

# On-boarding of S/CCAs

## A Guide for Supervisors

### Job Redesign in the Community Care Sector



# A Supervisor's Guide to On-boarding S/CCAs

## Purpose of this guide

Thank you for joining us on this exciting journey of change as your organization seeks to institutionalize the Senior / Community Care Associate (S/CCAs) Roles into the organisation.

As a supervisor, you play an important role to support and guide the S/CCAs as they integrate into the new roles and the organisation.

We have developed this guide to assist you in the following ways:

- Understand **planning considerations** when preparing to on-board S/CCAs
- Highlight **key milestones and actions** in the on-boarding journey
- Suggestions on **key questions** to ask during check-in conversations
- Tips on **appreciation** and **recognition**

With your support, we hope to **develop, retain and keep the S/CCAs engaged** as they carry out their daily responsibilities. Together with the S/CCAs, your contributions to the community care sector are invaluable.



# This guide will include recommendations and tips around

- 1 Engaging the S/CCAs in the event of training delays
- 2 Pre-emptive actions and best practices to address attrition
- 3 Your role in this on-boarding journey
- 4 Curating the experience for different employee profiles
- 5 Integrating the S/CCAs into the team and role
- 6 Supporting the S/CCAs' developmental journey
- 7 Appreciating the S/CCAs



# In the event of training delays, here are some measures you can take to keep S/CCAs engaged

Prior to embarking on the on-boarding journey, here are some things you can work on over 2 – 3 weeks with S/CCAs while they wait for their training course to commence



## New Hire (Mid-career switch)

- Plan and assign S/CCA to senior staff for job shadowing to understand key responsibilities of the care team
- Assign buddy/mentor for one-to-one support

- Focus on slowly easing into **ADL tasks** (e.g., 2 - 3 tasks per week), through **on-the-job** training (OJT)
- Consider starting with less complicated tasks
- Share **bite-sized theoretical knowledge** (where possible)

- Continue easing into **ADL tasks** (e.g., 2 - 3 tasks per week) through **OJT**
- Supplement with exposure to **therapy / senior engagement tasks**
- Plan for **cross-site observations** if little practical opportunities for certain tasks



Week 1



Week 2



Week 3



## Existing employee converted to S/CCA role





- Identify skill gaps based on current skill level or background of employee
- Carve out and allocate time from existing responsibilities to upskill

- Allocate **2 – 3 uplifted tasks** for **job shadowing** and **OJT** per week
- Continue performing current job role while identifying **work areas for phasing out** as they **transit to new SCCA role**

- Continue with job shadowing and OJT for **next 2 – 3 uplifted tasks**
- Co-management and performing of new responsibilities **under supervision** of senior staff

# Based on past JR experiences, here are some common attrition reasons and best practices to address them

This could help you anticipate issues early as you plan out the on-boarding journey for S/CCAs

	Common attrition reasons from other JR CCOs	Best practices for pre-emptive actions
	<b>Mismatched expectations of demands of the job</b>	<ul style="list-style-type: none"><li>• Clear job descriptions and communication during hiring and onboarding process</li><li>• Regular check-ins with S/CCAs to identify challenges early and problem solve together</li></ul>
	<b>Difficulties in acclimatizing to shift work / preference for flexible work timings</b>	<ul style="list-style-type: none"><li>• Manage expectations during hiring and onboarding process</li><li>• Ease S/CCAs slowly into shifts (e.g., start with 1 or 2 shifts every fortnightly)</li><li>• Ensure that roster allows for enough rest in between shift days</li><li>• Allow for S/CCAs to indicate shift preferences</li></ul>
	<b>Physical load and health issues</b>	<ul style="list-style-type: none"><li>• Encourage usage of equipment to improve employee health and safety (e.g., mobile hoists, lumbar support belts)</li></ul>
	<b>Performance issues</b>	<ul style="list-style-type: none"><li>• Check-in with S/CCA regularly to identify skill gaps and performance issues early, and problem solve together</li><li>• Provide on-the-job training and coaching to enhance capabilities so that they can carry out their job well</li></ul>

# Your role in the on-boarding journey



## 1. Integrate

- **Onboard** S/CCAs into the **organization, team and work processes**
- **Enable** S/CCAs as they transit into the **nature and rhythm of work**

## 2. Support

- Identify **strengths and gaps** vs. competencies needed
- Provide S/CCAs with **opportunities to develop** capabilities
- Plan regular check-ins to support S/CCAs with **clarifications and inputs**

## 3. Appreciate

- **Show recognition** for hard work and **affirm good performance**
- Celebrate **milestones**


**To help you develop, retain and engage S/CCAs**



# The onboarding experience needs to be curated for different employee profiles

Depending on their profile, the challenges they face could be very different.

Recognising these differences will help you understand how to best support the S/CCAs



**New Hire**  
(Mid-career switch)

Profile	Motivations	Key focus areas for onboarding
Formerly from hospitality sector (Age: 35 - 40)	Looking to create a more meaningful impact	<ul style="list-style-type: none"><li>Understanding the work involved in the care sector</li><li>Competencies and comfort with basic ADL tasks</li></ul>



**Existing employee converted to S/CCA role**

Formerly a HCA (Age: 50 - 55)	Keen to learn new skills	<ul style="list-style-type: none"><li>Competencies and comfort with new activities and additional job scope</li></ul>
Formerly a TA (Age: 50 - 55)	Enjoys interacting with seniors	<ul style="list-style-type: none"><li>Competencies and comfort relating to ADL/nursing-related tasks</li></ul>

**Tip:** Use this template if there are other employee profiles that you wish to deep-dive into!

# Overall timeline of onboarding

		Quarter 1 Month 1 - 3	Quarter 2 Month 4 - 6	Quarter 3 Month 7 - 9	Quarter 4 Month 10 - 12
Onboard S/CCAs into the organization, team structure, processes	COMPLETION OF S/CCA TRAINING	Onboard into CCO			
Implement strong buddy system		Assign buddies to S/CCAs			
Identify development opportunities		Post-S/CCA training review		Development planning	
Review S/CCA competencies		Complete competency assessments	*Mid year review	*Note: Align to the usual performance management review timeline	*End year review
Quarterly Informal Check-ins		Informal Check-in	Informal Check-in	Informal Check-in	Informal Check-in
Show appreciation		Continuous encouragement and show of appreciation			
Celebrate milestones		Graduation of S/CCAs from training course			
Recognition awards			Staff awards		Staff awards

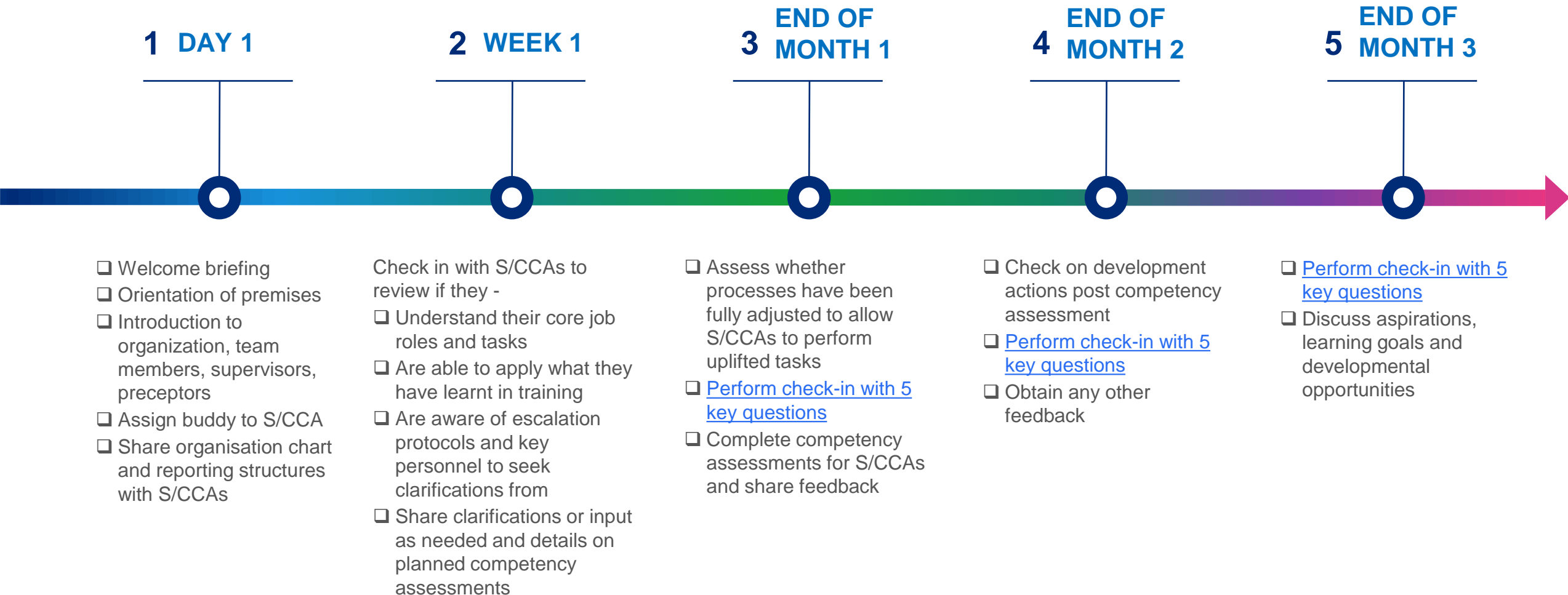


# Integrate



# The first 3 months will be focused on integrating S/CCAs into the team and role

Here is a quick checklist on some key actions you can take to engage your S/CCAs!



# After completing their training, S/CCAs will require on-the-job training (OJT) to contextualise their learnings

## Overview of tasks



CCA tasks		
SCCA tasks		
Toilet assistance	Transferring of client	Sub-cutaneous injections for maintenance insulin doses*
Showering	Carry out recreational activities	
Diaper check / change	Input / Output documentation	Independent Stage 1 wound care (closed and clean stitch wound), Stage 2 wound care* (open wounds due to abrasion) under supervision of RN
Meal-prep	Sanitation / Housekeeping	
Post-meal cleaning	Equipment management	
Assist feeding	NGT feeding	
Carry out 1-on-1 exercise	Serving of pre-packed/ prescribed/ topical medicine	
Carry out Range-of-Motion exercise		
Curate recreational activities	Manage seniors' swallowing and dietic needs	Assist in mobility training and assessments

Here are some **key points** to keep in mind during the OJT phase:

1. Prepare for and schedule **competency assessments** for all these job tasks
2. Check for understanding of key tasks and provide opportunities for practicing or shadowing on tasks which S/CCAs find **difficult** or **need more practice on**
3. Identify **training gaps** that need to be addressed and put in place action plans to support development



It is common for training gaps to exist as SOPs are different for every organisation and the skills learnt need to be contextualized to your setting!

Legend

Assisted Daily Living

Clinical care

Therapy-care

Documentation

*\*Only carried out upon approval of the regulatory sandbox*

# Planning OJT to integrate S/CCAs into core tasks and processes

As the S/CCAs prepare to take on their new tasks, here are some key areas that usually require more guidance

Tasks	Top 3 things to keep in mind when S/CCAs come on board	Examples of good practices
<b>In General</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do changes need to be made to the rostering schedule to include S/CCAs?</li> <li><input type="checkbox"/> How are adjacent care staff (e.g., NAs in nursing homes, care associates in SCCs) impacted by S/CCAs? There may be a need to communicate the new role and planned changes to the adjacent care roles.</li> <li><input type="checkbox"/> What kind of changes (to workflows / programs) need to be made to allow for S/CCAs to perform all their core tasks?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Review SOPs to workflows</b> – are there sign-offs required to complete a task? Are there many steps involved to complete a task?</li> <li>• <b>Review rostering – allocate opportunities</b> amongst S/CCAs to ensure everyone gets to perform core tasks; <b>creating a timetable</b> for S/CCAs to follow</li> </ul>
<b>ADL</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a balanced distribution of ADL duties vs other duties?</li> <li><input type="checkbox"/> Are guidelines / SOPs easily accessible and understandable by S/CCAs, to ensure that the quality of care is maintained?</li> <li><input type="checkbox"/> Are S/CCAs facing any issues / concerns in performing ADL duties?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Identify the cause of issues – for example, if the issue is due to a new hire adapting to the role; consider giving them a <b>lighter workload before gradually increasing</b> it over time</i></li> </ul>
<b>Serving medication</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> What support do S/CCAs need during OJT in order to eventually perform this task independently?</li> <li><input type="checkbox"/> How many clients require medication? Have the S/CCAs practiced serving medication?</li> <li><input type="checkbox"/> Do S/CCAs have easy access to guidelines/ SOPs to ensure that they can take on this task independently and safely?</li> <li><input type="checkbox"/> What are the documents required (e.g. client profile, prescriptions and serving medication tracking) and can this be streamlined for the S/CCAs?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>If there are not enough clients for S/CCAs to practice serving medication; consider <b>deploying S/CCAs once a month to a site with more cases</b> or allocate S/CCAs to <b>job shadow</b> a peer</i></li> </ul>
<b>NGT feeding</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> What support do S/CCAs need during OJT in order to eventually perform this task independently?</li> <li><input type="checkbox"/> For care centers, are there opportunities to cross deploy to a nursing home to practice NGT feeding? For nursing homes, are S/CCAs rostered to practice NGT feeding?</li> <li><input type="checkbox"/> Do S/CCAs have easy access to guidelines/ SOPs to ensure that they can take on this task independently and safely?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Cross deploy to a nursing home to practice NGT feeding, such as on a monthly basis for each S/CCA</i></li> <li>• <i>Create simple checklists to help S/CCAs recall the steps involved in NGT feeding</i></li> </ul>
<b>Individual/group therapy exercises</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is specific training needed so that S/CCAs can perform this in your organisation? Is there an opportunity for them to co-lead activities with other more experienced staff?</li> <li><input type="checkbox"/> For nursing homes, do S/CCAs have the opportunity to perform individual/group therapy exercises for residents? Are the exercises meaningful for residents?</li> <li><input type="checkbox"/> Are there adjacent job roles performing this duty and could this responsibility be shared with S/CCAs?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>If S/CCAs have opportunities, ensure that the allocation of core ADL tasks are balanced to allow them to have sufficient time to perform individual/group therapy exercises</i></li> </ul>

# Guide S/CCAs on the escalation process

Assuring S/CCAs that there are protocols in place to support them as they learn and perform

## Considerations for Supervisors:

- Are S/CCAs clear on how to detect when seniors are unwell?
- Do CCAs and SCCAs understand **how** to escalate an issue in your SCC or NH?
- Do they know **who** to escalate issues to based on the risk of incidents?

*Illustration of an escalation process\**

	Suggested point-of-contact	Severity level	Description of possible situations
3	Center Manager / Nurse Manager	HIGH	<ul style="list-style-type: none"> <li>• Fall incident, injury, deteriorating vital signs and/or mental state</li> </ul>
2	Center Supervisor / Staff Nurse	MODERATE	<ul style="list-style-type: none"> <li>• Vitals such as low blood pressure, high temperature, client/resident feels unwell, medication error</li> </ul>
1	Peers (NA/CCA/SCCA)	LOW	<ul style="list-style-type: none"> <li>• Client/resident not interested in participating in activities or experiencing low mood for the day</li> </ul>

*\*This will differ based on each CCO's escalation protocol; please refer to your organisation's protocols.*

Support

2



# As a supervisor, you play a key role in supporting the S/CCAs' developmental journey

## 1 IMPLEMENT BUDDY SYSTEM

- ❑ Identify potential buddies to be assigned to S/CCAs based on 3 key considerations
- ❑ Assign buddies to S/CCAs and prepare them on their responsibilities
- ❑ Gather feedback from buddies on how S/CCAs are coping through check-ins

## 2 POST-TRAINING REVIEW

- ❑ Understand the current skills and possible gaps for S/CCAs after completion of training
- ❑ Determine the potential challenges they may face based on the different personas (different profiles)
- ❑ Understand skills S/CCAs want to build further

## 3 DEVELOPMENT PLANNING

- ❑ Review the competencies of S/CCAs through informal or formal approaches
- ❑ Identify skills which need to be developed further and support needed
- ❑ Put in place action plans to support their development or capability building

## 4 INFORMAL/FORMAL CHECK-INS

- ❑ Schedule light touch informal check-ins with S/CCAs
- ❑ Understand how they are progressing in the role and challenges being faced
- ❑ Understand S/CCA expectations and aspirations
- ❑ Implement intervention actions based on insights from the review

# Implementing a strong buddy system

Besides formalized OJT, assigning buddies to S/CCAs provide peer support for both wellbeing and competencies



## WHY

- S/CCAs can look to their buddies as the **first point of contact** for questions and assistance
- A buddy system provides **social support** that can help S/CCAs cope better



## WHO TO SELECT

- Select buddies based on **3 considerations:**
- Years of experience in their own role
- Willingness and ability to support and guide
- Ability to provide guidance on dealing with difficult situations



## HOW

- Assign buddy to an S/CCA
- Ensure that buddy knows their responsibilities and how they can help S/CCAs  
*(e.g., provide basic info, check-in on well-being, assist with competencies, share knowledge)*
- Check-in with buddies occasionally to gain another perspective on how S/CCAs are performing and settling in

# Post-training review

Different personas will face different challenges, which will require supervisors to adapt to their varying needs accordingly



**New Hire  
(Mid-career switch)**

## Common pain points:

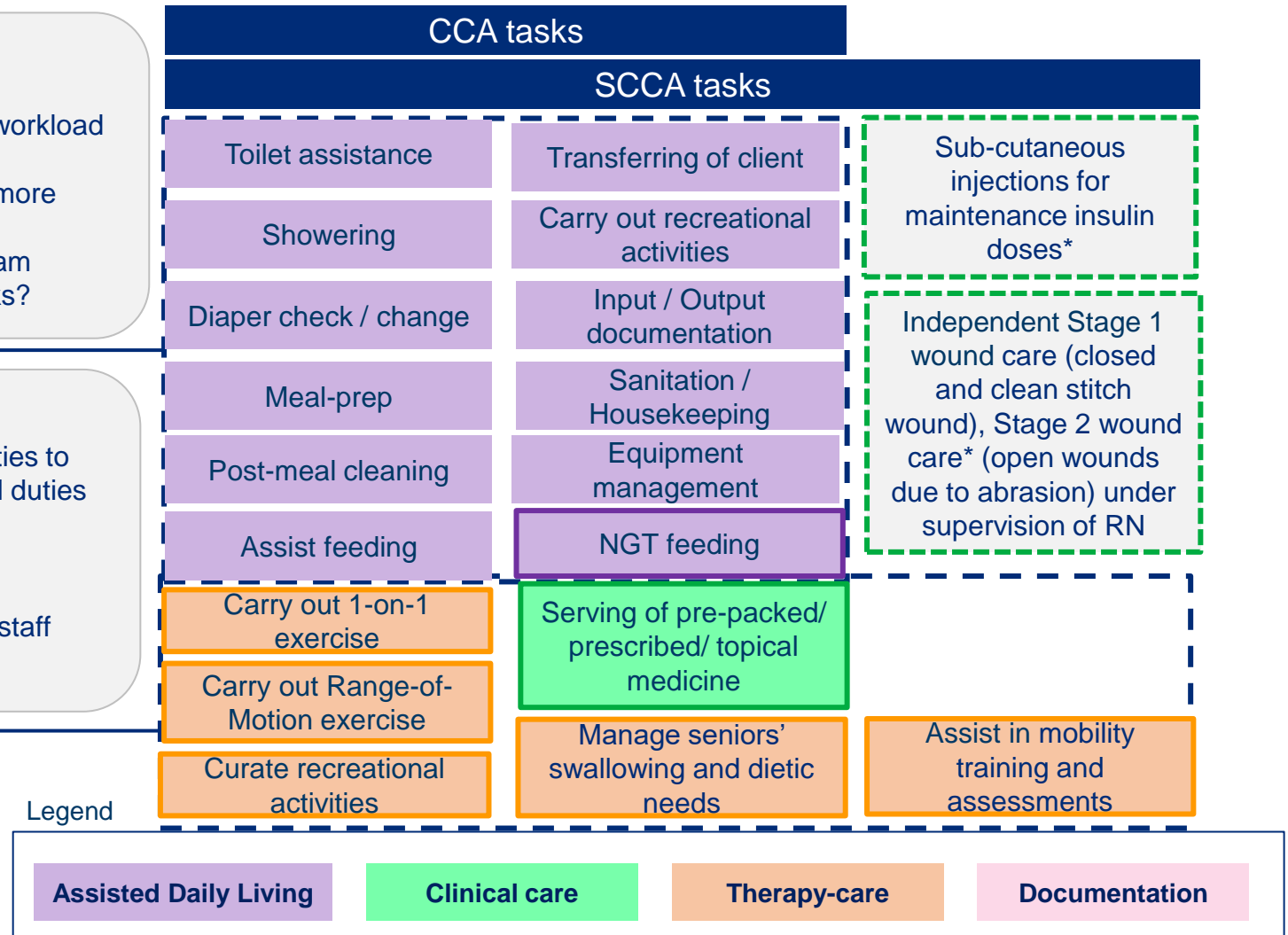
- Challenge in adapting and managing ADL tasks and workload
- As a supervisor:**
  - Which area do they need more support in?
  - Can they shadow other team members to learn key tasks?



**Existing employee  
converted to  
S/CCA role**

## Common pain points:

- Aspires for more opportunities to take on therapy and clinical duties
- As a supervisor:**
  - How can you create more opportunities for them?
  - Can they assist other care staff with activities for seniors?



# Identify developmental opportunities for S/CCAs by asking 5 key questions

1	Are they performing the full spectrum of the S/CCA tasks?
2	Are there skills or areas of work that need more practice?
3	What are the challenges limiting their growth? (Identify root cause – skills gap, workload or lack of practical opportunity)
4	What skills do they want to develop?
5	What support do they need to meet their aspirations? (e.g. more training, on-the-job guidance, more opportunity to practice)



## TIPS:

- Ensure you are **available and accessible** as a supervisor so that the S/CCAs can come to you with questions or to seek inputs
- Ensure that you are supporting the new S/CCAs by **addressing any escalations or challenges shared**

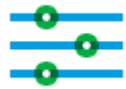
# Review S/CCA competencies

To ensure the skills of S/CCAs remain up to date, incorporate regular reviews of competencies (formally and informally)

	ACTIONS	TIPS
1. Review competencies	<ul style="list-style-type: none"><li>Review competencies through observations</li><li>Provide feedback and identify areas that require further development</li></ul>	<ul style="list-style-type: none"><li><b>Informal reviews</b> (e.g., buddy checks) can help identify incorrect methods of performing key tasks</li><li>Focus on competencies that <b>may not be practiced frequently</b> as they will need more regular reviews</li></ul>
2. Implement interventions	<ul style="list-style-type: none"><li>Conduct a refresher for the identified gaps</li><li>Assign a buddy to provide on-the-job guidance and exchange of knowledge</li></ul>	<ul style="list-style-type: none"><li>Consider <b>cross deployment to another site</b> or <b>role play and simulation</b>, if the primary site does not have real cases for practice</li><li>Provide additional support through <b>bite-sized learning</b> (e.g. short videos, posters)</li></ul>

# Informal check-ins

Informal check-ins help to build a culture of ongoing, open and development focused feedback



## What

- Have informal check-ins **at least once each quarter**
- Follow up on how they are **progressing**, what they are **doing well** and what they can **do better** or more of



## How

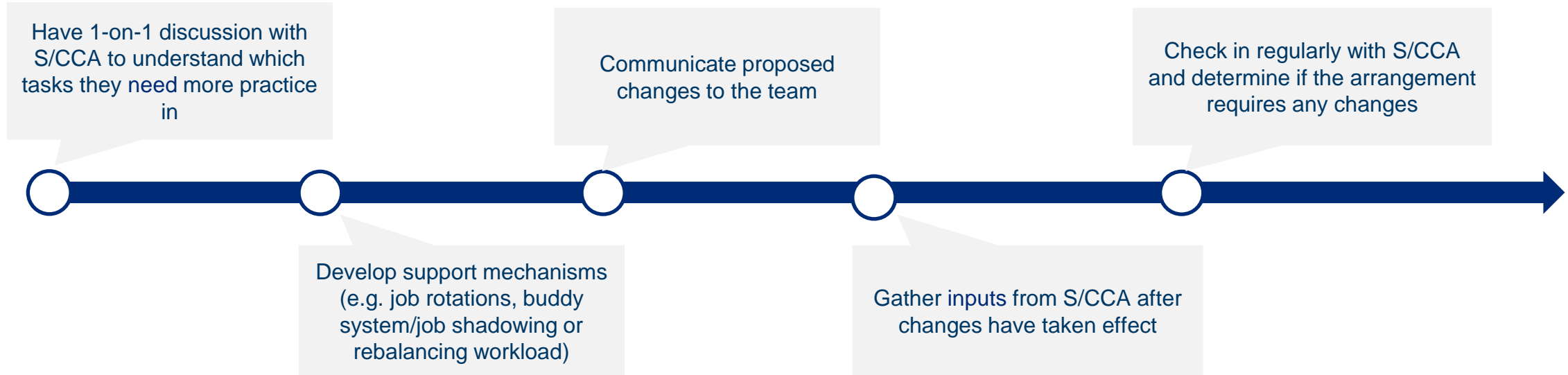
- As a supervisor, consider what you can do to **support** them and help them **learn faster**
- **Affirm the positive** and **encourage** them if they are performing well in a particular area
- Facilitate **debriefs** to encourage **reflective learning** for challenges raised by S/CCAs





# Here's a step-by-step illustration of how you could address a common challenge that S/CCAs face

**Scenario: S/CCAs do not have sufficient opportunities to practice certain tasks due to heavy work load or lack of cases**



## Things to keep in mind...

- Create the environment for S/CCAs to perform all their job tasks as required
- Empathise with their concerns and let them know their feedback will be looked into
- Determine which areas require more practice and the reasons behind the lack of practice
- If lack of opportunity, consider re-thinking how rostering is done - every fortnightly or monthly to provide equal opportunity among S/CCAs, assign the S/CCA to an experienced buddy to job shadow and practice
- If too much time is spent in other work areas, assess where bulk of their time is spent and if the cause is due to capabilities or an overload of work
- Follow up with staff regularly to gather feedback and check for improvement

**Appreciate**

**3**

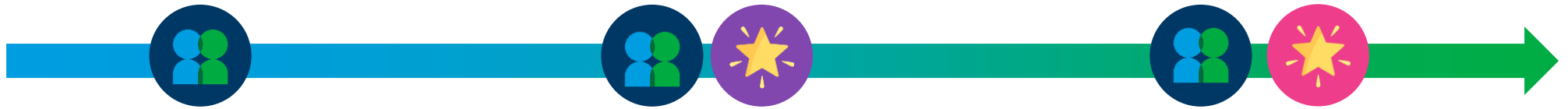
# Show appreciation

Let care staff know their efforts are recognized

Show recognition

Celebrate Milestones

Affirm good performance



**Non-  
monetary,  
innovative  
ways to  
engage and  
retain**

## Introduce regular recognition programs

*Caring can be a thankless job, and a small gesture of appreciation can go a long way in keeping the purpose and passion alive for S/CCAs*

Recognition programs can be **low cost initiatives** to **drive engagement** and **motivate employees** to contribute and perform.

For example:

- Mini “graduation” ceremony upon completion of S/CCA course
- Supervisor / Mentor of the Quarter
- Most Creative Group Activity by S/CCAs
- Best S/CCAs Change Champion
- Best Buddy Award
- Someone who delivered exceptional care



