

Induction Training: In-depth

Summary

Care providers are required to provide programmes of supervised work and training to introduce all new employees to the work of the care service and their specific roles and responsibilities. The purpose of induction is to teach all staff new to their roles the contents of their jobs and the knowledge and skills to perform them competently.

Managers should not expect staff who are new to care work to be fully competent at the end of the induction period but should expect them to be further along the road than when first starting out. Staff should then aim to carry on their learning and development through further training and achieve recognised qualifications in health and social care if they have not already done so.

Since April 2015, the Care Certificate framework has been used to develop induction training for care staff, who are new to care work, with the implication that all care staff will have achieved the Care Certificate standards through their previous and refreshment training.

Employers' Duties

Employers are required to provide induction training in line with CQC guidance on meeting Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the “fundamental standards”) and the Care Certificate standards, which apply to staff new to care work.

Employers must:

- make sure people are suitable to enter the workforce and understand their roles and responsibilities
- provide training and development opportunities for social care workers to strengthen and develop their skills and knowledge, including basic communication skills.

This entails:

- providing induction, training and development opportunities to help social care workers do their jobs effectively and prepare for new and changing roles and responsibilities
- contributing to the provision of social care and social work education and training, including effective workplace assessment and practice learning.

Employees' Duties

Employees have a duty to:

- achieve the current induction standards to progress in their work
- carry out relevant training to maintain and improve their knowledge and skills and contribute to the learning and development of others
- make good use of the training opportunities provided for them by their employers
- use their training to improve the quality of care they are providing
- take part in further training that develops their knowledge and skills
- work towards recognised qualifications in health and social care as required by their employer's training and qualifications policies and to comply with current national care standards and regulations.

In Practice

CQC Fundamental Standards Compliance

Regulation 18.2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the “fundamental standards”) requires care staff to “receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform”.

Guidance on this regulation simply states as follows: “Providers must ensure that they have an induction programme that prepares staff for their role. It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles.”

To flesh this out providers can usefully retain the ideas expressed in the essential standards guidance, which recommended that:

- all staff receive a comprehensive induction that takes account of recognised standards within the sector and is relevant to their workplace and their role
- induction is undertaken when they start their job and is completed before they are allowed to work unsupervised
- the induction for new staff includes at least:
 - the aims, objectives and purpose of the service
 - information on the people whose care, treatment and support the staff member will be involved in providing and any specific communication needs
 - the rights of people who use the service
 - the policies and procedures of the service

- the action to be taken in an emergency
- the health and safety risk assessments and any necessary health surveillance, necessary for their work
- how to report adverse events, incidents, errors and near misses
- the arrangements for the staff member’s own support and supervision
- the support and the safety arrangements where they are required to work alone
- the arrangements for reporting where the service falls below essential standards of quality and safety
- an orientation to the systems, culture and terminology of the health and/or social care sectors in England, where the staff member has been recruited from outside the UK.

The Care Quality Commission guidance for Regulation 18.2(a), like the previous guidance, recognises that induction is the start of a process of continuing development and learning so that “training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment”. For staff new to care work, the basis of their further learning will have been laid by achieving the Care Certificate.

CQC key question test

In the Key Lines of Enquiry (KLOEs), which inspectors use to provide quality ratings, the effectiveness of a care service’s induction strategy and programme is one indicator of overall service effectiveness. The revised KLOE framework (2017) has one reference to induction in “Is it Effective?”:

- E2.3: Do staff and any volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training?

The responses will be reflected in the ratings awarded so that to achieve a “good rating”, “all staff complete a comprehensive induction, and do not work unsupervised until they and their manager are confident they can do so”.

An outstanding rating will, by implication, be considered if the service has developed comprehensive induction programmes using creative and innovative methods (that, for example, involve service users in the training). Gaps and weaknesses in the induction programmes will result in a “requires improvement” or if induction is clearly being neglected, the service will likely receive an “inadequate” rating.

Inspectors are likely to take the following into account in making their compliance assessments and awarding a rating.

- Knowledge, understanding and application of the Care Certificate framework within the care service's induction strategy.
- The numbers of new staff successfully achieving the Care Certificate in the recommended timescale of 12 weeks.
- Newly appointed staff who are interviewed or observed as part of the inspection process should demonstrate knowledge consistent with the stage at which they have reached in the certification process.
- They should also be able to provide answers to "key questions" asked by inspectors such as their knowledge of the service's safeguarding and whistleblowing policies.
- Service users whose views are sought in an inspection should feel assured that new staff "know what they are doing".
- The manager can explain their reasons for deciding when a new worker is "safe to leave" in respect of any of the Care Certificate standards.
- There is evidence of rigorous assessment in the awarding of a Care Certificate.
- The manager can make available records of staff's progress with the Care Certificate requirements and of the awards that have been made.
- Staff who have been promoted from within the service or changed roles can show that they have had the preparation and training to perform competently in their new roles, eg by completing relevant Skills for Care learning and development frameworks.
- Staff who joined the service as experienced workers from elsewhere, which could be to take up similar or different positions from their previous jobs, are provided with adequate induction into the new workplace.
- Staff who have been recruited from overseas have induction programmes that take into account the effects of differences of language, communication and culture.
- Temporary and staff recruited from agencies are provided with adequate induction training and supervision.

Induction Training Priorities

For new care and inexperienced care workers in both care homes and domiciliary care, induction priorities will continue to be training in person-centred care that takes into account:

- values and principles of care, eg the importance of treating people with respect, keeping their dignity, privacy, consent and confidentiality
- safe moving, lifting, repositioning and transferring of service users

- safe working practices relating to such as handwashing for the purposes of infection control and food hygiene (particularly where care staff are involved in the preparation and serving of food) and other key health and safety matters (eg fire safety in care homes)
- safeguarding of vulnerable people from abuse and harm, duty of care and whistleblowing
- introduction to assessing and managing risks to personal safety (service users and staff)
- safe use of medicines
- the dos and don'ts of medicine handling
- requirements for recording and reporting including mistakes and errors
- handling concerns and complaints
- key “housekeeping” matters relating to the organisation and delivery of care in that service (rotas, work schedules, shift planning, staff facilities, travelling plans in domiciliary care, etc).

These topics will be included to a certain level in the first phase of most care service induction training programmes and reinforced or taken to greater depth in subsequent stages along with other topics that are relevant to the specific care service setting.

Managers should note that induction is not only about introducing people to their work roles and tasks. It is also about providing emotional and psychological support. Starting a new job is stressful for most people. First impressions of a new workplace are also very powerful. If the initial stress is allowed to build up, the person will not be able to function adequately nor feel very positive about their workplace. They are more likely to leave prematurely than stay on.

Skills for Care Guidance on Compliance with the Training Requirements

Skills for Care has updated its guidance on what the Care Quality Commission should expect of providers in respect of the training and workforce development components of the fundamental standards and for the purpose of awarding quality ratings.

The Care Certificate

The Care Certificate is intended for both healthcare assistants and social care workers so has a very wide application across health and social care. It consists of 15 occupational standards and is expected to be completed within 12 weeks of the person starting their employment, though this could be interpreted as 12 working weeks.

Care providers and managers should study the background documentation found on the Care Certificate page of the Skills for Care website. There are several supporting

documents, including a set of workbooks for each of the standards. Free e-Learning resources are also now available, access to which requires registration, and additional supporting documentation such as observation checklists and assessment frameworks have been developed. (See also Resources section for alternative tools.)

Assessment of the Care Certificate

The registered manager has overall responsibility for assuring the competence of new staff and for “signing off” their achievements of the Care Certificate standards. Managers are expected to use their own methods for assessing learning outcomes. Assessment for the Care Certificate is expected to be as rigorous as for accredited vocational qualifications made by occupationally competent assessors. The Care Quality Commission will be responsible for verifying the rigour of the certificate assessments. (See the assessment document for the Care Certificate, available on the Skills for Care website.)

The Care Certificate and the Diplomas in Health and Social Care

The Care Certificate will contribute in terms of credits to achieving an accredited award such as the Diploma in Health and Social Care.

This is made possible by linking the Care Certificate framework to the Diploma mandatory units.

The Care Certificate standards represent a set of priorities for induction programmes. There is much more that could be covered. Induction for anyone just starting a career in social care is the start of their professional development and learning. It should be considered indeed much more of an educational process than a purely instructional one.

As an educational process induction provides many rich practical opportunities to learn about aspects of individual and social psychology, organisational and management theories, social policy and administration and many other formal academic disciplines, which might feature later in their development and training.

The Idea of “Safe to Leave”

A key outcome of induction, which is reinforced by the new Care Certificate requirements and is particularly important for domiciliary care work, is that the new worker is “safe to leave”, ie is able to work without immediate supervision as a full member of the staff team.

The manager is responsible for determining when a new worker is “safe to leave”. Accordingly, the manager might need to make a risk assessment of an individual’s capabilities in relation to the specific tasks they are required to carry out in their job role.

It is possible under the Care Certificate for staff to be signed off for specific standards, which will then allow the person to work unsupervised on the corresponding tasks rather than have to wait to complete the whole certificate to be deemed “safe to leave”.

Special Circumstances

Current regulations make specific requirements regarding the induction and supervisory arrangements for new workers who (exceptionally) start work prior to receiving a full criminal record check from the Disclosure and Barring Service. Until they have a completed check, they must work under the supervision of a more experienced staff member and should not escort service users on their own away from the care home premises.

These rules must be adhered to regardless of whether the new staff member is already experienced in a care role and who would otherwise be “safe to leave”. In domiciliary care work, new workers should not be given single person assignments until assessed as “safe to leave”. Wherever possible and practical they should be tagged to an experienced care worker, who can mentor them and help to decide when they are “safe to leave”.

Staff members with previous experience can be expected to complete their induction more quickly than inexperienced staff. This applies particularly to those who have already achieved the common induction or care certificate standards in another work setting. Their assessment will take this previous learning into account. However, all new workers regardless of their previous experience, backgrounds and qualification must have a formal, structured induction to their new work setting.

Planning and Managing Induction Training

Care managers must be able to assess and analyse new staff members’ training requirements, identify appropriate contents and methods to meet these and to manage the training processes. Most induction is effectively carried out by having a new or less experienced staff member work with a more experienced staff member as their advisor and mentor. The mentor also co-ordinates and provide feedback to the person’s manager on their new staff member’s progress.

Planning the Induction Programme

To plan an induction programme, the care manager needs to undertake the following.

- Estimate the numbers of new staff likely to be needed over a period of time (say 6 or 12 months) and for what purposes and jobs.
- Assess individual needs in terms of qualifications, previous experience, etc. Consider how to help staff changing jobs or being promoted internally as well as staff who are new to the setting.
- Study carefully the latest induction frameworks.
- Issue the workbooks and supporting materials to new employees involved in care work.
- Draw up an induction programme, for each new employee or type of employee the objectives and contents of which will depend on the type of programme required.

Timescales and dates will need to be established alongside the specific activities that form the programme (see below).

- Arrange for all new employees to be closely supervised and supported until all induction objectives have been achieved and any probationary period required by their conditions of service satisfactorily completed and appraised.
- Make sure all activities and achievements are fully recorded, evidenced, assessed against the Care Certificate standards and signed. This should also assist with the development of any portfolio of evidence of competence that may be used for future vocational qualifications' assessment purposes.
- Monitor and review new employees' progress by observing their practice and discussion with them and their supervisors.

Formal training

Care managers should set up some formal instruction and training sessions to impart information and knowledge that needs to be learned in these ways. For example, they might use key documents such as the care service's Statement of Purpose and Service Users' Guide and other policies and procedures as the basis for some training sessions. Managers should also refer to the topic on Staff Training and Qualifications for further ideas about training methods that can be used in induction programmes.

Support for learning

Throughout the induction programme trainees can expect to receive help from several people, including the more experienced colleagues with whom they work. In terms of roles involved in induction we refer to the "manager" as the person responsible for the planning and organisation of the whole induction programme. This person could go under the title of "training co-ordinator", for example.

Mentoring and coaching

Trainees also need someone to advise, guide and support them through their programme on a more ongoing basis. This person might be described as a supervisor, or practice teacher or mentor. The term mentor suggests that the role will be carried out by someone who is not in a line management position over the trainee.

The mentoring role is one of providing support to the inductee with their learning and helping to review and evaluate their progress, possibly in association with the responsible manager or supervisor. Mentors need to allow inductees to have a sense of control over their learning, helping them to learn effectively and to provide constructive feedback.

The kind of supervision they need and mentoring requires specific approaches and skills. Mentors should become occupationally competent in line with the relevant training standards.

Additional Information

The Care Skillsbase

Although it is not active, the Care Skillsbase offers specially designed tools to help assess and develop basic skills in literacy and communication. These tools with guidance for managers can still be downloaded from the Care Skillsbase section of the Social Care Institute for Excellence website.

Managers' Induction Standards

Skills for Care has a revised management induction framework that can be accessed through its website with supporting materials. It is recommended that new managers achieve the standards identified as relevant to their roles and responsibilities in the first six months of taking up their positions.

To reflect the range of management roles across the whole of social care, the induction framework includes both core and optional units.

New care service managers, ie staff who are new to a management role, should complete the core units and select the relevant optional units. Completion of these induction standards should help the manager to prepare for the Level 5 Leadership and Management Diploma.

Training

Employers have a duty to provide induction training.

Senior staff responsible for induction should also obtain relevant training to help them plan and run effective induction programmes.

List of Relevant Legislation

- Care Act 2014
- Social Services and Well-being (Wales) Act 2014
- Health and Social Care Act 2008
- Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission (Registration) Regulations 2009

Further Information

Publications

- *Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England* (2013), Department of Health and Social Care, Skills for Care and Skills for Health, available on the Skills for Health website
- *Code of Professional Practice for Social Care* (and Related Guidance for Employers), Social Care Wales, available at www.socialcare.wales
- *Guidance for Providers on Meeting the Regulations* (2015)
- *Key Lines of Enquiry, Prompts and Ratings Characteristics for Adult Social Care Services* (revised 2017), Care Quality Commission, available on the CQC website
- *Providers' Handbook* (2016), available on the CQC website

Organisations

- **Care Inspectorate Wales (CIW)**
 - <http://www.careinspectorate.wales>
 - The inspectorate is the independent regulator of social care and childcare in Wales. It registers, inspects and takes action to improve the quality and safety of services.
- **Care Quality Commission (CQC)**
 - <https://www.cqc.org.uk>
 - The Care Quality Commission is the regulatory body for health and social care in England. It monitors, inspects and regulates health and social care services.
- **Care Skillsbase**
 - <http://www.scie.org.uk/workforce/careskillsbase>
 - Care Skillsbase helps managers in the adult care sector take constructive action on communication and number skills.
- **Health and Care Professions Council (HCPC)**
 - <http://www.hcpc-uk.co.uk>
 - The HCPC is the regulator for a range of health and care professions. It keeps a register of health and care professionals who meet its standards for their training, professional skills, behaviour and health. It could deal with cases of misconduct arising from breaches of confidentiality.
- **Skills for Care**
 - <http://www.skillsforcare.org.uk>
 - Skills for Care is the workforce development organisation for England, and ensures qualifications and standards are kept up to date to meet the changing requirements of those who use care services.

- **Social Care Institute for Excellence (SCIE)**
 - <https://www.scie.org.uk>
 - The Social Care Institute for Excellence (SCIE) identifies good practice and embeds it in everyday social care provision; providing briefings on research and latest developments and training resources on a range of topics.
 - **Social Care Wales**
 - <https://socialcare.wales>
 - Social Care Wales is the workforce development and registration body for Wales.
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