**Care Worker Induction**

**My Induction**

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

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| --- | --- |
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**Welcome to (INSERT COMPANY NAME)**

Welcome to your role as a Care Worker 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 Care Worker 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 the Manager I wanted to wish you the best of luck! Well done on being courageous to start your new chosen career with us, I look forward to meeting you soon.

**(INSERT MANAGER & CARE HOME NAME)**

**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. Our Management Team is:

|  |  |  |
| --- | --- | --- |
| **WHO:** | **NAME & ROLE:** | **CONTACT DETAILS:** |
| ADD PHOTO |  |  |
| ADD PHOTO |  |  |
| ADD PHOTO |  |  |

**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 Care Worker. You will be completing a (give timescale and details of the induction programme). This 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 Registered Manager** | You will meet your new Line Manager on day one at (INSERT CARE HOME NAME). This 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** | The training will provide information, knowledge and through a series of activities, the opportunity to test and question your knowledge and understanding in a safe learning environment. |
| **Shadowing Activities** | You will be given a series of structured shadowing activities to complete in your workplace. These activities will support you to reflect on your learning. |
| **Workplace Learning and Observations** | This is where the learning returns to the workplace and you will start to put the knowledge you have gained from the taught courses and workbook into practice. Your Line Manager will undertake and support you with these. |
| **Induction Sign Off** | This conversation is designed to support your 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 of your training and work-based observations. |

**My Personal Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |
| **9.** | The Need and Legal Requirement for Safe Practices Explained | Health and Safety Policy |  |  |  |
| **10.** | “Safe to Leave” Policy Explained | Induction Policy |  |  |  |

**Organisational Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.** | The Expectation to Attend and Engage with Team Meetings | Discussion with Line Manager |  |  |  |
| **15.** | Introduction to Members of Senior Leadership Team Facilitated | Planned by Line Manager |  |  |  |
| **16.** | The Use and Purpose of the care planning system Explained | Discussion with Line Manager |  |  |  |
| **17.** | On-Call Policy and Practices of Duty Managers Explained | On-Call Policy and Rota |  |  |  |
| **18.** | Statement of Purpose of the Service Explained | Statement of Purpose |  |  |  |
| **19.** | Service User Guide Shown and Explained | Service User Guide |  |  |  |
| **20.** | Policy on Gifts and Gratuities Explained | Gifts and Gratuities Policy |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**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** |  |
| **Care Certificate Issued** |  |

**Induction Confirmation**

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| --- | --- |
| **We confirm that we have covered standards one to three in the first three weeks in post** | |
| **Signed (Team Member):** | **Signed (Line Manager):** |
| **Date:** | **Date:** |
| **We confirm that we have covered and met the above standards:** | |
| **Signed (Team Member):** | **Signed (Line Manager):** |
| **Date:** | **Date:** |