to travel to external training venues, thus reducing the amount of time staff require to be released from their work duties.

Training linked to ‘Talking Mats’ (an innovative resource used to improve the lives of people with communication difficulties) was delivered in 2015 to health board trainers. This tool has helped trainers by increasing the capacity to communicate effectively with people suffering from a Dementia related illness; particularly during practical oral care demonstration, which is carried out with an older person resident within a care home (with their express consent).

The partners involved in developing, delivering and providing ongoing support for educational issues which may arise with the qualification are the NOPOHIG, the NOPOHIG training sub-group and Health Board Oral Health Improvement Teams. Health board trainers currently deliver the ‘Caring for Smiles’ training to care home staff throughout Scotland. Care home staff are assessed on completion of the face to face training using a multiple choice and short answer questionnaire. Thereafter, the care home staff complete a minimum of 10 reflective cases on providing/assisting with oral care for older dependent people within the care home. A final assessment takes place in the form of a Direct Observation of Practice (DOP).

As a pre-requisite for delivering the ‘Caring for Smiles’ accredited training, the OHIT has worked in partnership with NMAHP and Scottish Social Services Council (SSSC) to deliver road shows on ‘Promoting Excellence Training’ (A framework for all health and social services staff working with people with dementia, their families and carers), to Dementia Skilled Practice Level, available at: <http://www.gov.scot/Publications/2011/05/31085332/0> A total of 307

Health and social care staff have been trained to date.

**7. Monitoring and Review**

*Monitoring and review of equality impact should ideally be part of a wider monitoring or review process.*

A ‘Questback’ online survey is under development, to measure the impact evaluation of the ‘train the trainer’ model. This will be circulated to participants in February 2017. In addition, the OHIT are engaging with the Nursing Midwifery and Allied Health Professionals (NMAHP) Directorate, to deliver a session on the ‘Train the Trainers' Toolkit’ which is aimed at helping others to facilitate learning in the workplace and is due to take place in January 2017. This training programme will support trainers delivering work-based learning and is available at: <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/facilitation-of-learning.aspx>

The initiative will be monitored at the NOPOHIG training sub-group and via annual coordinator events (OHIT provide yearly CPD for caring for smiles trainers and engage in discussions regarding training issues).

The OHIT will sample marked assessments from health board trainers on an annual basis as part of a quality assurance process.

 What data will be collected, at what time?

The numbers of care home staff trained successfully to foundation and intermediate level will be recorded quarterly in operational planning.

Specific data to be collected:

Numbers successfully completing SCQF qualification by health board

Numbers not completing qualification by health board

Results from questionnaires to identify characteristics of those involved.

Demographics will be monitored via the yearly Scottish Social Services Sector Report on Workforce [[3]](#footnote-3)Data

What analysis of the data will be undertaken?

The data will be analysed via an educational impact evaluation, which will:

1. Focus on engagement levels of staff undertaking the training
2. Measure staff confidence and skills in providing oral care,
3. Capture changes in team performance and behaviour in embedding oral care within personal care,
4. Ascertain the impact this has on oral health for older dependent people residing with care homes.

Are there specific targets or indicators to be monitored?

The number of care home staff trained and the number of link trainers qualified in large urban areas of Socio economic disadvantage and remote and rural areas.

How will results of monitoring be reported, when, and to whom?

Results of monitoring will be reported to the NOPPOHIG, the Dental Executive and the Educational Governance Committee.

When will you review the function, considering any monitoring information?

On a yearly basis and via impact evaluation analysis.

Who will be responsible for leading this review?

Jose Marshall *, Assistant Director – Priority Groups*

Trish Gray, *Specialist Lead (Education), Priority Groups – Oral Health Improvement*

**Sign off (by accountable director)**

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**Assistant Director – Priority Groups**

**NES Dental Directorate.**

**Date**: 12Th February, 2017.



**Appendix 1**

**Pilot Model**

 Caring for Smiles

Train the Trainer

Identity Care Home

Deliver CFS to intermediate level to an appropriate member of staff within care home

NES OHIT support HB within Initial delivery, if necessary.

Options Below

**Option 1**

Health Board trainer delivers to intermediate level, NES OHIT support with assessment requirements.

**Option 2**

NES OHIT support with intermediate level delivery in Partnership with Health Board.

Health Board

* Member of staff undertakes train the trainer course to deliver foundation level to their own care staff.
* Health Boards continue to support care home with any specialist oral health knowledge and intermediate CFS training.
* NES OHIT support with assessment requirements and any training/tutoring skills that may be required.

**Appendix 2**



1. In this document, 'function' is used broadly to cover all the areas of work for which impact assessment is required, as defined in the Regulations. This includes policy, programme, project, service and function, among others. [↑](#footnote-ref-1)
2. The Healthcare Quality Strategy NHS Scotland (2010) [↑](#footnote-ref-2)
3. Scottish Social Services Sector Report on Workforce Data (2015) [↑](#footnote-ref-3)