

If an employer wishes to have the option of making a payment in lieu of notice to an employee, that ability must be an express term of the contract of employment. This document forms part of the contract of employment, and has been modified to make it clear that the right to make a payment in lieu, which has always been in the policy, is an express term of the contract of employment.

1. Job Start Form
2. Induction Policy and Procedure
3. Employee Induction and Continuing Training
4. Authority to Make Deductions from Wages
5. Induction and Training Action Plan
6. Record of Qualifications and Training
7. Statement of Main Terms and Conditions
8. Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

# Notification to Payroll/Administration

Use this form to notify administration/payroll of the required details.

|  |  |
| --- | --- |
| Surname: | First name: |
| Address (including postcode): |  |
| Tel. No: | Date of birth: |
| Marital status: | Male or female: |
| Position: | Start date: |
| Registered disabled: | Yes / No (*please circle*) |
| If yes, ref. no. |  |
| Nursing and Midwifery Council pin number: | Expiry date: |
| Shift type (please tick): | Days \_ Nights \_Split \_ |
| Location: |  |
| Pay type (please tick): | Hourly paid \_ Salary paid \_ |
| Average weekly contract hours: | Hourly rate of pay: |
| Holiday Entitlement for full holiday year: | Holiday Entitlement from start date to end of holiday year. |
| Any other benefits applicable: |  |
| Due date for first payment: |  |
| **NEXT OF KIN DETAILS** |
| Name: |  |
| Address: |  |
| Tel. No: | Relationship: |

# Notification to Payroll/Administration (Continued.)

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| **CRIMINAL RECORD AND IDENTITY CHECK** |
| CHECK THE APPLICATION PACK (RECRUITMENT PACK – INDIVIDUAL CANDIDATES PACK) TO ENSURE THAT ALL ID CHECK PROCEDURES HAVE BEEN CARRIED OUT, SIGNED FOR, AND ARE CONSISTENT WITH THE PERSON WHO IS STARTING THE JOB.PLACE PHOTOCOPY OF EVIDENCE ON PERSONNEL FILE. COMPLETE THE DBS APPLICATION AND SEND IT OFF. |
| Signed as done: Date:  |

**BANK DETAILS**

|  |  |
| --- | --- |
| Account Name: |  |
| Account Number: |  |
| Sort Code: |  |
| B/s Roll Number: |  |

**P45 DETAILS (Please Attach P45 with Job Start Form)**

|  |  |  |  |
| --- | --- | --- | --- |
| NI Number: |  | NI Category: |  |
| Tax Code: |  | Month/Week 1: | Yes / No |
| Gross Pay TD: |  | Tax Paid TD: |  |

**CASCADE INFORMATION LINE**

|  |  |  |  |
| --- | --- | --- | --- |
| This employee receives info from: |  | And gives info to: |  |

**AUTHORISATION SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee: |  | Date: |  |
| Administration: |  | Date: |  |
| Registered Provider: |  | Date: |  |

**Authority to pay wages to bank account in a different name**

In accordance with money laundering regulations, where an employee requires payment of wages into a bank account which is not in their own name as recorded in the personnel file, their explanation and authority is required. The Manager must assess whether the request and the explanation is reasonable, and does not appear to be connected with money laundering (concealment of sources of income).

Accounts with the same surname but different initials (e.g. spouse/partner situations) do not require certification/explanation.

Any explanation recorded below will be kept fully confidential.

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Bank details (sort code): |  |
| Bank details (account number): |  |
| Bank details (name on account): |  |
| Explanation for name on account differing from my name: |  |
| Signed: | Date: |
| Approved by (Manager): |  |

# Purpose

When new employees are recruited, relocated or transferred, the organisation will aim to help them adjust to the new situation and gain the required knowledge and competencies as quickly and easily as possible so that they become integrated and productive members of the organisation from the earliest possible opportunity.

# Scope

All new, relocated and transferred employees.

# Policy

When a job has been offered, or a relocation or transfer agreed, an induction “programme” will be drawn up for use during the early part of the employee’s employment covering local environmental matters, employment information, and job specific knowledge.

The programme will meet the standards of the Health and Social Care Act 2008.

» All new members of staff, including trainees and all staff under 18, will successfully complete an induction programme to the standard of the Care Certificate, within 12 weeks of appointment.

» New employees may not begin to work with Service Users until all relevant checks have been carried out and the results received. When an employee commences work they will be supervised, at all times, by an experienced employee during the period before their criminal record check is received and employment confirmed.

# Procedure

**Users of the M&N HEALTHCARE Online System (only):**

On the first day of employment, new employees will be coached to use the PC linked to the QCS system, and given a personal ID and password.

# Organisations using the paper based M&N HEALTHCARE system:

The induction programme will consist of the compulsory items listed in this pack, together with any specific skills identified during recruitment as required but not present, or which need aligning with this employment situation.

Before the new employee begins work, the manager, or their delegate, will ensure that a full induction programme is specified, a venue for the induction arranged, and sufficient uninterrupted time is available for adequate one-to-one training.

When the new employee first reports for duty, the Manager or a person delegated to the task and given sufficient time and knowledge to carry out the task, will greet them and introduce them to colleagues. An experienced and Police-checked member of staff will be allocated to the new employee as a “buddy” or “shadow”, with the intention of providing a point for informal support during the introductory period. Where possible, the staff rota will be organised so that the new employee and “buddy” or “shadow” will be working together as much as possible, and alternative supervision arrangements made where the “buddy” or “shadow” is not on duty.

On the first day of employment, this pack will be completed, and the appropriate section of the Induction Checklist used to plan and control induction training.

For catering staff, the Manager must establish before the recruit begins work that they have appropriate food hygiene qualifications and skills and, if not, require them to complete the “Food Hygiene Workbook”, and read the “Industry Guide to good Hygiene Practice: catering Guide” before beginning working.

Items in the programme will be demonstrated to the employee, and when the employee is assessed as having

understood each individual item the demonstrator will sign off the demonstration and assessment columns. At the completion of induction, a review of understanding will be carried out and signed off if satisfactory.

If the full programme is not completed by the end of the available time, a further time will be agreed, within the next 2 days, for completion.

On appointment, the new employee shown how to access the relevant Induction Work Manuals (see under “Useful Documents – Induction and Training” on your M&N HEALTHCARE web site) and a schedule of completion agreed, which will in all cases be no more than 12 weeks.

# AUTHORITY TO MAKE DEDUCTIONS FROM WAGES

I, **[insert employee name]**, accept and agree that the following are express written terms of my Contract of Employment and as stated in the Employee Handbook, which I have read and understood.

The following extracts, reproduced from the relevant Policies and Procedures, set down the circumstances, wherein my employer is authorised to make deductions from my wages.

# ANNUAL HOLIDAYS

If the holiday is approved, you are reminded that if you leave employment with this employer having taken holidays in excess of your accrued entitlement, the excess will be reclaimed and deducted from your wages. In the event that the excess owed exceeds the wages owed, you will refund the difference to the employer.

# UNIFORMS

We will purchase appropriate uniforms for your use. All uniforms will be returned on leaving, and where uniforms are not returned in reasonable condition, a charge will be made to cover the cost of replacement.

# STOCK / PROPERTY

If, as a result of your carelessness or negligence, we (and/or our customers) suffer loss or damage to property or stock (including vehicles), this will be construed as a serious breach of the rules, and where this is construed as particularly serious then this may render you liable to pay the full or part of the cost of repair or replacement, or insurance excess if appropriate. If you fail to pay, we reserve the right to deduct the costs from your pay.

# LEAVING WITHOUT WORKING NOTICE

If, on leaving the organisation, for whatever reason, you fail to work your full contractual notice without the organisation’s prior agreement, an amount equal to the additional cost of covering your duties for the period not worked may be deducted from any final monies due to you.

# RETURN OF ORGANISATION EQUIPMENT / PROPERTY

If, on leaving the organisation, for whatever reason, you fail to return the organisation’s equipment/property as may have been entrusted to you during your employment, at least two working days prior to your official leaving date, an amount equal to the cost of the property/equipment will be deducted from any final monies due to you.

The organisation’s property is defined as being documents, disks/data/other records, equipment, stock etc.

# LOANS/ADVANCES

Loans and advances will be made in accordance with the policy covering such matters, and the organisation has authority to deduct the agreed schedule of repayments from your wages, or the full balance owed on termination.

# TRAINING COST RECOVERY

The Training Policy and Procedure states the organisation’s policy on recovery of training costs if an employee leaves within a certain period of the organisation incurring the cost. You will be reminded of this potential liability on each occasion when you apply for training for which the organisation incurs costs, and told what the liability may be, and the time periods to which it applies.

# FINES

If you incur any fines for parking or other motoring offences, you will be personally accountable for the payment of such fines. Fixed penalty notices incurred while using the organisations vehicle(s) are normally reported directly to us by the authorities. We reserve the right to pay such fixed penalties on your behalf and deduct the

cost from your wages or salary.

# ACCOMMODATION

Where accommodation is provided by the employer, a charge will be made from wages due in accordance with the letter of agreement in respect of the accommodation.

# Employee Statement

I further understand that, on any occasion when my employer intends to implement one or more of the above conditions, I will receive written notification of that fact and a statement of the amount to be deducted.

I hereby give my written consent for my employer to make deductions, in any of the circumstances described. Name:

Signature: Date:

Witnessed on behalf of the organisation:

(This page to be completed, signed, and then removed and returned to your manager)

**INDUCTION FOR ALL WORKERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | Date | Signature | Date | Signature | Date | Signature |
| **TO BE COMPLETED BEFORE FIRST DUTY** |
| **About the organisation & department** |
| Philosophy & principles of care |  |  |  |  |  |  |
| History of organisation |  |  |  |  |  |  |
| Organisation structure |  |  |  |  |  |  |
| Main personalities |  |  |  |  |  |  |
| Culture of the organisation |  |  |  |  |  |  |
| Training needsRefer to Training Policy and Procedure |  |  |  |  |  |  |
| Your contribution |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | **Date** | **Signature** | **Date** | **Signature** | **Date** | **Signature** |
| **TO BE COMPLETED BEFORE FIRST DUTY** |
| **Tour of the Organisation** |
| Office |  |  |  |  |  |  |
| Staff Room |  |  |  |  |  |  |
| Introduction to Staff |  |  |  |  |  |  |
| Routines |  |  |  |  |  |  |
| Notice Boards |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | Date | Signature | Date | Signature | Date | Signature |
| **Safety and Security** |
| Fire procedures |  |  |  |  |  |  |
| Fire exits etc. |  |  |  |  |  |  |
| Security procedures |  |  |  |  |  |  |
| How to summon help |  |  |  |  |  |  |
| Health & Safety Accountability |  |  |  |  |  |  |
| COSHH |  |  |  |  |  |  |
| RIDDOR |  |  |  |  |  |  |
| Prevention of cross infection |  |  |  |  |  |  |
| HIV & Hepatitis |  |  |  |  |  |  |
| Waste disposal |  |  |  |  |  |  |
| First Aid & resuscitation | - | - | - | - | - | - |
| Banned lifts & reasons for this |  |  |  |  |  |  |
| Ergonomics |  |  |  |  |  |  |
| Manual handling techniques & risk assessment |  |  |  |  |  |  |

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| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | **Date** | **Signature** | **Date** | **Signature** | **Date** | **Signature** |
| **Safety and Security** |
| Use of hoists & slings |  |  |  |  |  |  |
| Kinetic principles |  |  |  |  |  |  |
| Risk assessment |  |  |  |  |  |  |
| Location of emergency equipment |  |  |  |  |  |  |
| Hand washing |  |  |  |  |  |  |
| Clinical waste disposal |  |  |  |  |  |  |
| Dealing with hazardous products (blood, diarrhoea) |  |  |  |  |  |  |
| Medication Policy and Procedure |  |  |  |  |  |  |

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| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | **Date** | **Signature** | **Date** | **Signature** | **Date** | **Signature** |
| GP emergency telephone numbers |  |  |  |  |  |  |
| General routine with senior staff member |  |  |  |  |  |  |
| Staff emergency contacts & routine |  |  |  |  |  |  |
| Requirement to be supervised until DBS check is completed and employment confirmed |  |  |  |  |  |  |
| Statement of main terms and conditions |  |  |  |  |  |  |
| Wages and payment |  |  |  |  |  |  |
| Holidays/days off |  |  |  |  |  |  |
| Absenteeism/sickness |  |  |  |  |  |  |
| Duty rotas/on-call |  |  |  |  |  |  |
| Job description |  |  |  |  |  |  |
| Meals and payment |  |  |  |  |  |  |
| Employee handbook |  |  |  |  |  |  |
| Uniform policy |  |  |  |  |  |  |
| Breaks |  |  |  |  |  |  |

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| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | **Date** | **Signature** | **Date** | **Signature** | **Date** | **Signature** |
| **Conditions of Service** |
| Discipline, grievance, complaints procedure |  |  |  |  |  |  |
| Performance review system |  |  |  |  |  |  |
| Absence control |  |  |  |  |  |  |
| Payroll documentation |  |  |  |  |  |  |
| Protective equipment |  |  |  |  |  |  |
| Identification |  |  |  |  |  |  |
| Vehicles |  |  |  |  |  |  |
| Privacy |  |  |  |  |  |  |
| Dignity |  |  |  |  |  |  |
| Independence |  |  |  |  |  |  |
| Rights |  |  |  |  |  |  |
| Fulfilment |  |  |  |  |  |  |
| Choice |  |  |  |  |  |  |

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| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | **Date** | **Signature** | **Date** | **Signature** | **Date** | **Signature** |
| **TO BE COMPLETED IN THE FIRST 6 WEEKS OF EMPLOYMENT** |
| **Organisation rules, policies & procedures** |
| Training and development |  |  |  |  |  |  |
| Restraint |  |  |  |  |  |  |
| Abuse |  |  |  |  |  |  |
| Complaints |  |  |  |  |  |  |
| Grievance |  |  |  |  |  |  |
| Smoking |  |  |  |  |  |  |
| Missing Service User/failure to gain access |  |  |  |  |  |  |
| Admissions |  |  |  |  |  |  |
| Confidentiality |  |  |  |  |  |  |
| **Commitment to:** |
| Investors in People |  |  |  |  |  |  |
| QCF Diploma |  |  |  |  |  |  |
| ISO |  |  |  |  |  |  |

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| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | Date | Signature | Date | Signature | Date | Signature |
| **TO BE COMPLETED IN THE FIRST SIX WEEKS OF EMPLOYMENT** |
| **Working as a Team** |
| Role of the Key Worker |  |  |  |  |  |  |
| Responsibilities |  |  |  |  |  |  |
| Awareness of holistic care |  |  |  |  |  |  |
| Communications |  |  |  |  |  |  |
| Attitudes |  |  |  |  |  |  |
| Understanding anti-social behaviour |  |  |  |  |  |  |
| Importance of listening |  |  |  |  |  |  |
| Choice & risk-taking |  |  |  |  |  |  |
| Stimulation & motivation |  |  |  |  |  |  |
| Physical contact with Service Users |  |  |  |  |  |  |
| Recognition of cultural/spiritual needs |  |  |  |  |  |  |
| Freedom to express emotions |  |  |  |  |  |  |
| Coming into Care – feelings, positive & negative |  |  |  |  |  |  |
| The Service Users’ Charter of Rights |  |  |  |  |  |  |
| Philosophy of Care |  |  |  |  |  |  |
| Freedom to express emotions |  |  |  |  |  |  |
| Care plans |  |  |  |  |  |  |
| General routines with senior staff members |  |  |  |  |  |  |

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| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | Date | Signature | Date | Signature | Date | Signature |
| **Communication** |
| Confidentiality |  |  |  |  |  |  |
| Observations |  |  |  |  |  |  |
| Reporting |  |  |  |  |  |  |
| Recording |  |  |  |  |  |  |
| Reading/relaying messages |  |  |  |  |  |  |
| Meetings |  |  |  |  |  |  |
| Telephone policy |  |  |  |  |  |  |
| Taking messages |  |  |  |  |  |  |
| Lines of communication |  |  |  |  |  |  |
| **Work Manuals** |
| Being a Professional |  |  |  |  |  |  |
| Abuse |  |  |  |  |  |  |
| Basic First Aid |  |  |  |  |  |  |
| Basic Food Hygiene |  |  |  |  |  |  |
| Communication |  |  |  |  |  |  |
| Confidentiality |  |  |  |  |  |  |
| Fire Awareness |  |  |  |  |  |  |
| Individuality & Human Rights |  |  |  |  |  |  |
| Promoting Anti-Discrimination |  |  |  |  |  |  |
| Record Keeping |  |  |  |  |  |  |

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| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | Date | Signature | Date | Signature | Date | Signature |
| **Choice** |
| Getting up |  |  |  |  |  |  |
| Going to bed |  |  |  |  |  |  |
| **Personal Care** |
| Personal hygiene |  |  |  |  |  |  |
| Bed making |  |  |  |  |  |  |
| Care of linen & towels |  |  |  |  |  |  |
| Washing |  |  |  |  |  |  |
| Shaving |  |  |  |  |  |  |
| Care of mouth |  |  |  |  |  |  |
| Care of hair |  |  |  |  |  |  |
| Care of hands & feet |  |  |  |  |  |  |
| Care of skin |  |  |  |  |  |  |
| Pressure prevention |  |  |  |  |  |  |
| Pressure relieving aids |  |  |  |  |  |  |
| Specialist beds, mattresses, cushions etc. |  |  |  |  |  |  |
| Bathing |  |  |  |  |  |  |
| Showering |  |  |  |  |  |  |
| Care of glasses & lenses |  |  |  |  |  |  |
| Care of hearing aids |  |  |  |  |  |  |
| Care of clothing |  |  |  |  |  |  |
| Personal belongings |  |  |  |  |  |  |

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| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | **Date** | **Signature** | **Date** | **Signature** | **Date** | **Signature** |
| **Assisting with Meals** |
| Choice |  |  |  |  |  |  |
| Presentation |  |  |  |  |  |  |
| Facilitating independence |  |  |  |  |  |  |
| Diets |  |  |  |  |  |  |
| Aids |  |  |  |  |  |  |
| Potential problems |  |  |  |  |  |  |
| **Care Plans / Nursing Model** |
| Maslow’s Hierarchy of Need Assessment (Maslow 1962) |  |  |  |  |  |  |
| Planning with relevant Service Users/relatives |  |  |  |  |  |  |
| Review with relevant Service Users/relatives |  |  |  |  |  |  |
| **Medication** |
| Medication Policy and Procedure |  |  |  |  |  |  |
| How to obtain |  |  |  |  |  |  |
| Knowledge of medication procedures |  |  |  |  |  |  |
| Knowledge of side effects |  |  |  |  |  |  |

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| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | Date | Signature | Date | Signature | Date | Signature |
| **Therapists and Rehabilitation** |
| Physiotherapist |  |  |  |  |  |  |
| Occupational therapist |  |  |  |  |  |  |
| Speech therapist |  |  |  |  |  |  |
| Chiropodist |  |  |  |  |  |  |
| Dietician |  |  |  |  |  |  |
| Types of chairs available |  |  |  |  |  |  |
| Cushions and supports |  |  |  |  |  |  |
| Positioning Service Users |  |  |  |  |  |  |
| Maintenance/cleaning |  |  |  |  |  |  |
| Hoists |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Employee name:** | **Demonstration** | **Assessment** | **Review** |
| **General Activity/Subject** | Date | Signature | Date | Signature | Date | Signature |
| **Physical condition** |
| Multiple Sclerosis |  |  |  |  |  |  |
| Cerebral Palsy |  |  |  |  |  |  |
| Spinal injury |  |  |  |  |  |  |
| Parkinson’s condition |  |  |  |  |  |  |
| Arthritis |  |  |  |  |  |  |
| Acquired brain Injury |  |  |  |  |  |  |
| Stroke |  |  |  |  |  |  |
| Sensory Loss |  |  |  |  |  |  |
| Continence |  |  |  |  |  |  |
| Palliative care |  |  |  |  |  |  |
| Communication |  |  |  |  |  |  |
| **Mental health** |
| Dementia |  |  |  |  |  |  |
| Aggression/Challenging behaviour |  |  |  |  |  |  |
| Break away |  |  |  |  |  |  |
| Psychological changes |  |  |  |  |  |  |
| Bereavement and loss |  |  |  |  |  |  |

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| **Employee name:** | **Date:** |
| **Skill** | **Action Required** | **Signature** | **Review** |
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| **Name:** |
| **Job title:** |
| **Qualifications:** |
| **Record of any previous training associated with employment** (e.g. Health and Safety, First Aid, Team Building etc). |
| Date | Description |
|  |  |
|  |  |
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| **Any special hobbies, skills or interests which could contribute to our team effort** (e.g. creative skills, music etc). |
|  |
| **Please describe your job in your own words and list the things you do so that we can develop new job descriptions for the organisation.** |
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| **Employee name:** |  |
| **Date** | **Description of training** | **Duration (days)** | **Certified complete (manager signature)** |
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| **Name:** |
| **COSHH** | **Safeguarding** | **M&H** | **H&S** | **Fire Safety** | **Fire Drill** | **Date** |
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| Staff name: | Start date: |
| Grade: | Site: |
| Date induction completed: | Employee signature: |
| Mentor signature: | Manager signature: |

# STATUTORY TRAINING

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| --- |
| **COSHH** |
| **M&H** | **Safeguarding** | **Food hygiene** | **Fire Safety** | **Fire Drill** | **H&S** |
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| **Date** | **Subject** | **Trainer signature** | **Employee signature** |
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**Employee Individual Training Record -** An alternative form

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| --- | --- | --- | --- |
| **Date** | **Statutory training topic** | **Employee signature** | **Trainer signature** |
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# Statement of Main Terms and Conditions of Employment – Print 2 copies. 1 for the file and 1 for the employee.

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| --- |
| To (employee): . This statement gives details of your employment with **M&N HEALTHCARE** and is correct at (date): |
| **Continuous Employment**Your employment with **M&N HEALTHCARE** began on: .Your continuous employment (taking into account any service with this employer or with a previous employer which counts) began on: |
| **Job Title**Your job title is:  | You are employed to (brief description of job):  |
| **Job Location**Your job is based at **M&N HEALTHCARE**, but you may be relocated to a reasonable distance from **M&N HEALTHCARE,** at the discretion of the company, with four weeks’ notice. |
| **Pay** |  |
| Rate of pay/method of calculation | Method of payment – **All wages and salaries will** |
|  | **be pay to staff bank account detail provided.** |
| £ /hour / month in hand |  |
|  | Shift premium  |
| Pay interval – Every 5 of each month |  |
|  | Other payments  |
| Pay day – **Staff will get there salaries each month** |  |
| **on 5**  |  |
| **Hours** |  |
| Normal working hours  | Full/Part-time |
|  | Shift worker: Y / N |
| Normal working days:  | Night worker: Y / N |
| Meal breaks: paid/unpaid |  |
| **Overtime** |  |
| Voluntary: Yes / No | Rules  |
| Compulsory: Yes / No | Rules  |
| Guaranteed: Yes / No |  |
| **Collective Agreements**Your terms and conditions are not governed by a collective agreement. |

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| **Holidays**Holiday year: **1st January to 31st December** Paid Public Holidays: New Years Day; Good Friday; Easter Monday; First Monday in May; Last Monday in May; Last Monday in August; Christmas Day; Boxing Day.The above days, or substitute days, are considered to be normal working days and are included as such, on the staff Rota.Where the above days are recognised with pay in addition to your annual leave entitlement, payment will only be made in the following circumstances:That you work on the day;That you work on both the working day before and after the holiday, unless prevented from doing so, by reason of pre-authorised, annual holiday, or sickness/injury absence validated by an authorised medical certificate;»Should you be required to work on a public holiday, you will receive payment at the rate of double time for all Bank Holidays. Where one of the above days (or designated substitute day) falls on a rostered day off, no payment or entitlement to leave in lieu will apply..Paid annual holidays: five point six (5.6) weeks/year, accrued at the pro rata rate of the annual entitlement per full month worked.On termination, the accrued holiday pay for the final holiday year accrues at the rate shown above. Holidays taken in excess of the accrued entitlement will be deducted from pay due on termination. Holiday entitlement may not be carried over a year end. |
| **Sickness Absence**The company does not operate a sick pay scheme other than Statutory Sick Pay.Absence must be notified to the manager on the first day of absence, and in writing after three days absence. |
| **Pensions**Auto-enrolment clauseThe Company will comply with the employer pension duties in respect of the Employee in accordance with Part 1 of the Pensions Act 2008.A contracting-out certificate is [not] in force in respect of the Appointment.The Employee will become an active member of the Company's occupational pension scheme (**Scheme**) (or such other registered pension scheme as may be established by the Company to replace the Scheme) from the effective date of this contract, subject to the tax reliefs and exemptions available from HM Revenue & Customs, as amended from time to time. Full details of the Scheme are available from **[POSITION]**. |

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| --- | --- |
| **Notice**From the employer:Under 1 month & 39; s service - Nil.1. month but less than 2 years’ service - 1 month.
2. years’ service or more – 1 month for each completed year of service to a maximum of 3 months after 12 years’ service.
 | From the employee:Under 1 month& 39; s service - Nil.1. month but less than 2 years’ service - 1 month.
2. years’ service or more - 1 month for each completed year of service to a maximum of 3 months after 12 years’ service.
 |
| In certain circumstances an employee who has resigned may be asked to leave immediately and receive pay in lieu of notice. This is an express term of the contract of employment. |
| **Disciplinary Rules**The disciplinary rules are contained in the Employee Handbook manual. |
| **Disciplinary Appeal Procedure**If you are dissatisfied with a disciplinary decision, then apply in writing to the Registered Provider within seven days of the disciplinary action.The disciplinary appeals procedure is contained in the Employee Handbook manual. |
| **Grievance Procedure**If you have any grievance relating to your employment apply orally to the manager seeking redress. The grievance procedure is contained in the Employee Handbook manual. |
| **Training**Carers will achieve QCF Diploma Level 2 within 2 years of employment..All Senior staff members are required to have Level 3 Diploma in Health and Social Care.All Care staff and trainees, including all staff under 18, will register on and successfully complete an approved training programme in health and social care. |
| **Reference Documents**The following documents form part of this statement.Employee Handbook.Notices. |
| Signed by employee on receipt: | Date: |
| Note: Complete both copies of this schedule, supplying both to the employee for signature and receiving one back for the individual personnel file. |

**Personnel File Contents Checklist**

|  |  |
| --- | --- |
| Employee name: |  |
| **Item checked** | **Present date** | **Signed** | **Comments** |
| Carer Standards assessment: |  |  |  |
| Identification check: |  |  |  |
| Application Form, adequately completed, including signed to confirm accuracy: |  |  |  |
| DBS reference authorisation (application form): |  |  |  |
| Night Workers’ medical assessment (if applicable): |  |  |  |
| Interview records, including record of employee being told:Induction training requirements;QCF Diploma Training requirements;Offer, conditional on references and DBS check;Main terms and conditions– i.e. pay rate, hours, place of work, Service User group. |  |  |  |
| Continuity check: |  |  |  |
| DBS check completed: |  |  |  |
| Last employer reference requested: |  |  |  |
| Last employer reference received: |  |  |  |
| Last employer reference assessed as acceptable: |  |  |  |
| Character reference requested: |  |  |  |
| Character reference received: |  |  |  |
| Character reference assessed as acceptable: |  |  |  |

**Personnel File Contents Checklist (Continued.)**

|  |  |
| --- | --- |
| Employee name: |  |
| **Item checked** | **Present date** | **Signed** | **Comments** |
| 2nd Character reference requested (if applicable): |  |  |  |
| 2nd Character reference received: |  |  |  |
| 2nd Character reference assessed as acceptable: |  |  |  |
| Offer letter sent: |  |  |  |
| Statement and Terms and Conditions issued and signed for: |  |  |  |
| DBS check sent: |  |  |  |
| DBS check received: |  |  |  |
| DBS check assessed as acceptable: |  |  |  |
| DBS check reference number: |  |  |  |
| DBS check destroyed (following next registration authority inspection, or immediate if not registered): |  |  |  |
| Authority to deduct from wages signed: |  |  |  |
| Employee Handbook issued: |  |  |  |
| Induction checklist (note progress): |  |  |  |
| Training record in place: |  |  |  |
| Three-month review carried out: |  |  |  |
| Code of Conduct issued (signed for): |  |  |  |
| Appraisal on file (note last date): |  |  |  |
| Supervisions on file (note last date): |  |  |  |

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| --- | --- |
| **Three-Month Employment Review Employee:** |  |
| **Start date:** |  |
| **Date of review:** |  |
| **Check:** | **Comment:** |
| **All documentation complete?** |  |
| **Induction on target?** |  |
| **Progress in training/induction.** |  |
| **Overall work performance.** |  |
| **Attendance performance.** |  |
| **Team-working performance.** |  |
| **Recommended for further period of review. State reasons, and period of review.** |  |
| **Signed (Reviewer):** |  |
| **Signed (Manager): Date:** |  |

**Code of Practice for Social Care Workers and Code of Practice for Employers of Social Care Workers (2013) Social care workers**

**Introduction**

This document contains agreed codes of practice for social care workers and employers of social care workers describing the standards of conduct and practice within which they should work. This introduction, which is also reproduced in the Code of Practice for Employers of Social Care Workers, is intended to help you understand what the codes are for and what they will mean to you as a social care worker, employer, Service User or member of the public.

# What are the codes?

This Code is based on the principles of protecting the public by promoting best practice. It will ensure that you are ‘working to standard’, providing high quality, compassionate healthcare, care and support. The Code describes the standards of conduct, behaviour and attitude that the public and people who use health and care services should expect. You are responsible for, and have a duty of care to ensure that your conduct does not fall below the standards detailed in the Code. Nothing that you do, or omit to do, should harm the safety and wellbeing of people who use health and care services, and the public. How will the codes be used?

The codes are a key step in the introduction of a system of regulation for social care in the four countries of the UK. The Councils are responsible for the registration of those working in social care. The register will be a public record that those registered have met the requirements for entry onto the register and have agreed to abide by the standards set out in the Code of Practice for Social Care Workers.

The Councils will take account of the standards set in the Code of Practice for Social Care Workers in considering issues of misconduct and decisions as to whether a registered worker should remain on the register.

# What will the codes mean to you?

The Codes provide a set of clear standards, so you:

» Can be sure of the standards you are expected to meet;

» Can know whether you are working to these standards, or if you need to change the way you are working;

» Can identify areas for continuing professional development;

» Can fulfil the requirements of your role, behave correctly and do the right thing at all times. This is essential to protect people who use health and care services, the public and others from harm.

# Code of Practice for Social Care Workers

The purpose of this code is to set out the conduct that is expected of social care workers and to inform Service Users and the public about the standards of conduct they can expect from social care workers. It forms part of the wider package of legislation, practice standards and employers’ policies and procedures that social care workers must meet. Social care workers are responsible for making sure that their conduct does not fall below the standards set out in this code and that no action or omission on their part harms the wellbeing of Service Users.

The General Social Care Council expects social care workers to meet this code and may take action if registered workers fail to do so.

Employers of social care workers are required to take account of this code in making any decisions about the conduct of their staff.

Social care workers must:

» Protect the rights and promote the interests of Service Users and Carers;

» Strive to establish and maintain the trust and confidence of Service Users and Carers;

» Promote the independence of Service Users while protecting them as far as possible from danger or harm;

» Respect the rights of Service Users whilst seeking to ensure that their behaviour does not harm themselves or other people;

» Uphold public trust and confidence in social care services; and

» Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

As a Healthcare Support Worker or an Adult Social Care Worker, you must:

» Be accountable by making sure you can answer for your actions or omissions;

» Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times;

» Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support;

» Communicate in an open, and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers;

» Respect a person’s right to confidentiality;

» Strive to improve the quality of healthcare, care and support through continuing professional development;

» Uphold and promote equality, diversity and inclusion.

As an Adult Social Care Worker/ Healthcare Support Worker, you must be accountable by making sure you can answer for your actions or omissions.

» This includes:

Be honest with yourself and others about what you can do, recognise your abilities and the limitations of your competence and only carry out or delegate those tasks agreed in your job description and for which you are competent;

Always behave and present yourself in a way that does not call into question your suitability to work in a health and social care environment;

Be able to justify and be accountable for your actions or your omissions – what you fail to do;

Always ask your supervisor or employer for guidance if you do not feel able or adequately prepared to carry out any aspect of your work, or if you are unsure how to effectively deliver a task;

Tell your supervisor or employer about any issues that might affect your ability to do your job competently and safely. If you do not feel competent to carry out an activity, you must report this;

Establish and maintain clear and appropriate professional boundaries in your relationships with people who use health and care services, carers and colleagues at all times;

Never accept any offers of loans, gifts, benefits or hospitality from anyone you are supporting or anyone close to them which may be seen to compromise your position;

Comply with your employers’ agreed ways of working;

Report any actions or omissions by yourself or colleagues that you feel may compromise the safety or care of people who use health and care services and, if necessary use whistleblowing procedures to report any suspected wrongdoing.

Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times:

» Always act in the best interests of people who use health and care services;

» Always treat people with respect and compassion;

» Put the needs, goals and aspirations of people who use health and care services first, helping them to be in control and to choose the healthcare, care and support they receive;

» Promote people’s independence and ability to self-care, assisting those who use health and care services to exercise their rights and make informed choices;

» Always gain valid consent before providing healthcare, care and support. You must also respect a person’s right to refuse to receive healthcare, care and support if they are capable of doing so;

» Always maintain the privacy and dignity of people who use health and care services, their carers and others;

» Be alert to any changes that could affect a person’s needs or progress and report your observations in line with your employer’s agreed ways of working;

» Always make sure that your actions or omissions do not harm an individual’s health or wellbeing. You must never abuse, neglect, harm or exploit those who use health and care services, their carers or your colleagues;

» Challenge and report dangerous, abusive, discriminatory or exploitative behaviour or practice;

» Always take comments and complaints seriously, respond to them in line with agreed ways of working and inform a senior member of staff.

As a social care worker, you must work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support.

» This includes:

Understand and value your contribution and the vital part you play in your team;

Recognise and respect the roles and expertise of your colleagues both in the team and from other agencies and disciplines, and work in partnership with them;

Work openly and co-operatively with colleagues including those from other disciplines and agencies, and treat them with respect;

Work openly and co-operatively with people who use health and care services and their families or carers and treat them with respect;

Honour your work commitments, agreements and arrangements and be reliable, dependable and trustworthy;

Actively encourage the delivery of high quality healthcare, care and support.

As a social care worker, you must communicate in an open and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers.

» This includes:

Communicate respectfully with people who use health and care services and their carers in an open, accurate, effective, straightforward and confidential way;

Communicate effectively and consult with your colleagues as appropriate;

Always explain and discuss the care, support or procedure you intend to carry out with the person and only continue if they give valid consent;

Maintain clear and accurate records of the healthcare, care and support you provide. Immediately report to a senior member of staff any changes or concerns you have about a person’s condition.

Recognise both the extent and the limits of your role, knowledge and competence when communicating with people who use health and care services, carers and colleagues.

As a social care worker, you must respect people’s right to confidentiality.

» In particular you must:

Treat all information about people who use health and care services and their carers as confidential.

Only discuss or disclose information about people who use health and care services and their carers in accordance with legislation and agreed ways of working.

Always seek guidance from a senior member of staff regarding any information or issues that you are concerned about.

Always discuss issues of disclosure with a senior member of staff.

As a social care worker, you must strive to improve the quality of healthcare, care and support through continuing professional development.

» This includes:

Ensure up to date compliance with all statutory and mandatory training, in agreement with your supervisor.

Participate in continuing professional development to achieve the competence required for your role.

Carry out competence-based training and education in line with your agreed ways of working.

Improve the quality and safety of the care you provide with the help of your supervisor (and a mentor if available), and in line with your agreed ways of working.

Maintain an up-to-date record of your training and development; Contribute to the learning and development of others as appropriate.

As a social care worker, you must uphold and promote equality, diversity, and inclusion.

» This includes:

Respect the individuality and diversity of the people who use health and care services, their carers and your colleagues.

Not discriminate or condone discrimination against people who use health and care services, their carers or your colleagues.

Promote equal opportunities and inclusion for the people who use health and care services and their carers;

Report any concerns regarding equality, diversity, and inclusion to a senior member of staff as soon as possible.

Please see below a direct link to the full details regarding the Code of Conduct: <http://www.skillsforcare.org.uk/Standards-legislation/Code-of-Conduct/Code-of-Conduct.aspx>

Skills for Health, 1st Floor, Goldsmiths House, Broad Plain,

Bristol BS2 0JP

[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk/)

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**Key Lines of Enquiry Table**

|  |  |
| --- | --- |
| **Key Line of Enquiry** | **Supporting** |
| C1 - How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed? |  |
| E2 - How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support? |  |
| S2 - How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected? |  |
| S3 - How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs? |  |
| W1 - Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people? |  |
| W2 - Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed? |  |

# Note: All M&N HEALTHCARE Policies are reviewed annually, more frequently, or as necessary.

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