Part of the Recommendations for Care Quality Commission (CQC) Providers Guide

Workforce development to help deliver safe, effective, caring, responsive and well-led services

Version 1, October 2014
Introduction to this Section

Care Quality Commission (CQC) inspectors will need to be assured care workers receive effective training to ensure that they deliver the standards of care that is required.

The training of care workers commences with the induction programme aimed at ensuring they have the skills, competences and experience to undertake their role.

Whether it is the practical use of equipment, understanding about legislation, different approaches to deliver safe care and various other learning, providers must ensure that they deliver an effective induction programme.

This involves more than just running a training session as providers are expected to support learning with supervision and assessment.

There is an expectation that CQC regulated providers ensure their induction programmes meet the requirements of the national standard of good practice.

In 2013, the CQC Review of Home Care Services recommended;

“New staff should not be placed in the position of starting work without being given a full induction according to national standards.”

We believe this is equally true of all regulated providers. There does need to be a balance between the induction being delivered and what tasks can be undertaken once training and assessment has been given.

This section explains more about the Common Induction Standards that CQC regulated providers are expected to deliver, as well as further advice and access to resources that can help them to be delivered.
For new care providers and managers, we recommend this full section is read. For those more familiar with our information and advice, the following links direct you to appropriate sub-sections:

- Common Induction Standards
- Common Induction Standards - free resources
- Common Induction Standards - priced resources
- Induction - delivering effective training
- Choosing workforce learning
- Induction - supervision and assessment
- Induction - signing-off completion
- Induction and refresher training
- Recruitment agencies
- Employing young care workers
- Introducing the Care Certificate (from March 2015)

To learn more about training that can help the Common Induction Standards to be delivered, see our separate recommendations by [clicking here.](#)
Common Induction Standards

The national standards of induction for adult social care in England are currently the Common Induction Standards (CIS).

The CIS are for people new to social care and those changing roles or changing employers. They are designed to be met within 12 weeks to enable care workers to demonstrate their understanding of how to provide high quality care and support.

It may not be practical for care workers to complete their full induction before they start to provide care, though equally they should not be asked to undertake tasks they have not been trained to undertake. Skills for Care’s Common Induction Standards are the standards people working in adult social care should meet before they can safely work unsupervised.

While the full 12-week period may not be needed for each new care worker, their managers must ensure that they have assessed the new worker’s abilities on all appropriate parts of the Common Induction Standards before permitting them to work alone.

This assessment should be made by an occupationally competent person within the provider rather than an external learning provider, though the latter can be used to help deliver training. The CIS includes standards that are specific to adult social care and ones that are generic to any working environment.

Providers need to deliver the induction in a context relevant to the service and job role. Given that there are role-specific parts of the CIS requirements, providers may need to be flexible in how they induct as not every care worker will require the same training and supervisory support.

In the development or commissioning of learning materials, each provider must consider how they can ensure they cover specialist or workplace-specific training. This is because generic off-the-shelf learning may not meet the needs of the induction training that is required.

If a provider chooses to accept some evidence of past learning (e.g. from a care worker who has undertaken induction training elsewhere), the provider must consider any additional workplace or additional role-specific training needed. This is equally true for providers to consider when using temporary staff provided by a recruitment agency.
The eight induction standards

There are eight standards that must be completed as part of the Common Induction Standards Programme. Each standard contains a number of areas of knowledge that care workers need to know before they can work unsupervised. Managers have a duty to ensure new care workers know enough to meet the required outcomes in each knowledge area before their induction is regarded as complete.

Standard 1 - Role of the health and social care worker

- Responsibilities and limits of your relationship with an individual.
- Working in ways that are agreed with your employer.
- The importance of working in partnership with others.
- Be able to handle information in agreed ways.

Standard 2 - Personal development

- Competence in your own work role within social care.
- Reflective practice.
- Evaluating own performance.
- Producing a personal development plan.
- Using learning opportunities and reflective practice to contribute to personal development.

Standard 3 - Communicate effectively

- Importance of effective communication in the work setting.
- Meeting the communication and language needs, wishes and preferences of individuals.
- Overcoming difficulties in promoting communication.
- Understand principles and practices relating to confidentiality.

Standard 4 - Equality and inclusion

- The value and the importance of equality and inclusion.
- Providing inclusive support.
- Access information, advice and support about equality and inclusion.
Standard 5 - Principles for implementing duty of care

- Understand how duty of care contributes to safe practice.
- Know how to address dilemmas that may arise between an individual’s rights and the duty of care.
- Know how to recognise and handle comments and complaints.
- Know how to recognise and handle adverse events, incidents, errors and near misses.

Standard 6 - Principles of safeguarding in health and social care

- Recognising signs of harm or abuse.
- Ways to reduce likelihood of abuse.
- Responding to suspected or disclosed abuse.
- National and local context of protection from harm and abuse.

Standard 7 - Person-centred support

- Promote person-centred values in everyday work.
- Working in a person-centred way.
- Recognising possible signs of dementia.
- Supporting active participation.
- Supporting an individual's rights to make choices.
- Promoting spiritual and emotional wellbeing.

Standard 8 - Health and safety in an adult social care setting

- Roles and responsibilities relating to health and safety in the work setting/situation.
- Health and safety risk assessments.
- Moving and positioning.
- Responding to accidents and sudden illness.
- Agreed ways of working regarding medication and health care tasks.
- Handling hazardous substances.
- Preventing the spread of infection.
- Promoting fire safety in the work setting.
- Security measures in the work setting.
- Managing stress.
- Food safety, nutrition and hydration.
Providers may choose different approaches to deliver the eight common induction standards and support their new starters to develop the skills and abilities to work without supervision.

Providers can choose to use a combination of senior care expertise, internal training, external training courses, e-learning, free Skills for Care resources, and paid-for training materials to deliver the Common Induction Standards.

Many employers support new care workers to meet the Common Induction Standards by delivering a selection of training sessions over a number of days (see here for more information).
Common Induction Standards - free resources

Our website includes a number of resources relating to the induction standards that can be downloaded for free.

Skills for Care does not currently produce its own induction training resources for providers to use. Its resources are focused more on confirming what the induction standards are and how they can be delivered and recorded.
Common Induction Standards with glossary

This documents the eight common induction standards, stating what should be undertaken by CQC regulated care organisations to their new starters. It explains what learning outcomes should be met by the new starter and provides some additional information to assist this. It includes a glossary that helps users to understand the language of the Common Induction Standards.

Progress log

This resource enables the manager to sign against each outcome that has been achieved. It is important that the manager is satisfied of evidence of learning for each section before signing-off the outcomes.

Guide for new workers

This explains what induction is and how it can set a new starter on track for giving high-quality care or support, and getting recognition for the work you do.

Guide for those responsible for workers in an induction period

This provides an overview of a structured induction process, timeframe, mandatory training, past learning, assessing knowledge, functional skills, etc. It is complemented by the separate priced publication, Supporting Starters.

Certificate for successful completion

Providers should record when their care workers have completed the Common Induction Standards. This downloadable certificate can be completed by managers on behalf of their care worker, providing details of how they were trained and assessed. Providers can choose to develop their own version of the certificate.
Skills for Care has produced a number of resources that can support the induction process that are beneficial to both new staff and those supporting them through the process. All of these can be purchased by credit or debit card from our online shop available [here](#).
Starting Out

This workbook is for new starters undertaking the Common Induction Standards, to help to encourage best practice from day one. New starters are guided through a mixture of learning, tips and assessment questions. Managers can sign off each section as the worker meets the knowledge requirement, leading to the certificate of successful completion.

Templates are included to record induction learning, to help workers avoid having to repeat work when they go on to undertake qualifications such as the level 2 or 3 diplomas in health and social care. Blank copies of the aforementioned templates in section D can be downloaded in Word format here to support the gathering of evidence for all learners.

Supporting Starters

This workbook is for managers supporting new starters through the Common Induction Standards. It complements the learning activities, assessment questions and tips outlined in Starting Out, but with added supporting notes for managers against each standard.

The workbook includes the Common Induction Standards manager’s guides. These outline each standard and gives guidance about meeting the outcomes in that standard. Further information relates to how the standards can be assessed to aid you in using the standards.

Starting Out and Supporting Starters are resources that can help the Common Induction Standards to be achieved. They do not replace the need for training to be delivered and new starters to receive the necessary supervision and assessment to ensure that they are capable and confident to deliver care.
CIS and level 2/level 3 diploma mapping

For managers, supervisors and training providers, this booklet demonstrates how induction learning can be mapped to the subsequent Health and Social Care Diploma, in order to avoid unnecessary repetition. This information is mirrored in Supporting Starters and is intended for those with a more technical focus.

The Leadership Qualities Framework (LQF) is another useful induction tool, enabling managers to see at a glance what good leadership looks like for staff at every level.

The LQF is necessary because many people working in, or involved with, social care, know in theory (or from their own experience) that good leadership is fundamental to good quality, but find it difficult in practice to articulate what it means, either for themselves or their organisation.

The LQF is a one-stop shop for developing managers and leaders, strengthening and differentiating organisations and providing better services. You can download the document or learn more about a new app to support this via the National Skills Academy for Social Care website here.
Induction - delivering effective training

People learn in different ways and care organisations know the importance of finding the most effective and practical ways to induct their staff.

Providing training that meets the new worker’s learning style can help them to develop the necessary knowledge, skills and competence needed. This may mean that one training solution will not meet the needs of all care workers.

It is important to consider which is the right kind of learning to meet the particular needs that have been identified rather than the quickest and/or cheapest.

This section identifies different types of learning available and suggests where some kinds of learning may be more appropriate than others. When choosing the right kind of learning you need to decide what your preferred outcomes are.

In-house training

For most care workers, learning comes informally on-the-job using the existing expertise. This includes:

- induction training
- job shadowing
- coaching/mentoring
- cascading learning
- knowledge banks or working in collaboration with other services to share expertise
- books and publications.

All internal trainers should hold a teaching or training qualification (this can include train the trainer type courses/qualification).

Neither the CQC nor Skills for Care recommends a specific teaching or training course/qualification. It is the provider’s responsibility to choose those that enable effective training to be delivered.

Internal trainers should not deliver training on subjects that they do not understand or are not competent to effectively deliver. It is a registered manager’s responsibility to ensure that internal trainers receive the necessary learning and development to undertake their role.

Providers should ensure any internal trainers keep their own training effectively refreshed (see the Recommended Induction Training section as to recommendations regarding the frequency this should be undertaken).
External learning and development

If a care provider does not have internal training expertise, the use of external learning providers may be used as part of the delivery of the Common Induction Standards.

When commissioning the support of external learning providers, care providers should check that the learning provider has:

- an experienced trainer
- relevant and useful learning materials (some publishers list their learning materials on our website [here](#))
- appropriate resources to carry out the learning and development, e.g. space, equipment.

External learning providers should always be able to evidence how recently their staff were trained on the subject matters they deliver, as well as what formal teaching or training qualification they hold.

Many care providers regularly work with exceptionally good external learning providers, helping them to develop their workforce and provide better care. These training programmes and professionally produced resources can be hugely beneficial in developing the learning and understanding of new care workers.

Unfortunately, the quality of some learning providers has raised significant concerns within social care. As it is the care provider who is entirely responsible for the learning and development of their care workers, commissioning with a sub-standard learning provider could have serious implications on the care provider.

External trainers must be able to adapt the context of the training to meet the specific working environment and specific role requirements. If this is not possible, the registered manager must decide how these parts of the Common Induction Standards will be delivered using their internal expertise.
E-learning/workbooks

E-learning and professional learning workbooks can be used as part of the common induction standard process but they must not be the only way that induction is delivered and completed.

Good quality e-learning and professionally produced workbooks can be useful but some parts of the Common Induction Standards do not lend themselves to be taught solely using these methods. For example, information about legislation and awareness of health conditions may be able to be largely covered by e-learning/workbooks, but not practical elements such as assisting and moving, medication administration, etc.

Some providers of e-learning and workbook training can complement an online course with guidance and resources to help the manager to deliver the practical elements. This should be encouraged as care workers will often want to draw on the expertise and experience of trainers/supervisors.

As with any unaccredited training, the quality of e-learning and workbook content can vary. Registered managers have a responsibility to review the training content and decide if it meets the care needs of the organisation. Skills for Care would always recommend doing this before purchasing the training resources.

There is further information about some of the benefits of learning technologies to help deliver effective learning and development [here](#). Some publishing companies choose to advertise their learning materials on the Skills for Care website and this list - of largely priced resources - can be accessed [here](#).
Choosing workforce learning

Skills for Care cannot recommend specific learning providers to choose. The majority of learning providers advertise their services online but other providers may be able to recommend who they have used.

A key part of selecting the right learning package for your organisation is finding the right learning provider. As there are numerous providers offering a whole range of learning services and qualifications, getting the right one is not always an easy process.

Skills for Care has developed a number of tools to help those working in social care identify the right learning and the right provider for them.

**Choosing workforce learning** is a practical guide to help those responsible for selecting and purchasing learning and development for their workforce. The guide provides information and tips on:

- identifying the learning needs of care workers
- the different types of learning available
- the questions providers need to ask to develop a learning package for their organisation
- how to evaluate learning and development
- which issues should be considered
- finding the right learning provider for your organisation.

The guide also includes a handy checklist to help providers choose a suitable provider, prompting the questions that need to be considered when making decisions.
Induction - supervision and assessment

Professional supervision can make a major contribution to the way of achieving high-quality care. Effective supervision can also be empowering, motivational and help towards the retention of staff.

For many new care workers, attending a training session is only the beginning of their induction process and they will require more guidance and supervisory support. It is not possible to complete the Common Induction Standards without the care worker's knowledge, skills and abilities being assessed by someone in a senior care worker, supervisor or registered manager role.

The assessment of a new care worker's induction programme cannot be undertaken by an external learning provider, via e-learning or through simply reviewing a completed workbook.

Assessing capabilities

The Common Induction Standards should include a recorded assessment which identifies the areas of work that the new worker is competent to undertake at that point in time. Most assessments should be within a care setting, in practice, with people who need care and support, and should be completed face-to-face.

Good assessment practice involves ensuring there is an agreed plan with the care worker on what will be assessed and when. The senior care worker/supervisor/registered manager should also plan to regularly review progress of the care worker against the standards and agree any actions to ensure progress is maintained.

Important: Managers should ensure that anyone who assesses new workers against the Common Induction Standards has the skills and knowledge needed to carry out this role. This includes themselves.

If assessing written evidence, the senior care worker/supervisor/registered manager should agree the date by which this will be completed and submitted. When assessing the care worker, the individual should know that they are being assessed.

All of the above must be achieved within the 12 weeks permitted for the Common Induction Standards.

See also the guide for those responsible for workers in an induction period free publication that provides more detail regarding the above.
A registered manager may choose to accept evidence of past learning related to the Common Induction Standards if the new care worker can evidence they have done this with a previous employer.

The manager’s satisfaction of the worker’s safety to practise unsupervised should be based on recorded evidence such as references, certificates or a skills audit and observed practice.

The registered manager (or a delegated supervisor acting on their behalf) should seek to clarify what was covered/not covered by this earlier induction training and whether the new care worker was able to put any of this learning to practice.

If accepting evidence of past learning, the provider should consider how recently the care worker’s learning has been refreshed. For many working in care, training that has been refreshed within the last one to three years would often be regarded as being current.

It is also important for employers to remember that some providers may not deliver as in-depth induction programmes as their own. If there are concerns about the quality of past learning, the new provider should consider training the care worker using their own common induction standard programme.

Where some past learning is accepted, it is strongly advised that local inductions are carried out to ensure workers are properly introduced to the new work environment and requirements of the people using the particular service.

It is good practice to consider the learning needs of all new staff. Even those who hold relevant qualifications and considerable experience, and/or have successfully completed induction in the past, may benefit from the opportunity to refresh their learning and keep up-to-date.
Induction – evidencing new learning

Providers should always be able to evidence that they have provided induction training to their care workers (or have evidence of past learning available if this has been accepted).

Skills for Care’s Starting Out priced publication can help in this process, though some employers may choose to evidence through developing their own materials. We provide some free downloads to assist employers to evidence what learning care workers have undertaken.

Care organisations may choose to retain copies of this evidence for their staff records and to demonstrate to CQC inspectors should that request be made.

Induction - signing-off completion

Lone working should not be permitted until the Common Induction Standards are completed or until competence has been assessed and a manager signs off that a new worker is safe to leave to work alone.

Signing off the Common Induction Standards should not be taken lightly. It is vital that managers are confident that their staff are ready to practise before signing them off as fully inducted.

Managers should be aware of the implications of this for themselves and the people using the service, the questions the CQC might ask and their own duty to ensure that newly inducted staff are safe to leave.

It is useful for the Common Induction Standards Certificate of Successful Completion to be saved with staff records for future reference. Skills for Care recommends that copies should be given to care workers to evidence to future employers what has been undertaken and when.
Induction and refresher training

How frequently refresher training should be delivered by providers is not something that the CQC advise upon.

There is no fixed rule about the minimum/maximum gap between refresher training. Providers have a responsibility to regularly review the need for training updates across their organisation and respond to these needs.

Based on needs identified, providers should decide how best to deliver new training or refresh existing learning. This process may involve external learning providers, internal trainers, supervisory support, etc.

Skills for Care recommends that it is good practice for providers to review training needs regularly. Many employers may choose to review the need on an annual basis, involving managers, care workers and the people who need care and support.

If training needs are identified, whether this amounts to new training or a refresh of existing learning; the care organisation must ensure that this is arranged. If no current training needs are identified, then refresher training could be offered at a later point.

Many learning providers often recommend re-running training every three years so that staff are refreshed on their existing learning and updated about new related information. Skills for Care would consider this good practice for some training but equally we know many providers may choose to deliver fire safety and health and safety training more regularly.

Finally, all care organisations should have the policies and procedures in place to ensure that staff can escalate any training needs to supervisors and managers outside of formal reviews.

What if we are asked to refresh training more frequently?

An increasing number of care organisations find that the contract arrangements they have may clearly specify the expected frequency of refresher training. These contract requirements may exceed our good practice advice above and providers should discuss such issues with the commissioning organisations.
Many providers use the services of recruitment agencies to assist with their temporary staffing needs. The service provided by recruitment agencies is often essential to maintain staff levels and respond to care needs, particularly during periods of staff sickness and other demands.

Recruitment agencies supplying care workers to providers are not regulated, unless they directly deliver care themselves. For CQC regulated services, it is always the provider rather than the recruitment agency that is responsible for ensuring all care workers have the necessary skills and experience to deliver the regulated activity.

Providers using recruitment agencies must be absolutely assured that they use temporary care workers who have received the full Common Induction Standards and associated training relevant to the role they will be undertaking.

If the recruitment agency fails to provide care workers with the right skills and experience, it is the provider and the people who need care and support who are at risk. Recruitment agencies can assist this process by providing evidence of what learning, development and experience new workers have undertaken. Many recruitment agencies will be very thorough in this process and transparent in how they ensure the temporary care workers they provide meet the needs of different care providers.

Providers who cannot be assured of what a recruitment agency has undertaken to provide them with suitably inducted and experienced care workers, should look to other recruitment agencies or deliver the induction training themselves. The latter may be more practical if taking on a temporary care worker for an extended period, though more challenging if they are providing emergency cover.

It is the registered manager’s (or delegated supervisor's) within the care organisation responsibility to ensure that any induction training that cannot be evidenced by a temporary member of staff is provided and competence assessed before they undertake new responsibilities.

The same applies to any induction training relating specifically to the new working environment, as evidence of past learning would not be acceptable.
Empowering young care workers
16-18 year olds

Commencing a career in adult social care can be hugely rewarding to the individual and equally beneficial to providers and people who need care and support.

In recent years there has been a misconception that 16-18 year olds cannot work in adult social care. This is not true.

16-18 year olds can be employed in care settings to carry out personal care. However, it is important that the manager or responsible individual assesses the competence and confidence of workers before they carry out intimate tasks. This should be done with the consent of the person being supported and/or their advocate (including family member).

It is particularly important that 16-18 year olds are supported in care work. 16-18 year olds should only be employed as part of an approved national training programme. Skills for Care recommends that they should be undertaking an apprenticeship in adult social care.

Inexperienced 16-18 year olds should not be left in charge of a care setting or be left to work on their own. If working for a care agency, 16-18 year olds should be accompanied on all home care visits by another care worker.

Record keeping by the manager of the observation of working practice and competence should be used to help identify areas needing further development to meet the requirements of the apprenticeship framework.
Introducing the Care Certificate
(from March 2015)

The Common Induction Standards are expected to be replaced from March 2015 with the new Care Certificate.

The Care Certificate will become the minimum induction standard for those working in adult social care and health care. There will be an expectation that CQC regulated providers are ensuring that an induction programme to meet the needs of the Care Certificate is undertaken within a 12-week period of a care worker commencing their role.

The Care Certificate is being developed to build on existing standards and ensure that there is more consistency in how people working in health and social care are trained. It will place more ownership on health and care providers to ensure new care workers are effectively supervised and assessed before they are asked to work.

While many providers will already be meeting much of the proposed content of the Care Certificate, Skills for Care believes others will need to change their current practices to comply with the requirements.

Achievement of the Care Certificate should ensure that care workers have the required values, behaviours, competences and skills to provide high quality, compassionate care.
Background to the Care Certificate

Following the Francis Inquiry, Camilla Cavendish was asked by the secretary of state to review and make recommendations on the recruitment, learning and development, management and support of healthcare assistants and social care support workers.

The resulting report, published in July 2013, found that the preparation of healthcare assistants and social care support workers for their roles within care settings was inconsistent, and one of the recommendations was the development of the Care Certificate.

Piloting of the Care Certificate

Health Education England, Skills for Care, and Skills for Health, have worked together to develop a pilot version of the Care Certificate. This was conducted over the spring and summer of 2014 with a number of health and social care providers.

The purpose of the piloting is to ascertain that the content and delivery of the Care Certificate is effective and fit for purpose. Skills for Care worked with 16 providers to pilot the delivery of the certificate.

The pilot sites have been chosen from rural and urban areas across England. Between them they represent: residential care, domiciliary care, supported living, hospice and housing services providing specialist older people, dementia, learning disability, mental health, reablement and respite care and support.

They include large, medium, small, micro and individual employers from the public, private and voluntary sectors.

Pilot versions of the Care Certificate

For care and learning providers interested in learning more about the proposed scope of the Care Certificate, the following pilot resources are available:

- Technical document
- Assessor document
- Healthcare support worker and adult social care worker document (learner document)
Next steps

Skills for Care will continue to work with Health Education England and Skills for Health to revise the Care Certificate in response to pilot feedback and develop supporting resources.

Skills for Care strongly recommends that care and learning providers do not adapt their induction programmes and related resources until the final content has been announced (expected early 2015).

Care and learning providers interested in being kept informed should sign up to the Skills for Care e-news via our Register page.

Further information

Further information about the Care Certificate can be found in the above documents and also in the briefing and questions and answers document here.

Any queries can be sent to care.certificate@nhs.net
Part of the Recommendations for CQC Providers Guide

Full guide includes:

- Introduction
- Care Management and leadership
- Recruiting and retaining the right people
- Inducting care workers
- Induction related training
- Continuing development
- Intelligence, innovation and quality improvements

Download all from:
www.skillsforcare.org.uk/CQCguide