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| Page 1 of 4 **(ALL STAFF)** | FORM No : **01 – 1 – 14** |
| **INDUCTION TRAINING PLAN & RECORD** |
|  Version 2.0 | Rayson Homes Ltd January 2015 | © R.N.H.A. 2010 |

|  |  |
| --- | --- |
| Employee: **(ALL STAFF)** | Position:Start date: |
|  Training Element (MANAGER) *Within first 12 weeks* |  Training Record |
|  | Title  | Date | Employee*(Signature)* | Supervisor*(Signature)* |
| 1 | Understanding your Role and Responsibilities General Terms and Conditions of Employment Job DescriptionContract of Employment (Rate of pay / Induction period) |  |  |  |
| 2 | *Statement of Aims and Objectives* of the HomeService User GuideService Users *Charter of Rights*Core Values / Duty of Care |  |  |  |
| 3 | Hours of Work and Break Times Duty Rotas (Requests)Working Time Regulations (Loan working N/A)  |  |  |  |
| 4 | Staff Handbook Conduct while at work Relationships with Others (Residents, Relatives, Visitors and Colleagues) Uniform Policy / Dress Code Disciplinary, Grievance and Appeals ProcedureHandling Information - Data Protection and Confidentiality. Including Service User / staff information, mobile telephones, photographic equipment, social networking sites etc.Complaints - Management and ProcedureWhistle-blowing -Reporting Mechanisms - CQC/ SCDSmoking and Alcohol Policies |  |  |  |
| 5 | Handling Accidents and Emergencies*R.I.D.D.O.R.* Regulations (accidents and injuries) |  |  |  |
| 6 | Time-keepingAbsence and Sickness Policies and ProceduresMedical Fitness (Your responsibility to the Home)Restrictions on Staff with Infectious ConditionsReturn-to-Work (Fitness Declarations)Personal Development  |  |  |  |
| 7 | Telephone courtesy (Including use of the Home’s telephone for personal calls)  |  |  |  |
| 8 | Meeting, greeting and welcoming Visitors |  |  |  |
| 9 | Your relationship to other staff Roles within the Home |  |  |  |
| 10 | HIV+ / AIDS / Hepatitis B - Rights of Disclosure, and handling cases with respect to care |  |  |  |
| 11 | Procedures for handling enquiries for Nursing / Residential Care |  |  |  |
| 12 | Principles of Safeguarding in Health & Social Care, MCA and Safeguarding Vulnerable Adults (Including Signs, Reporting Mechanisms & Induction Training ) |  |  |  |

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| Page 2 of 4 **(ALL STAFF)** | FORM No : **01 – 1 – 14** |
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| Employee:  | Position: |
|  Training Element (HOME LEAD) (\*Within 1st week) |  Training Record |
|  | Title | Date | Employee*(Signature)* | Supervisor*(Signature)* |
| 1\* | Fire Prevention Procedures  |  |  | Fire lead |
| 2 | Induction Training (Fire Safety, Prevention and Management) |  |  |  |
| 3\* | Fire Equipment (Including Smoke Alarms) |  |  |  |
| 4\* | Fire Drills / Evacuations – Exits and Assembly Points  |  |  |  |
| 1\*  | Basic Principles of Infection Control  |  |  | Infection control lead |
| 2 | Induction Training (Including Principles and Practice of Infection Control) |  |  |  |
| 3\* | Hand-washing Procedures |  |  |  |
| 4 | Specific Infection Control ProceduresCleaning / Disinfection (Products and Processes)Laundry Disposal of waste (Clinical / Recycling / Sharps) |  |  |  |
| 5 | Correct use of Personal Protective Equipment (Re-useable and Disposable - Aprons / Gloves) |  |  |  |
| 6 | Handling Specific Infections - M.R.S.A. C Diff. Noro Virus |  |  |  |
| 1 | Health and Safety in Adult Social Care (Including Health & Safety Policy\* and Practice within the Home) |  |  | H&S lead |
| 2\* | Personal Safety (Including lone working)  |  |  |  |
| 3 | Health and Safety Induction Training (Principles and Practice of Health and Safety) |  |  |  |
| 4 | Risk Assessment (Procedures & Practice) |  |  |  |
| 1 | Handling Hazardous Substances within the Home (*C.O.S.H.H.*  Regulations) |  |  | COSHH lead ( Head Housekeeper) |
| 1 | Principles of Implementing Duty of Care  |  |  |  |
| 2 | Privacy, Dignity, Respect and Service Users Rights |  |  |  |
| 1\* | Safe Moving and Handling Principles (Ergonomics) Safe Moving and Handling Practice (People / Objects) |  |  | M&H lead |
| 2 | Induction Training (Including Moving & Handling Legislation and Practice) |  |  |  |
| 1 | Equality & Inclusion (Including Equal & Diversity Training, Equal Opportunities, Diversity and Anti-Discrimination Policies) |  |  |  |

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| Page 3 of 4 **(HOUSEKEEPING / CATERING / HANDYMAN)**  | FORM No : **01 – 1 – 14** |
| **INDUCTION TRAINING PLAN & RECORD** |
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| Employee:  | Position: |
|  Training Element (\*Within 1st week) |  Training Record |
|  |  Title  |  Date |  Employee *(Signature)* |  Supervisor *(Signature)* |
| 1\* | Cleaning Schedules – Products and Equipment (Including cleaning / disposal of products and waste) |  |  |  |
| 2\* | Correct Use and Safe Storage of Equipment e.g. Washers / Dryers / Macerator  Over, Microwave, DishwasherOthers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 3\* | Procedure for Ordering Products / Equipment |  |  |  |
| 4\* | Service Evaluation / Development (Audit / Inspections)  |  |  |  |
|  |  |  |  | Housekeeper |
| 1\* | Correct Procedure for cleaning A) Bedrooms B) Toilets and CommodesC) BathroomsD) Communal living / dining AreasE) Storage areas F) Hallways  |  |  |  |
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|  |  |  |  | Catering |
| 1\* | Basic Principles of Food Hygiene |  |  |  |
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|  |  |  |  | Handyman |
| 1\* | PAT Testing  |  |  |  |
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| Page 3 of 4 **(CARE & NURSING STAFF)** | FORM No : **01 – 1 – 14** |
| **INDUCTION TRAINING PLAN & RECORD** |
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| --- | --- |
| Employee:  | Position: |
|  Training Element (MENTOR) (\*Within 1st week) |  Training Record |
|  |  Title  |  Date |  Employee *(Signature)* |  Supervisor *(Signature)* |
| 1\* | Role of the Health & Social Care Nurse / Care worker  |  |  |  |
| 2\* | The Nurse Call and Security Systems in the Home |  |  |  |
| 3 | Basic Communication Techniques(Communicating Effectively) |  |  |  |
| 4 | Working in a Person Centred Way: Assessment and Management of a Service User’s Needs, Promoting Health, Wellbeing, Independence, Providing Support and Lifestyle Awareness. Maintain Privacy and Dignity  |  |  |  |
| 5 | Access and Utilise the Service User’s Care Plan.Secure and Effective Management of Records |  |  |  |
| 6 | Implement Specialised Management and Communication techniques for: A) Confused Service Users – Cognitive issues / Dementia etcB) Service Users with Visual / Hearing impairments C) Service Users whose first language is not EnglishD) Challenging Behaviour  |  |  |  |
| 7 | Optimising Nutrition & Hydration (well-balanced diet / supporting independence and assisted feeding) |  |  |  |
| 8 | Basic Principles of Food Hygiene  |  |  | Catering Lead |
| 9 | Supporting Independence and Personalisation in Bathing, Hygiene and Dressing (Including maintenance of skin, hair and nail care) |  |  |  |
| 10 | Basic First Aid / Life Support (e.g. seizures, fainting, CPR, minor cuts and abrasions) |  |  | First aider |
| 11 | Moving & Handling - Principles and Practice (People and Objects – posture, safety, use of aids etc)  |  |  | M & H Lead |
| 12 | Safe Mobilisation – with and without aids / appliances (people-walking stick / zimmer frame) Safe Transferring Techniques (objects / people- chair, bed)  |  |  | M & H Lead |
| 13 | Safe use of A) Slings (Size and Positioning)B) Hoists (Mobile and Ceiling) C) Slide SheetsD) Others-specify  |  |  | M & H Lead |
| 14 | Correct use of Wheelchairs |  |  | Wheelchair lead |
|  |  |  |  |  |
| 1 | Medication - obtaining prescriptions / storing / handling / administration / disposal of medicines / sharpsThe Service User’s right to self-medicate and associated procedures and Risk Assessments |  |  | Medication lead  |
| 2 | Policies, Procedures & Documentation A) AdmissionB) Care Plans C) End of Life / DeathD) Management of emergencies - client and environmental E) Accidents F) Complaints |  |  | Manager |

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| Page 4 of 4 **(ADDITIONAL ELEMENTS)** | FORM No : **01 – 1 – 14** |
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| --- | --- |
| Employee:  | Position: |
|  Training Element (Additional Elements)  |  Training Record |
|  |  Title  |  Date |  Employee *(Signature)* |  Supervisor *(Signature)* |
|  | Completed Following Training:* Equality & Diversity
* Safeguarding
* Fire
* Moving & Handling
* COSHH
* Health & Safety
* Risk Assessment
* Infection Prevention & Control
* Hand Hygiene
* First Aid (BLS)
* Handling Information
* Communication
* Principles of Care (Privacy & Dignity / Confidentiality)
* Dementia
* MCA
* Person Centred Care / Approach
* Food Hygiene
* Nutrition
* Safe Handling of Medication
* End of Life
* Dols
* Role of the Care Worker
 |  |  |  |
|  | Skin & Pressure Area Care |  |  |  |
|  | Foot Care |  |  |  |
|  | Understanding Medical Conditions: EpilepsyDiabetesArthritisOther –  |  |  |  |
|  | Understanding Cognitive Conditions:DementiaOther- |  |  |  |
|  | End of Life Care |  |  |  |
|  | Catheter Care, Aids & Continence Management |  |  |  |
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| Page 1 of 1  | FORM No : **01 – 1 – 14b** |
| **POST INDUCTION RECORD**Version 2.0 Rayson Homes Ltd January 2015 © R.N.H.A. 2010 |

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| Name:  | Post Induction Interview Date: |
| Job Position: | Current rate of pay :-  |
|  A: PRE-APPRAISAL QUESTIONNAIRE *(to be completed by employee)* |
| END OF INDUCTION SELF ASSESSMENT - How does the inductee feel they have settled / performed over the induction period? (In relation to their role, colleagues, residents etc)  |
| FEEDBACK FROM COLLEAGUES Role Relationship with colleaguesResidents  |
| POTENTIAL AREAS FOR DEVELOPMENT / IMPROVEMENT (Support / Training) |
| COMPLETED ALL ELEMENTS WITHIN INDUCTION TRAINING: YES / NO If NO - Action plan and time frames |
| OBJECTIVES / TRAINING FOR FORTHCOMING YEAR |
| General Comments: | Wage to be increased post induction  Yes / NoWage : \_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Hr Rational : |
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|  Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date |
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| Please can you bring all your training certificates and this, your induction record, with you on your first day. During the last 15 minutes of one of your first few shifts in the 1st week please can you request that your mentor shows you how to operate the photocopier and can you then photocopy all your certificates and leave the photocopies in an envelope for the attention of the Home Manager / DoN. Beginning on the first day you will need to request that your mentor, and relevant personnel, complete the boxes on your induction form to confirm your ‘on the job’ training and this must be completed within the time frames recorded on the sheets.It is YOUR responsibility to ensure ALL your training is completed within the designated time and the whole induction document completely signed within 3 months of your start date. This includes completion of any on-line training. It is also your responsible to arrange a date for your 6 month post induction training with the Home’s Manager / Deputy. Please remember that your rate of pay will not be increased until you have completed your induction and have had your post induction appraisal.Many thanks Maria Director of NursingLead PersonnelFire – Jason / Rebecca COSHH – Head HousekeeperInfection Control – Susan Food – Head CookMoving & Handling - Julia Health & Safety – Lesley Ann |