

“we help
employers
deliver quality
social care”

common induction standards (2010 ‘refreshed’ edition)

**guidance for those responsible for workers in an
induction period**

guidance for those responsible for workers in an induction period

(e.g. workplace managers, employers, people who use services)

key messages

- The **signing off** for the *Common Induction Standards* (CIS) is the responsibility of the manager. Signing off the CIS should not be taken lightly. It is vital that managers are confident that their staff are ready to practice before signing them off as fully inducted. They should be aware of the implications of this for themselves and the people using the service, the questions the regulators might ask and their own duty to ensure that newly inducted staff are 'safe to leave'.
- It is good practice to consider the learning needs of **all new staff**. Even those who hold relevant qualifications, and/or have successfully completed induction in the past, may benefit from the opportunity to refresh their learning and keep up to date.
- This document refers throughout to the **Health and Social Care Diploma**, as from January 2011 this will be the recognised qualification at levels 2 and 3 for workers in the social care sector. The Health and Social Care diplomas at level 2 and level 3 replace the NVQs at level 2 and 3. Until January 2011 new staff can still register with awarding organisations for NVQs. It is **not** necessary for existing NVQ holders to register for the Diploma in Health and Social care as their NVQ will continue to be valid.

1.0 introduction

1.1 purpose of induction

Induction is the first piece of learning a worker undertakes when joining the social care sector or a new organisation. These *Common Induction Standards* (CIS) have been designed to provide a structured start for workers in the

first 12 weeks of employment, which will help ensure that they are then safe to leave alone with responsibility for the people they support. But when workers are expected to perform any tasks that are not covered by the CIS, appropriate training must be provided before the work is undertaken.

1.2 the value of a structured induction process

Evidence shows that a structured induction process, along with programmes for professional development, play a significant part in the retention of staff. The CIS can be used as a tool for managers to audit the skills, knowledge and experience of new staff, and will help identify their development needs. Each standard is closely linked with the core and mandatory units at each level of the Health and Social Care diplomas, and will also provide evidence towards optional and additional units.

Workers should use the induction process to gather evidence that can be used towards the appropriate diploma, and should not see it as separate from the process of achieving appropriate qualifications.

1.3 care quality commission (CQC)

CQC's *Essential Standards of Quality and Safety* clearly highlight the value of an effective, robust and thorough induction for all health and social care staff. They recognise the Skills for Care *Common Induction Standards* as the required mechanism for the induction process (Outcome 14). Records and evidence are important in demonstrating compliance with CQC's Essential Standards.

Skills for Care's guidance on meeting CQC's workforce-specific 'outcomes' for inspection is expected to be published at www.skillsforcare.org.uk in summer 2010.

1.4 contextualisation

To assist the worker to develop their knowledge more efficiently it is really important that the standards are contextualised to the service area in which you operate. Workers will learn best if the standards are specifically applied to greater understanding of the people with whom they are working in the organisation - both people being supported and fellow workers.

1.5 code of practice for social care workers - general social care council

The *Common Induction Standards* are mapped to the GSCC code of practice for social care workers, which describes the standards of professional conduct and practice required of social care workers as they go about their daily work. This code reflects existing good practice, and must be met by all workers.

The induction process will also help managers to meet their employer's responsibility to promote both GSCC codes of practice (for workers and for employers), and to provide training and development opportunities to enable social care workers to strengthen and develop their skills and knowledge. In particular, it will help managers to meet employer's code 3.1: "providing induction, training and development opportunities to help social care workers do their jobs effectively and prepare for new and changing roles and responsibilities". Both codes of practice can be found at www.gsc.org.uk.

1.6 additional induction

1.6.1 Mandatory training

There are a number of areas of mandatory training, which are necessary for new workers in addition to the *Common Induction Standards*. These are reflected in the Skills for Care's guidance on meeting CQC's workforce-specific 'outcomes' for inspection, as referenced above. Managers may choose to enter staff for training in these areas at the same time as those staff are completing induction, and may regard these

as instances of certificated learning contributing to induction.

1.6.2 Induction standards for managers

Induction is the introduction to social care practice and as such applies to all staff working in social care. However, for managers of services Skills for Care's *Manager Induction Standards* (MIS) identify additional induction requirements. The MIS are freely available at www.skillsforcare.org.uk, and are expanded upon in two Skills for Care priced publications.

1.7 relationship of common induction standards (2010 'refreshed' edition) to earlier standards

The refreshed CIS **replace** the *Common Induction Standards 2005*.

The CIS are referenced in Section 14 of the 'Essential Standards of Quality and Safety' developed by Care Quality Commission (CQC), which are part of the legislative framework of the Health and Social Care Act 2008. CQC recognises the Skills for Care *Common Induction Standards* as the required mechanism for the induction process.

2.0 timeframe

The outcomes in the *Common Induction Standards* are designed to be met through planned learning within the first 12 weeks of employment. The 12 week period allows for different types of employment arrangement and is a *maximum*, catering for a wide range of employees and situations. For example, a full time worker might complete induction quickly, whereas a part time or night worker, or a worker with a first language that is not English, may need the full period. Workers may complete sooner than 12 weeks if desirable and practicable, unless the requirements of law, guidance or external regulation state otherwise. In this context, 'worker' means both employees and volunteers, either full or part time.

3.0 who should complete the common induction?

3.1 Workers new to the care sector

Workers new to the care sector should undertake and complete planned learning that meets all the *Common Induction Standards*, and have their understanding assessed.

3.2 Workers new to an organisation who have already successfully completed an accredited and externally assessed induction programme

Workers who have already completed an accredited and externally assessed induction programme will not need to repeat a full common induction. Evidence of successful completion will act as a 'passport' which will enable managers to have confidence in those areas of induction that are common to all worksites. Managers will, however, need to consider whether the worker must repeat those induction outcomes that are workplace specific. These relate to policies, procedures and arrangements particular to the organisation, or to people using the service or service setting, and they are unlikely to have been covered elsewhere. Induction outcomes that are workplace specific have been highlighted in the standards.

3.3 Workers new to an organisation who have successfully completed an induction that has not included an accredited and externally assessed programme

Workers who have completed an induction that has not included an accredited and externally assessed programme may need to repeat a full common induction. Managers will need to check how the induction was delivered and assessed, and to make an assessment of the worker's learning needs in relation to the *Common Induction Standards*. As a minimum, it is likely that the worker will need to repeat those induction outcomes that are workplace specific, as in 3.2 above.

3.4 Workers new to an organisation who hold a relevant qualification but have not completed an induction

Workers who hold a relevant qualification but have not completed an induction of any kind will not need to undertake a full induction. As with 3.2 above, evidence of successful achievement of a relevant qualification will act as a 'passport' which will enable managers to have confidence that areas of induction common to all worksites have been covered. They will, however, need to consider whether the worker must repeat those induction outcomes that are workplace specific. Managers should consider carefully the applicability of past experience when the 'relevant qualification' a new worker holds (e.g. social work qualifying or post-qualifying awards or occupational therapy) does not directly cover their induction needs.

3.5 Workers new to an organisation who do not hold a relevant qualification and have never successfully completed an induction, but who are not new to the care sector

Workers who have practised previously in the care sector, but who have not achieved a relevant qualification and have never been required to complete an induction, may have varied levels of experience. Managers will need to make an assessment of the worker's learning needs in relation to the *Common Induction Standards* and will particularly need to consider whether the worker must cover those induction outcomes that are workplace specific. In addition, managers should consider the learning needs linked to specific tasks not covered by the *Common Induction Standards* and how these are to be met, e.g. handling medication or using moving and handling equipment.

4.0 delivery of induction

4.1 learning and learning outcomes

The *Common Induction Standards* are a set of 'outcomes' that will be achieved through planned learning.

The standards in themselves do not constitute a plan for learning. They stipulate the outcomes that induction must achieve for workers to successfully complete an induction period.

4.2 planned learning

There are many ways that people learn and managers are free to use the mix of activities and processes that will best meet the needs of their new workers. These may include:

- taught programmes
- distance learning
- e-learning
- guided reading
- structured use of supervision
- mentoring by a more experienced colleague.

4.3 external training

Managers or employers may choose to buy in parts of the induction from one or more external training agencies, or to work in partnership with other agencies to provide shared learning opportunities locally.

These can be effective ways of enabling new workers to meet parts of the standards. However, it is not possible for induction to be delivered entirely separately from the workplace. Many of the standards relate directly to the workplace – its policies, procedures and practices – and others will need to be applied to the worker's own role and responsibilities. Managers are therefore vital to the learning and are an essential support to the process even if someone else delivers part of the learning input.

4.4 accredited programmes

It is the manager's responsibility to confirm that the learning activities used as part of an induction are of a suitable quality.

If programmes accredited through an awarding body as part of a qualification are used they will have been approved as meeting a quality standard.

4.5 supporting the learning process

Whatever pattern of activities the manager decides on to enable new workers to meet the induction standards, he or she has a responsibility to ensure that workers are given enough time, encouragement and support to reach successful completion and truly learn from the process. Regular and frequent supervision will have a significant part to play in this support.

5.0 assessing workers' learning

5.1 Induction standards and assessment

The published *Common Induction Standards* are a set of 'outcomes' that need to be achieved through planned learning. As such they provide a useful way of assessing whether the induction process has achieved its purpose - ensuring that new workers know all that they need to know, to be able to work safely.

5.2 induction learner's toolkit

Skills for Care will be publishing a toolkit to help learners complete the CIS and to help record evidence gathered in the process. If the induction process is carried out thoroughly and effectively this toolkit could provide valuable evidence for the underpinning knowledge for the mandatory units of the Health and Social Care diplomas to which the CIS are mapped. It is anticipated that this resource will be available later in 2010 and information will be posted at www.skillsforcare.org.uk in due course.

5.3 guide for training providers and managers

Skills for Care will also publish a guide for training providers and managers to assist with a quality delivery of the *Common Induction Standards*.

5.4 assessing knowledge

Knowledge cannot always be inferred from observed actions, especially at induction level. Questioning, whether written or verbal, is generally the most straightforward way to assess knowledge.

Each outcome in the induction standards will therefore need to be broken down into one or more specific questions that assess the new worker's knowledge and understanding about the content of that standard. A decision as to whether the outcome has been met will need to be made in the light of the answer given.

If assessment is carried out in a group setting, the process must clearly assess the knowledge of **each** new worker, rather than the understanding of the group as a whole.

Some of the *Common Induction Standards* may lend themselves to assessment in other ways. These include, for example, the standards relating to preventing the spread of infection, where observation of a new worker carrying out the technique correctly would indicate their knowledge about that technique.

Managers have a responsibility to ensure that everyone who assesses new workers against the *Common Induction Standards*, including themselves, has the skills and knowledge needed to carry out this role.

5.3 functional skills, essential skills or skills for life

The induction process for a new worker may reveal that the worker needs additional help in order to meet the functional levels of language, literacy and numeracy which the manager considers necessary for them to do their job properly. This area of work is crucial to increasing the skills of the social care workforce and ensuring the well-being of the people being supported. Significant assistance is available in this area. The 'Care Skillsbase' website contains bespoke skills audits tools to help measure

specific gaps in functional skills. These are related specifically to social care tasks and job roles. See www.skillsforcare.or.uk/skillsforlife and www.scie-careskillsbase.org.uk.

5.4 accredited assessment

It is the manager's responsibility to ensure that a new worker's knowledge is accurately assessed as reaching the required standard for induction.

5.5 assessment as part of the learning process

New workers might not always show understanding of an outcome within the *Common Induction Standards* when they are first assessed on it. This will feed into the learning process as it highlights an area that needs further input before the standard can be reached. New workers should be clear about whether their knowledge has reached the standard or whether they need to acquire further learning.

Assessment against the *Common Induction Standards* can also be used as an important starting point for identifying the learning needs of those who join the service having already worked in the care sector. Information about this is given in '**who should complete the common induction**', at 3.0 above.

5.6 recording assessment

Using accredited assessment systems will mean that questions, answers and assessment decisions are clearly recorded. Otherwise managers will need to consider whether and how to record each of these stages in assessment. The forthcoming Induction Learner's Toolkit referred to above (5.2) will be an excellent resource for this purpose and will assist both managers and learners in the recording of their learning outcomes in addition to identifying any gaps and additional learning areas for future development.

Managers are not required to record every part of the assessment process. There are, however, advantages in keeping full records for each new worker, e.g. as evidence to inspectors regarding the induction process and/or to link with Health and Social Care Diploma assessment of underpinning knowledge for the core and mandatory units. This information can also contribute to the worker's personal development plan.

5.7 certifying and signing off the assessment process

When the manager is satisfied that a new worker has met all the outcomes within the *Common Induction Standards*, it is their responsibility to sign off the induction as complete. Managers should complete and sign the Certificate of Successful Completion included in the new worker's progress log (downloadable from www.skillsforcare.org.uk/cis). **They should not sign off induction certificates lightly.** They should be aware of the implications of this for themselves and for the people using the service, the questions the regulators might ask and their own duty to ensure that newly inducted staff are 'safe to leave'. Evidence of reckless or negligent signing off of certificates of induction is likely to be deemed a disciplinary matter within social care organisations' policies and procedures, and could lead to questions being asked by the regulator and bring the manager's own registration with the GSCC into question.

Recorded evidence that the manager has acted reasonably and responsibly is therefore important; this could be from an accredited system or from supervision notes.

6.0 pathways to health and social care diploma

6.1 When a worker has successfully completed the learning that meets the *Common Induction Standards*, she or he will have completed the first building blocks for the Health and Social Care Diploma mandatory units at each level, and will have begun to meet the knowledge requirements for these units.

6.2 If the worker has successfully completed a certificated programme (i.e. one that is accredited and externally assessed) as a component of their induction, the Health and Social Care Diploma assessor can have more confidence that those knowledge areas have been satisfactorily achieved. While an assessor may wish to sample the evidence provided by the certificated programme, it may not be necessary to reassess it all. The ability to apply knowledge in the workplace, and the competence that then emerges, will develop over time, and will be demonstrated through some or all of direct observation (simulation where permitted), witness testimonies, work products and reflective accounts/assignments.

If the worker has successfully completed an induction that does not have a certificated component (i.e. not accredited and externally assessed), the Health and Social Care Diploma assessor must assess the evidence provided to meet the induction outcomes against all of the knowledge requirements in the core units. This is because there is no other external quality check about what has been covered.

6.3 health and social care QCF units (available from late 2010/early 2011)

Once induction has been completed, workers can continue their development by completing health and social care Qualifications and Credit Framework (QCF) units. These can be used in a variety of ways:

6.3.1 essential learning for specific tasks

The successfully completed induction demonstrates that a worker has the basic information necessary for work in social care. There will be some tasks, however, that a worker may be required to do that will necessitate further learning before they can be performed safely. Examples include handling medication, using moving and handling equipment and preparation of food. QCF units will provide workers with the information they need to be able to perform these and other tasks safely. They should not be asked to undertake these tasks until this learning has happened and been assessed.

6.3.2 continuing professional development

Learning should continue throughout a worker's career, and should enable him or her to develop new skills, and open up career options. QCF units can be chosen by the worker in consultation with their manager to support professional development that will be beneficial to the organisation and to the worker's career progression. They can be particularly useful as a tool for succession planning. The completed professional development plan (in the CIS certificate of successful completion) will assist in identifying objectives and activities that may meet future learning needs.

6.3.3 continuing professional competence

Workers may not wish or be required to develop skills in new areas, following the completion of their Health and Social Care diploma. However, it will still be necessary for them to keep the skills that they have up to date. QCF units can provide an opportunity for workers to ensure that they are working in accordance with current best practice. A growing number of units are available for staff in a great variety of areas to enable them to accredit competence in numerous areas as part of their continuous professional development.

6.3.4 supporting transition

Workers who are moving service setting, or starting work with people with different types of social care needs will have new things to learn so that they can understand how their practice may need to be adapted to the changed circumstances. Knowledge and skills sets can provide the learning necessary for workers to make a successful transition into a different part of the social care sector.

definition of 'safe to leave'

The definition of '**safe to leave**' may change according to the context and circumstances. Managers should find the CIS useful as an 'audit' device to help them define 'safe to leave' in relation to any one worker and any one job role.

Ultimately, the manager is responsible for the definition. S/he should use a risk assessment in relation to a worker's capabilities and the specific tasks required by the job role. Induction should cover all those things a worker needs to know and be able to do to be safe to leave alone in their particular context. If the worker needs to know more than the *Common Induction Standards* provide, then essential additional learning must be provided (e.g. using moving and handling equipment or handling medications), before the worker undertakes these tasks alone. The manager might decide that one worker can do most things alone, but that certain more specialist tasks should be supervised until appropriate learning has taken place and been assessed.

A successfully completed induction may provide another worker with everything that is needed at that point. Similarly, one worker may be assessed as being safe to leave alone with help at the end of a phone, or in another building, whereas another might be assessed as needing line of sight supervision, at least for certain tasks.

Managers will always need to take into account and make a judgement about a worker's spoken English, literacy and numeracy in relation to their ability to safely undertake given tasks.

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