**Registered Manager Induction**

**My Induction**

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| **My Name:** |  |
| **My Role:** |  |
| **My Line Manager:** |  |
| **My Workbase:** |  |
| **My Start Date:** |  |

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**Welcome to (INSERT COMPANY NAME)**

Welcome to your role as a Registered Manager with (INSERT CARE HOME NAME)! This pack has been designed to support you in your induction to the organisation so you know everything that you need to when starting your new role.

(INSERT AIMS, VISION AND VALUES)

As a Registered Manager employed by (INSERT CARE HOME NAME), you make a valuable and important contribution to the delivery of high quality care and support to our residents.

As an organisation, we are proud of our history and the contribution we make toward supporting people, and I am pleased that you’ve joined us on our journey.

**(INSERT INDUCTION SUPERVISOR NAME/ROLE)** will support you through your induction, but as your line Manager/Provider) I wanted to wish you the best of luck!

**Who Are We?**

We are **(INSERT CARE HOME NAME)**, a registered Health & Social Care organisation supporting **(INSERT WHO YOU SUPPORT)**

We deliver a wide range of support, enabling individuals to live as independently as possible with support that is tailored to meet their needs.

We find the appropriate ways to support people to live the life they choose focusing on what an individual can do rather than their disability or where their health needs have impacted upon their ability to do things.

Our range of services includes **(ADD HERE)**

**What Are Our Strategic Objectives?**

* (ADD ORGANISATIONAL SPECIFICS HERE)

Operational Sustainability

Valuing The People We Support

Brilliant

Basics

(INSERT COMPANY MISSION STATEMENT)

**How Are We Led?**

(INSERT CARE HOME NAME) has a Management Team who have overall responsibility for the leadership of the organisation. As the Registered Manager you play a pivotal role in our Management Team.

You colleagues will be:

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| **WHO:** | **NAME & ROLE:** | **CONTACT DETAILS:** |
| ADD PHOTO |  |  |
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**What Does My Induction Look Like?**

A high quality induction is crucial to ensuring that you feel welcomed and are provided with all of the information and skills you will need in your role as a Registered Manager. This Induction will provide you the knowledge and important practical insight so that you can begin to deliver care and support in a safe way.

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| **Element** | **Purpose** |
| **Engagement with the Directors** | You will meet your Directors/Line Manager which will give you the important opportunity to ask any questions you may have and to begin to build a working relationship with them. |
| **Face to Face Training** | We will work together to identify any mandatory training that you may require an update on. |
| **Workplace Learning and Reflective Practice** | We always encourage our Managers to keep a workplace learning and reflective log that we can review periodically during mentoring and supervision sessions. Please let us know if there is anything you need from us to support you with this. |
| **Induction Sign Off** | This conversation is designed to support you and the Director/Line Manager to make a final decision before signing off your Induction as to whether you have met the required criteria of your job role. At this stage, you will have competed all gaps in mandatory training and an initial reflective practice exercise. |

**My Personal Requirements**

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| --- | --- | --- | --- | --- | --- |
| **Number** | **Item** | **Document** | **Team Member Signature** | **Line Manager Signature** | **Date** |
| **1.** | Contract of Employment Explained | Contract of Employment |  |  |  |
| **2.** | P45 and Bank Details Received | N/A |  |  |  |
| **3.** | Job Description Issued | Job Description |  |  |  |
| **4.** | Probation Period Explained | Contract of Employment |  |  |  |
| **5.** | Holiday Entitlement Confirmed &  Holiday Booking Procedure Explained | Annual Leave Policy |  |  |  |
| **6.** | Procedure for Sickness & Absence Explained | Sickness and Absence Policy |  |  |  |
| **7.** | Procedure for Payroll Enquiries Explained | Contract of Employment |  |  |  |
| **8.** | Employment Handbook Issued | Employment Handbook |  |  |  |
| **9.** | Rest Breaks Including Hot and Cold Drinks Explained | Employment Handbook |  |  |  |
| **10.** | Requirement to Attend all Learning and Development Activities Explained | Employment Handbook  Learning and Development Policy |  |  |  |

**Health and Safety**

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| **Number** | **Item** | **Document** | **Team Member Signature** | **Line Manager Signature** | **Date** |
| **1.** | Location of Fire Points Shown and Explained | Fire Zone / Floor Plan in Service |  |  |  |
| **2.** | Fire Drill Explained and Assembly Point Shown | Assembly Point Sign in Service |  |  |  |
| **3.** | COSHH Requirements and Service Procedures Explained | COSHH Safety Data Sheets |  |  |  |
| **4.** | Working with DSE’s | DSE Assessment |  |  |  |
| **5.** | Infection Control – PPE Shown and Explained | Health and Safety Policy |  |  |  |
| **6.** | Lone Working Policy Explained | Shadowing Workbook |  |  |  |
| **7.** | Accident and Incidents Policy and Procedure Explained | Incidents and Accidents Policy |  |  |  |
| **8.** | Health and Safety Handbook Supplied | Health and Safety  Policy  Employee Safety Booklet |  |  |  |

**Organisational Details**

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| --- | --- | --- | --- | --- | --- |
| **Number** | **Item** | **Document** | **Team Member Signature** | **Line Manager Signature** | **Date** |
| **1.** | Organisational Structure  Explained | Organisation Chart |  |  |  |
| **2.** | Organisational Strategic Objectives Explained | Strategic Objectives |  |  |  |
| **3.** | Functions of Teams and Head Office Explained | Discussion with Line Manager |  |  |  |
| **4.** | Expenses Procedure Explained | Business Expenses Policy |  |  |  |
| **5.** | Internal Structure of the Service Explained | Discussion with Line Manager |  |  |  |
| **6.** | Supervision Process Explained & Named Supervisor Allocated | Discussion with Line Manager |  |  |  |
| **7.** | Appraisal Process Explained & Named Supervisor Allocated | Discussion with Line Manager |  |  |  |
| **8.** | Daily Unit Allocation and Service Allocation Discussed | Discussion with Line Manager |  |  |  |
| **9.** | Shift Pattern and Shift Swap System Discussed | Discussion with Line Manager |  |  |  |
| **10.** | Shift Sickness Policy & Protocol Discussed and Understood | Staff Sickness Policy |  |  |  |
| **11.** | The Need to Assist and Support with Supervisions Explained | Discussion with Line Manager |  |  |  |
| **12.** | Requirement to Update Paper Documentation Explained | Discussion with Line Manager |  |  |  |
| **13.** | The Need to Act as a “Practice Leader” to Staff Teams Explained | Discussion with Line Manager |  |  |  |
| **14.** | On-Call Policy and Practices of Duty Managers Explained | On-Call Policy and Rota |  |  |  |
| **15.** | Statement of Purpose of the Service Explained – discuss update of this upon CQC registration | Statement of Purpose |  |  |  |
| **16.** | Service User Guide Shown and Explained | Service User Guide |  |  |  |
| **17.** | Policy on Gifts and Gratuities Explained | Gifts and Gratuities Policy |  |  |  |

**Registered Manager Specific Induction**

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| **Area Discussed** | **Date & Signatures of Manager (INDUCTEE) and Provider/Line Manager** |
| Care Planning |  |
| Falls  Accident/Incident recording analysis and lessons learnt |  |
| Staff Ratio/Dependency Tool |  |
| General Care |  |
| Activities |  |
| Call Bell Response |  |
| Mealtimes |  |
| Food & Fluid Charts |  |

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| Weight |  |
| Bed Rails |  |
| Medication |  |
| CQC Rating Discussion |  |
| Food Hygiene Discussion |  |

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| Handover Practices |  |
| Improvement Plan – is the home’s Improvement Action Plan up to date and progress recorded against action points?  Have all issues identified through Inspections (CQC, EHO, etc) or audits been included in the Improvement Action plan? |  |
| Safeguarding Logging |  |
| Dols Applications & Conditions |  |
| CQC Notifications |  |
| Compliments and Complaints |  |
| Occupancy  Room Fees, Admission processes |  |
| Maintenance Checks |  |
| Building |  |
| Legionella |  |

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| Hot Water |  |
| Infection Control |  |
| COSHH |  |
| First Aid |  |
| Catering |  |

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| Recruitment |  |
| Induction |  |
| Supervisions |  |
| Training training matrix? Who updates it? Training policy? |  |
| Practice Observations for registered nurses (NURSING HOMES) & Competencies  PIN Checks |  |
| Management of Absence – review timescales for any staff on long-term absence through sickness |  |
| Agency Staff |  |

**Keeping in Touch**

I consent to giving my email address for (INSERT CARE HOME NAME) to use and contact me on:

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **(INSERT CARE HOME NAME) Code of Conduct Issued** |  |

**Induction Confirmation**

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| **We confirm that we have covered the areas detailed in my induction:** | |
| **Signed (Registered Manager - INDUCTEE):** | **Signed (Line Manager/Director):** |
| **Date:** | **Date:** |