Induction, Staff Training and Competency Policy

Supportive Bridge Ltd | Community Support and Healthcare Staffing | Bradford, England

POLICY AT A GLANCE

- **Training before work, not after.** No one supports anyone until they have completed induction training and been assessed as competent.
- **Care Certificate:** every new worker without it starts it in their first week and completes all 15 standards within 12 weeks.
- **Shadowing:** new workers shadow an experienced colleague before working alone, and sign to say they feel ready.
- **A certificate is not competence.** Managers watch people work and sign them off, then re-check through spot checks and supervision.
- **Mandatory training is refreshed on time.** The training matrix is reviewed monthly and no one works out of date.
- **Person-specific training too:** workers are briefed on each person's support plan before their first shift with them.
- **Records are kept** so that Durham County Council, CQC or a client can see training and competency at any time.

SERVICE DETAILS (fill in before issuing)

Registered Manager	
Nominated Individual	
Training lead	
Training provider(s) used	
Office phone	
Date issued	
Next review date	

This summary is a quick guide only. All staff must read and follow the full policy on the following pages.

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1. PURPOSE

1.1 This policy explains how Supportive Bridge Ltd ("Supportive Bridge", "we", "us") makes sure everyone who works for us is properly inducted, trained, assessed as competent, and kept up to date.

1.2 It reflects Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which requires that people employed receive the training, supervision and appraisal they need to carry out their duties, and Regulation 19 (Fit and proper persons employed).

1.3 Training is not a paperwork exercise. A certificate proves someone attended; competency means they can actually do the job well in a real person's home. We check both.

2. SCOPE

2.1 Supportive Bridge Ltd operates two arms, and this policy applies to both: our **healthcare staffing service**, supplying care and support workers to care homes, hospitals and other providers; and our **community support service**, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts, to support them with daily living.

2.2 Supportive Bridge does **not** provide personal care. Personal care is a regulated activity under the Health and Social Care Act 2008 and we will provide it only if and when we are registered with the Care Quality Commission. Our support workers provide non-personal support such as companionship, meal preparation, shopping, domestic help, prompting, and support to get out and about. This policy is written to meet both local authority provider assurance requirements and the standards we will be assessed against at CQC registration.

2.3 This policy applies to everyone who works for us: support workers, workers supplied to clients, office staff, coordinators, managers, directors, bank and zero-hours workers, and volunteers.

2.4 Where we supply a worker to a client organisation, we confirm in writing what training that worker has completed before they start, and the client remains responsible for any site-specific induction, such as fire procedures, equipment and local systems.

2.5 Failure to complete required training, or working while training is out of date, may lead to removal from the rota and to action under our Disciplinary Policy.

3. ROLES AND RESPONSIBILITIES

Role	Responsibilities
Nominated Individual	Makes sure the company has enough trained staff and the budget and time for training. Reviews the training matrix and competency position at least quarterly.
Registered Manager	Makes sure no one works untrained or unassessed, signs off competency, keeps the training matrix accurate, books refreshers before they expire, and acts where standards are not met.
Training lead	The named person (the Registered Manager unless someone else is named on page 1) who arranges courses, keeps records and certificates, and chases anything overdue.
Field Supervisor / Care Coordinator	Observes workers in practice, carries out spot checks and competency assessments, mentors new workers and reports concerns.
All staff	Attend training they are booked on, complete it on time, apply it in practice, ask when they are unsure, and tell the office if they do not feel confident with any task.

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4. INDUCTION

4.1 Every new worker completes a structured induction before working alone, whatever their previous experience. Induction has three parts.

Part 1: Company induction (before any shift)

- who we are, the two arms of the business, and what we do and do not provide;
- the Staff Handbook, contract, code of conduct and professional boundaries;
- safeguarding adults and children, and how to report a concern;
- health and safety, lone working and what to do in an emergency;
- confidentiality, data protection and record keeping;
- equality, diversity, dignity and respect;
- person-centred support and Active Support principles;
- who to call, when, and the on-call arrangements.

Part 2: Mandatory training (before working alone)

4.2 The full list is in section 6. No worker goes on the rota until the core subjects are complete.

Part 3: Shadowing and person-specific briefing

- the new worker shadows an experienced colleague for an agreed number of shifts, typically at least three, and more if needed;
- they read the support plan and risk assessment for every person they will support, and are briefed on anything specific to that person;
- they then work observed before working alone;
- both the new worker and the supervisor sign the induction record to confirm the worker feels ready and has been assessed as ready. If either is unsure, shadowing continues.

4.3 A worker who has not worked for us for more than three months completes a refresher induction before returning.

5. THE CARE CERTIFICATE

5.1 Every new worker who does not already hold the Care Certificate begins it in their first week and completes all 15 standards within 12 weeks of starting.

5.2 Where a worker holds a Care Certificate from a previous employer, we accept it only if we see the original evidence and are satisfied it is complete. We still assess their competence ourselves before they work alone.

5.3 Progress is tracked by the training lead, discussed in supervision, and completion is recorded on the personnel file. Workers are given paid time to complete it.

6. MANDATORY TRAINING

6.1 The following subjects are mandatory for all workers who support people. Refresher periods are the minimum; training is repeated sooner where practice, an incident or an audit shows it is needed.

Subject	When	Refresher
Safeguarding adults	Before working alone	Every year

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Subject	When	Refresher
Safeguarding children	Before working alone	Every year
Basic life support and first aid awareness	Before working alone	Every year
Health and safety, including risk assessment	Before working alone	Every 3 years
Fire safety awareness	Before working alone	Every year
Infection prevention and control, including hand hygiene and PPE	Before working alone	Every year
Moving and handling (people and objects), practical	Before working alone	Every year
Food hygiene, level 2	Before working alone	Every 3 years
Mental Capacity Act and consent	Before working alone	Every 3 years
Equality, diversity, dignity and human rights	Before working alone	Every 3 years
Person-centred support and Active Support	Before working alone	Every year
Communication and accessible information	Before working alone	Every 3 years
Record keeping, confidentiality and data protection	Before working alone	Every year
Lone working and personal safety	Before working alone	Every 2 years
Understanding and responding to distressed behaviour, de-escalation	Before working alone	Every year
Reducing restrictive practice	Before working alone	Every year
Nutrition, hydration and choking awareness	Before working alone	Every 2 years
Dementia awareness	Before working alone	Every 3 years
Learning disability and autism awareness	Before working alone	Every 3 years
Medication awareness (prompting only, within our scope)	Before prompting medicines	Every year
Whistleblowing and duty of candour	Induction	Every 3 years
Fraud, bribery and professional boundaries	Induction	Every 3 years

6.2 Office staff and managers complete safeguarding, data protection, health and safety, equality and whistleblowing training as a minimum. The Registered Manager and Nominated Individual complete safeguarding lead training, and the Registered Manager keeps their own continuing professional development up to date and works towards, or holds, a Level 5 Diploma in Leadership and Management for Adult Care.

6.3 Where the Care Certificate covers a subject, it counts towards the list above, but practical subjects such as moving and handling and basic life support must be delivered face to face, not online only.

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7. PERSON-SPECIFIC AND SPECIALIST TRAINING

7.1 General training is not enough on its own. Before a worker supports a particular person for the first time they are briefed on that person's support plan, risk assessments, communication needs and anything specific to them.

7.2 Where a person has a specialist need, the worker receives specific instruction before supporting them, from the health professional involved or from a trained member of our team, and it is recorded. Examples include a swallowing plan from a speech and language therapist, a moving and handling plan from an occupational therapist, an epilepsy or diabetes plan, or a specific communication method.

7.3 Where a task has been delegated by a registered healthcare professional, we follow the Skills for Care guiding principles for delegated healthcare activities: the task is named, the worker is trained and assessed by the professional, and the delegation is recorded and reviewed.

8. COMPETENCY ASSESSMENT

8.1 Completing a course is not the same as being competent. Before working unsupervised, and then regularly afterwards, workers are assessed in practice.

- competency is assessed by direct observation in a real setting by the Registered Manager, a Field Supervisor or another assessor who is themselves competent;
- the assessor records what they observed, not just a tick, using the competency record;
- if a worker is not yet competent, they do not carry out that task alone. Further training, shadowing or mentoring is arranged and the assessment is repeated;
- competency is re-checked at least once a year, and whenever a new task, piece of equipment or person is added to a worker's role, or after an incident, complaint or a period away from work;
- for support delivered under a specialist guideline, a care delivery observation is carried out (see our Person-Centred Care and Active Support Policy).

8.2 No worker may support a person unsupervised until their competency has been assessed as meeting the required standard. This is recorded and signed by the Registered Manager.

9. THE TRAINING MATRIX

9.1 The training lead keeps a training matrix listing every worker, every mandatory subject, the date each was completed, and the date each is next due. It is reviewed at least monthly.

- workers are told at least six weeks before a refresher is due, and it is booked;
- a worker whose mandatory training has expired is removed from the rota for the affected tasks until it is completed;
- the matrix is a live document and must be capable of being shown to a commissioner, CQC or a client on request;
- we aim for at least 95 per cent of mandatory training to be in date at any time, and the Registered Manager reports the figure monthly.

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10. SUPERVISION, APPRAISAL AND CONTINUING DEVELOPMENT

10.1 Training is supported by regular one-to-one supervision, unannounced spot checks, team meetings and an annual appraisal, as set out in our Supervision and Appraisal Policy. Supervision is where learning needs are identified and where competency concerns are discussed early.

10.2 We support workers who want to develop, including diplomas in adult care, apprenticeships and progression into senior or coordinator roles, subject to business need.

10.3 Learning from incidents, complaints, safeguarding cases, audits and feedback is fed back into training, and we record where a change to training came from a lesson learned.

11. TRAINING PROVIDERS AND QUALITY

11.1 Training is delivered by providers whose content is aligned to the Care Certificate and, where relevant, to Skills for Care standards or an accredited body. Practical subjects are delivered face to face by a suitably qualified trainer.

11.2 We keep evidence of each provider's credentials, and we review the quality of training through learner feedback and by whether practice actually improves.

11.3 Any training in breakaway or safety intervention techniques is only ever commissioned from a provider certified against the Restraint Reduction Network Training Standards.

12. RECORDS

12.1 Certificates, competency assessments, induction records, the Care Certificate workbook and supervision notes are kept on each personnel file, securely and in line with our Data Protection Policy, and retained for six years after employment ends.

12.2 Workers are given copies of their own certificates.

13. MONITORING AND REVIEW

13.1 The Registered Manager reports monthly on training compliance, competency sign-offs and any gaps. The Nominated Individual reviews this at least quarterly and makes sure gaps are closed.

13.2 Personnel files are audited at least twice a year against this policy.

13.3 This policy is reviewed every year, or sooner if the law or guidance changes, or if an audit, incident or inspection shows it needs to change.

14. LEGISLATION AND GUIDANCE

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially Regulation 18 (staffing), Regulation 19 (fit and proper persons employed) and Regulation 12 (safe care and treatment)
- Care Act 2014
- Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992
- Mental Capacity Act 2005
- Equality Act 2010

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- Conduct of Employment Agencies and Employment Businesses Regulations 2003 (staffing arm)
- Skills for Care: Care Certificate standards; Delegated healthcare activities guiding principles
- Restraint Reduction Network Training Standards
- NICE guideline NG21: Home care

15. RELATED POLICIES AND FORMS

Related policies: Safer Recruitment, Selection and DBS; Supervision and Appraisal; Safeguarding Adults; Person-Centred Care and Active Support; Positive and Safe Support; Health and Safety; Lone Working; Infection Prevention and Control; Moving and Handling; Medication; Support Records and Record Keeping; Disciplinary.

Forms: Induction Record and Shadowing Log (Appendix A); Competency Assessment Record (Appendix B); Training Matrix; Spot Check Record; Supervision Record; Care Certificate workbook.

16. DOCUMENT CONTROL

Version	Date	Approved by	Role	Reason
1.0			Nominated Individual	New policy for local authority assurance and CQC registration

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APPENDIX A: INDUCTION RECORD AND SHADOWING LOG

Complete for every new worker. Both the worker and the supervisor must sign before the worker works alone.

Worker: _____ Start date: _____ Supervisor: _____

Item	Date	Signed (worker)	Signed (supervisor)
Staff handbook, contract and code of conduct issued and explained			
Two arms of the business, and what we do and do not provide, explained			
Safeguarding adults and children: how to spot and report			
Health and safety, lone working and emergencies			
Confidentiality, data protection and record keeping			
Equality, diversity, dignity and respect			
Person-centred support and Active Support principles			
On-call arrangements and who to contact			
Mandatory training completed (see training matrix)			
Care Certificate started (or existing certificate verified)			
Support plans and risk assessments read for each person			
Shadow shift 1 (date, with whom)			
Shadow shift 2 (date, with whom)			
Shadow shift 3 (date, with whom)			
Observed working (date, by whom)			
Competency assessed and signed off			

Worker: I have completed the above and I feel ready to work alone. Signed: _____ Date: _____

Registered Manager: I am satisfied this worker is competent to work unsupervised. Signed: _____ Date: _____

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APPENDIX B: COMPETENCY ASSESSMENT RECORD

Use for each task or area assessed. Record what you actually observed, not just a tick.

Worker / date / assessor	
Task or area being assessed	
Where observed (person supported, with their consent)	
What the worker did well	
What was not to standard	
Did the worker engage with the person respectfully and at their pace?	
Outcome: competent / not yet competent	
If not yet competent: what happens next, and by when	
Re-assessment date	
Signed (assessor) / signed (worker)	

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