Inducting care workers

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 4, August 2015
Introduction to this Section

In April 2015, The Care Certificate was introduced as a national induction programme for those healthcare assistants and social care workers in England.

There has always been an expectation that Care Quality Commission (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.”

The CQC recognise the importance of an effective induction and training programme in delivering safe, effective, caring, responsive and well-led care.

CQC Fundamental Standards

The CQC new Fundamental Standards highlight the importance of the Care Certificate and their guidance for Section 18(2a) and 19(1b), which relate to Staffing and Fit and Proper Persons Employed respectively,

Section 18(2a) states;

“It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles.”

Section 19(1b) states;

“Providers should have systems in place to assess the competence of employees before they work unsupervised in a role. They must provide appropriate direct or indirect supervision until the person is assessed as competent to carry out the role. Competence may include the demonstration of a caring and compassionate approach. It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to assess their competence.”

The CQC guidance also explains to regulated providers what the CQC expects in terms of training and development of care workers to enable them to fulfil their role, as well as the provider’s responsibilities around supervision and assessment before people are permitted to work out of line of sight.

In addition to the Care Certificate, regulated CQC providers must also consider what other statutory, mandatory or other training is required to enable their people to undertake the regulated activities.

The CQC inspection process is expected to look at induction programmes as part of the focus on delivering safe, effective care.
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:

- The Care Certificate
- Who needs to do The Care Certificate
- The Care Certificate – the Fifteen Standards
- The Care Certificate – the resources available
- Delivering effective training
- Choosing workforce learning
- Supervision and assessment
- Care Certificate Assessment
- Signing-off completion
- Recruitment agencies
- Employing young care workers

To learn more about training courses that can help the Care Certificate to be delivered, see our separate recommendations [here](#).
The Care Certificate

**The Care Certificate** is the national induction programme for people new to health and social care. The length of the induction process will vary but most should be able to complete it within 12 weeks.

The Care Certificate is the standard that people working in health and social care should meet before they can safely work out of line of sight of more experienced colleague. Employers are responsible during the induction period to assess competence in the workplace and the care worker cannot work alone until this has been undertaken. However, the care worker can undertake any tasks alone once that part of the Care Certificate has been completed.

While the full Care Certificate period may not be needed for every new care worker (as some will prove their competence through previous learning), managers and supervisors must ensure that the induction process is thorough and their new colleagues are ably supported.

The employer must be satisfied that the assessor is competent to assess whether the worker meets the standards of the Care Certificate. The assessment (including observing someone and assessing their competence) must be undertaken by someone who is ‘occupationally competent’, which means someone who has the necessary experience to judge whether the learner has demonstrated the required competencies. The guidance does not specify that someone delivering the training and carrying out assessment needs a specified qualification.

The Care Certificate includes standards that are specific to health and social care, as well as and expectations that are generic to any working environment. Providers need to deliver the induction in a context relevant to the service they provide and the job role they have recruited.

The Care Certificate will help standardise the minimum induction training for all those working in health and social care in England. To support consistency of training delivery, some free learning materials can be downloaded from Skills for Care website covering the knowledge content of the Care Certificate.

Providers may choose to develop their own learning materials and methods of training delivery, which must as a minimum include the same learning outcomes as the free resource. 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.
Who needs to do the Care Certificate?

The certificate is intended to be one part of the induction for staff who are employed as Health Care Assistants, Assistant Practitioners, Care Support Workers and those giving support to clinical roles in the NHS where there is any direct contact with patients.

- “Care Support Workers” includes the following: Adult Social Care workers giving direct care in residential, nursing homes and hospices, home care workers, domiciliary care staff. These staff are referred to collectively as Healthcare Support Workers (HCSW) or Adult Social Care Workers (ASCW).

- Other roles in health and social care such as caring volunteers, porters, cooks or drivers that have direct contact with patients and/or service users could also undertake all or some of the Care Certificate if the employer thought it was appropriate to their role, but in order for the Care Certificate to be awarded the person must demonstrate that they have achieved all of the required competence.

Existing Staff

For care workers who have been inducted into your organisation using the earlier Common Induction Standard process (which ceased on 31 March 2015), there is no formal expectation for them to undertake the Care Certificate.

However, it would be considered good practice for employers to enable them to undertake the parts of the Care Certificate that may not have been covered by earlier learning and assessment. By doing this, employers can help ensure there is the same minimum level of knowledge and competence across their workforce.
New Staff, New to Care

Where new staff are joining with no previous health and social care experience, the employer should deliver the full Care Certificate.

New Staff, Previous Experience

Where care workers are joining from another care organisation, delivery of the full Care Certificate may not be needed as the new worker should be able to demonstrate what they have achieved already.

If their previous induction was with another care organisation and this was before 31 March 2015, the care worker would now be expected to demonstrate the training, skills and abilities of the Care Certificate. This is because the earlier Common Induction Standard is not transferable between different providers.

The new employer can use the free mapping and self-assessment resources available to check previous learning and determine any gaps that now need to be covered. The quality of training at a previous organisation may not meet your own expectations and where concern exists, it is prudent for the employer to deliver their own induction training.

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 induction including the Care Certificate Standards.

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.

Even where the Care Certificate has been completed at a previous organisation, the manager’s satisfaction of the worker’s safety to practise out of sight should be based on recorded evidence such as references, certificates or a skills audit and observed practice.
The Care Certificate - The fifteen induction standards

There are fifteen standards that must be completed as part of the Care Certificate. These include much of the focus of the earlier Common Induction Standards but new areas of learning and competence have been introduced, recognising the changing needs within health and social care.

Each standard contains a number of areas of knowledge and competency criteria that care workers need to understand, know and demonstrate competency before they can work out of line of sight. Managers and supervisors 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  Understand Your Role
Standard 2  Your Personal Development
Standard 3  Duty of Care
Standard 4  Equality and Diversity
Standard 5  Work in a Person Centred Way
Standard 6  Communication
Standard 7  Privacy and Dignity
Standard 8  Fluids and Nutrition
Standard 9  Mental health, learning disabilities and dementia
Standard 10  Safeguarding Adults
Standard 11  Safeguarding Children
Standard 12  Basic Life Support
Standard 13  Health and Safety
Standard 14  Handling Information
Standard 15  Infection Prevention and Control
The Care Certificate may cover some knowledge, training or assessment that is not directly relevant to a new care workers role. As the minimum induction programme for those working in health and social care, there is an expectation that this learning is still given.

Providers may choose different approaches to deliver the ways the fifteen standards are covered and what support is appropriate to enable their new starters to work out of line of sight.

Providers can choose to use a combination of senior care expertise, internal training, and externally commissioned training courses / e-learning as part of the delivery of the Care Certificate. This may include the development of their own induction programmes and related training materials, bought in expertise or use of some free to use national materials.

From a practical point of view, many employers support the induction process by arranging a series of training sessions for their new care workers (sometimes referred to by employers as their mandatory training). These training sessions can be offered at the beginning of the induction programme or the employer may wish to spread across the induction period.

Please see the separate Induction Related Training to read more about what courses employers may wish to consider.
The Care Certificate - the resources available

A new section of our website has been created to include a range of resources aimed at helping providers understand and deliver the Care Certificate.

The Care Certificate Standards

This lists the 15 Standards that new health and social care workers are expected to complete as part of their induction. Within each Standard, the resource explains the outcome that the learner is expected to achieve and how the employer should assess this.

To begin to understand the expectations of the Care Certificate, it is recommended that this resource is reviewed by all providers, especially those staff involved in the delivery of management, training, supervision and assessment.

The Care Certificate Framework: Assessor Document

This provides further information about the assessment process, what should it cover and who may be best placed to undertake it. The resource highlights the various assessment options available to the employers and includes some practical examples to consider.

From good practice recommendations around assessor experience to the formal expectations of assessment, the document should be a practical tool to help providers to plan this important part of judging competence. For those delivering domiciliary care, additional free guidance is available.

Recommendation for CQC Providers Version 4, August 2015
Please always refer to the online version of this resource for the latest information and advice.
The Care Certificate Standards: Self-Assessment Tool

This practical resource aims to help employers to plan the induction required by care workers who have previous experience with another health or social care organisation.

Previously experienced care workers can highlight to their employer whether their ability relating to the Care Certificate is either good, adequate, needs refreshing or this area of focus is new to them. Ultimately it is the employer’s responsibility to decide what additional training will be required to comply with the Care Certificate.

Please note all new care workers with no previous experience should receive the full training, supervision and assessment expected.

The Care Certificate Standards: Mapping

For employers wishing to further develop their care workers inducted before the Care Certificate was introduced (or new workers with previous health or social care experience), this mapping shows the area of crossover with the earlier Common Induction Standards and National Minimum Training Standards.

The resource also includes mapping to the Level 2 and Level 3 Diploma in Health and Social Care, the National Occupational Standards, Code of Conduct and the Compassion in Care 6Cs.
The Care Certificate: Workbook

This free workbook can be downloaded to help with the delivery of the underpinning knowledge content of the Care Certificate.

The workbook covers what a care worker needs to know and understand for each standard in the Care Certificate. It has questions and activities for the care worker to complete to show them what they have understood and how it applies to their work. Managers and supervisors can use this to assure them of knowledge learnt or where additional training and support may be needed. In order for this judgement to be made, those responsible for reviewing the answers must understand the subjects they are reviewing.

The content of the workbook is free to use in whatever way the employer believes is beneficial to the learning of their care worker, this may include incorporating some parts of it into their own materials. Employers may wish to go into more depth and arrange additional training to deepen their care workers knowledge, though it is important not to omit content that all care workers need to know.
The Care Certificate: Presentations

To accompany the workbook, a series of downloadable presentations slide are available to help employers who wish to cover the knowledge content of the Care Certificate using training sessions.

Accompanied by facilitator notes, the free presentations can be used by internal or external trainers / or those with occupational competence to deliver this to new care workers. Employers may choose to deliver the slides in the order they can be downloaded or incorporate the content into appropriate points of their existing training presentations.

The Care Certificate: Frequently Asked Questions

To help providers and learners understand The Care Certificate and how it can be implemented, a series of Frequently Asked Questions is available to download. This list will be regularly refreshed to ensure the questions and answers provided are relevant to those working in the health and social care sector.
The Care Certificate - additional resources

Whilst there is significant crossover between the earlier induction programme and the Care Certificate, for some providers this is a major change to how they previously inducted their new care workers.

In addition to the resources highlighted in this guide, Skills for Care and our partners in the development of the Care Certificate at Health Education England and Skills for Health will be looking at other ways to support providers in the delivery of the Care Certificate.

From the development of further guidance and advice to practical workshops aimed at different audiences such as managers, supervisors, learning providers and others, providers and organisations interested in being kept informed on forthcoming resources should sign up to our fortnightly e-news.
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 ideally 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 train 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 Induction Related 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 needed. This may be a practical way of delivering some parts of the Care Certificate or longer term learning and development.

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

- an experienced trainer with subject matter experience and expertise
- relevant and useful learning materials
- 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 own trainers were trained on the subjects they deliver, as well as what formal teaching or training qualification they hold.

Many care organisations regularly work with exceptionally good 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 the social care sector.

For those regulated by the CQC, 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 training will be delivered using their internal expertise.
E-learning/workbooks

E-learning and professional learning workbooks can be used as part of the delivery of the Care Certificate, including the free workbooks available from Skills for Care. However, employers must consider a blended learning approach and it would not be possible for new care workers to complete the Care Certificate using only these type of resources.

Good quality e-learning and professionally produced workbooks can be useful but some parts of the Care Certificate but they cannot cover the more practical training and assessment that is expected. 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 these 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 any training resources.

There is further information about some of the benefits of learning technologies to help deliver effective learning and development here.
Choosing Workforce Learning

Skills for Care does not provide any training ourselves and we are not in a position to recommend any specific learning providers around the delivery of the Care Certificate.

Employers looking to use an external learning provider in the delivery of training may wish to start by looking online or contact other care organisations locally who may be able to recommend a specific company or trainer.

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 best one to suit your business 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.
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 need more guidance and supervisory support. It is not possible to complete the Care Certificate without the care worker’s knowledge, skills and abilities being assessed by someone in a senior care, supervisor or manager role.

The assessment of a new care worker’s induction programme cannot be undertaken via e-learning or through simply reviewing a completed workbook. Therefore, providers have a responsibility to ensure they have occupationally competent staff available to support the induction and longer-term development of their care workers.

Internal learning providers can be used to support this process but because workplace assessments must be undertaken before care workers undertake tasks out of line of sight, they must also be accompanied by a more experienced care worker prior to sign off.

Assessment can be part of the people management role or part of the responsibility they may have for assurance that staff are competent in their job role. There is no requirement for assessors of the Care Certificate to hold any assessor qualification but the employer must be confident that the person with this responsibility is competent to assess.

External learning providers can be used to support this process but because workplace assessments must be undertaken before care workers undertake tasks out of line of sight, they must also be accompanied by a more experienced care worker prior to sign off.

Attending a training session is only the beginning of their induction process and they will need more guidance and supervisory support.
Care Certificate Assessment

This section summarises more detailed information available in The Care Certificate Framework: Assessor Document.

The assessment of the Care Certificate should be as rigorous as the assessment of any formal qualification. The learner can’t be ‘part skilled’ or ‘have some knowledge’ and meet the Standards.

Evidence must be:

- Valid – relevant to the standards for which competence is claimed
- Authentic – produced by the learner
- Current – sufficiently recent for assessors to be confident that the learner still has that same level of skills or knowledge
- Reliable - genuinely representative of the learner’s knowledge and skills
- Sufficient – meets in full all the requirements of the standards
Workplace Assessment

The Care Certificate 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.

Learners can practice and develop their new skills in a classroom/ skills lab or similar setting but where possible the assessment evidence must be collected during real work activity. A very limited amount of simulated assessment is permitted with the Care Certificate, as specified in the Assessor Document.

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 or manager undertaking the assessment should also plan to regularly review progress of the care worker against the standards and agree any actions to ensure progress is maintained.

Assessor you may also want to seek the views of work colleagues, patients or service users when making the judgment on the person’s performance but the final decision still lies with you on whether the person has met the outcome required.
Assessing Knowledge and Understanding

Managers, supervisors and assessors will also want to be assured that their new care workers understand the knowledge content of the Care Certificate.

Employers will assess competence in different ways, using their own training programmes, external learning provider resources and related tools to inform new care workers and draw out learning.

Each assessment of the learning that has been provided should be appropriate to the employment setting, the learner and the outcomes to be assessed.

Assessment evidence can include but is not restricted to:

- Observation records
- Oral or written answers to questions
- Small project such as a poster presentation
- Multiple choice questions
- Record of simulated activity

Certificates of Attendance, attendance on study days or e-learning without assessment of what has been learnt is not evidence toward achievement of the Care Certificate.

If assessing written evidence, the senior care worker, supervisor or 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.
Signing-off completion

As new care workers progress through the induction programme, their managers, supervisors and assessors can sign off different parts of the Care Certificate once they are assured it has been completed.

Where competence has been clearly demonstrated and assessed, the care worker would be able to perform these tasks alone or out of the line of sight of their manager, supervisor or assessor.

If the care worker has yet to complete parts of the Care Certificate, they should not be put in a position where they would be expected to deliver an aspect of care they have not been judged as competent to do.

Signing off the Care Certificate should not be taken lightly. Any issues resulting from an ineffective induction programme will be the registered manager’s responsibility as the person chiefly responsible for the care that is provided.

The registered manager should be confident in their own senior staff abilities when they delegate the signing off of competence to be undertaken by other managers, supervisors and assessors.

When all Care Certificate standards have been completed, it is the registered manager who needs to sign the certificate itself. Skills for Care recommends that copies should be given to care workers to evidence to future employers what has been undertaken and when.
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 the majority of refresher training other than statutory expectations regarding health and safety, fire safety and first aid. For example, first aid training (including basic life support) should be refreshed at least every 3 years.

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 managers, supervisors, and assessors 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.
Recruitment agencies

Many providers use the services of recruitment agencies to assist with their temporary staffing needs, from short “bank” staff to longer-term placements.

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. Like other specialist services, the majority of recruitment agencies will be effectively run and provide a quality service that meets the needs of the employers who use them.

Many of these recruitment agencies will comply with their sector standards and may be part of a professional body. Care providers should equally be aware there is poor practice amongst some recruitment agencies.

For example, The Recruitment and Employment Confederation (REC) revealed in February 2015 that 193 recruitment agencies have been denied REC membership for failing to meet its compliance standards.

As a result, care providers may choose to use recruitment agencies that are part of professional bodies or can clearly demonstrate how they meet the standards within their sector.

Whilst many recruitment agencies provide a range of highly qualified and experienced health and care workers, some may use people with no previous health or care experience.

It is likely that these recruitment agencies will provide their own training but sometimes these temporary workers may have no practical workplace experience or assessment, unless the recruitment agency has arranged this as part of their own induction programme.
The importance of using a good recruitment agency

Many of the recruitment agencies supplying care workers are not regulated, unless they directly deliver care themselves.

For CQC regulated services that choose to use a recruitment agency, it is always themselves as the provider that is responsible for ensuring all care workers have the necessary skills and experience to deliver the regulated activity.

If a recruitment agency was to provide a temporary worker who did not have the necessary skills, it could put the care organisation and the people who use that service at risk.

Providers using recruitment agencies must be absolutely assured that they can evidence what induction training, assessment and experience their temporary care workers has received.

Those who cannot be assured a recruitment agency has provided them with suitably trained care workers must deliver a robust induction which should include the Care Certificate

The Care Certificate was introduced because of earlier inconsistencies with the quality of induction training. The need for the Care Certificate is to strengthen the effectiveness of induction for all health and care workers, including permanent, part time, bank, agency or volunteers.

Some recruitment agencies choose to find people with no previous health and care experience and train them up, meaning that they may have little or no practical workplace experience.

Whilst some of these recruitment agencies may, still be providing high quality training, the individuals will not be able to work out of line of sight until they have been assessed in the workplace.

Providers of health or social care have a legal duty to assess the training needs of all staff new to their organisation; this applies to agency, bank or directly recruited health and social care assistants.

This assessment may indicate that a new member of staff needs to receive training in all, some or none of the Care Certificate standards before providing care out of line of sight.

The self-assessment tool is available to help decide what further training, if any, may be necessary before awarding the Care Certificate.

Recruitment agencies can assist this process by providing clear evidence of the background, experience, training and qualifications held by the temporary care workers they are providing. Where this cannot be suitably evidenced, the care provider may wish to use another recruitment agency.

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 these responsibilities.

The same applies to any induction training relating specifically to the new the working environment, as evidence of past learning would not be acceptable.
Employing 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.
Part of the Recommendations for CQC Providers Guide

Full guide includes:

- Introduction
- Care Management and leadership
- Finding and keeping workers
- Inducting care workers
- Induction related training
- Continuing development
- Intelligence, innovation and quality improvements

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