

# HAZELDENE HOUSE STAFF INDUCTION PROCESS

## Four Step Process:

### 1. Administrative Induction - first 2 x 6 Hour Days

The DBS/Adults First Application must be done on Day 1 and the staff member then continues the Induction Programme while this is being processed (as the staff member can start work on the floor with only the Adult First Report as this comes back within two days).

The Care Certificate e-Learning must be completed within the home during the first 12 hours (in order for support to be provided as necessary).

### 2. Practical Induction - next 2 x 12 Hour Days

New Care Workers and Duty Managers must be trained on the floor by a competent staff member on the Practical Induction Check List.

### 3. “Fit to Work” Sign-Off by Registered Manager or Deputy Manager

The “Induction Check List” must be fully signed off by the Registered Manager or Deputy Manager at the end of this form before staff work the first shift on the rota.

### 4. Care Certificate - Sign-Off by Registered Manager within 12 weeks (Care Workers only)

The Care Certificate must be signed off once Care Workers have demonstrated competence to do the job in practice.

# HAZELDENE HOUSE - INDUCTION CHECK LIST

**STAFF NAME:**

**JOB:**

| Topic   | Supervisor's Initials | Staff Initials | Date |
|---|-----------------------|----------------|------|
| <b>1. Interview with the Manager/ Deputy Manager</b><br>(written up in "Interview Evaluation" in the Staff Portal)  |                       |                |      |
| <b>2. Administrative Induction (2 x 6 Hour Days):</b>   |                       |                |      |
| 1. Proof of identity including a recent photograph  |                       |                |      |
| 2. DBS/Adults First Application completed   |                       |                |      |
| 3. Application Form completed with:   |                       |                |      |
| 1. Full employment history  |                       |                |      |
| 2. Explanation of any gaps in employment  |                       |                |      |
| 3. Verification of reason(s) why all previous employment period(s) involving children or vulnerable adults ended  |                       |                |      |
| 4. Two references obtained by telephone/e-mail using "Telephone Reference Confirmation E-mail in Section 2.1 of Documents in <a href="https://hazeldenehouse.com">https://hazeldenehouse.com</a>                |                       |                |      |
| 5. Check Right to Work in the UK  |                       |                |      |
| 6. Set-up on Planday and download Planday App on phone  |                       |                |      |
| 7. Sign Employment Contract on Planday  |                       |                |      |
| 8. Shown Employee Handbook and Health & Safety Handbook in Section 2.3 of "Documents" in <a href="https://hazeldenehouse.com">https://hazeldenehouse.com</a>  |                       |                |      |
| 9. Read in Employee Handbook and signed off:  |                       |                |      |
| 1. Staff Disciplinary & Grievance procedures  |                       |                |      |
| 2. Whistle-blowing policy   |                       |                |      |
| 3. Confidentiality  |                       |                |      |
| 4. Duty Rotas, sickness, annual leave   |                       |                |      |
| 5. Uniform policy   |                       |                |      |
| 6. House rules: smoking, mobile phones, etc.  |                       |                |      |
| 7. Staff meals policy   |                       |                |      |
| 10. Set-up on Person Centred Software & Atlas   |                       |                |      |
| 11. Set-up on Relias e-learning portal  |                       |                |      |
| 12. Complete Care Certificate e-Learning (Care Workers Only)  |                       |                |      |
| 13. Atlas Medication E-Learning (Care Workers & Duty Managers only)   |                       |                |      |
| 14. Signed Confirmation of Understanding of Tenancy Rights (see Section 2.5 of "Documents" in <a href="https://hazeldenehouse.com">https://hazeldenehouse.com</a>   |                       |                |      |
| 15. Upload all documents into Planday   |                       |                |      |
| 16. Complete the Payroll Information Form and pass to Finance   |                       |                |      |
| <b>3. Practical Induction (2 x 12 Hour Days)</b>  |                       |                |      |
| 1. Orientation: fire points, exits and security system.   |                       |                |      |
| 2. Care Planning and Reporting  |                       |                |      |
| 1. Recording using Person Centred Software  |                       |                |      |
| 2. Reading of Care Plans / updates / reviews  |                       |                |      |
| 3. Medication Competency Assessment (see Care Workers' assessment below; for Duty Managers, see Assessment in Section 2.5 of "Documents" in <a href="https://hazeldenehouse.com">https://hazeldenehouse.com</a> |                       |                |      |
| 4. Assessment of Moving & Handling (see below)  |                       |                |      |
| 5. Completion of Practical Induction Checklist (see below)  |                       |                |      |

Registered Manager / Deputy Manager "Fit to Work" Sign-off: \_\_\_\_\_ Date: \_\_\_\_\_

# Competency Assessment for medicines administration using the PCS device

## For Care Workers only

(Excludes PRN Medications & Schedule 1 & 2 CD's)

Name of staff member \_\_\_\_\_

Name of Assessor \_\_\_\_\_

Staff member designation \_\_\_\_\_

Designation of Assessor \_\_\_\_\_

Date and time of Assessment \_\_\_\_\_

Reason for Assessment \_\_\_\_\_

(Induction, Supervised placement, Supervision or competency review requirement, Re-training)

Competency assessment successful Yes / No

Date for re-assessment if required \_\_\_\_\_

| Mandatory Training Courses – e-learning                 | Date last completed | Review date |
|---|---------------------|-------------|
| Medicines handling and management – accredited training |                     |             |
| Getting started with PCS                                |                     |             |
|   |                     |             |

| Competency   | Practice & evidence of applying medication policy knowledge and using PCS  | Pass (Yes/No) | Evidence/Observation/ Questions/ Future Action Required |
|--|--|---------------|---|
| <p><b>General Knowledge of Medication Policy</b></p> <p>The Assessor should ensure that an up to date version of the Medication Policy is readily available for reference during the course of the competency assessment</p> | <ol style="list-style-type: none"> <li>1. Demonstrate understanding of the care home medication policy               <ol style="list-style-type: none"> <li>a. Where is it located?</li> <li>b. Has the content been read and understood?</li> <li>c. Select four random questions relating to medication policy</li> <li>d. Demonstrate understanding of own accountability in managing medicines</li> <li>e. Demonstrate understanding of resident confidentiality</li> <li>f. Importance of Hand washing</li> <li>g. Use of non-touch technique including wearing gloves.</li> </ol> </li> <li>2. Demonstrate understanding of medication errors / near misses and reporting process to be followed</li> <li>3. Provide examples of side effects of medication and procedures to be followed where side effects occur</li> <li>4. Preparation prior to commencing medication administration rounds</li> <li>5. Effective communication and empathy with residents when administering medication.</li> <li>6. Understanding the different routes of administering medication</li> <li>7. Understanding of what to do if a resident refuses medication</li> <li>8. Understanding of covert medication including recording and actions/approval prior to administration</li> <li>9. Clarity of disposal of unwanted medications including use of denature kits</li> <li>10. Understanding of importance of key control and security of medication at all times</li> <li><b>11. For controlled drugs (excluding Schedule 1 &amp; 2 CD's):</b> <ol style="list-style-type: none"> <li>a. Demonstrate understanding of reasons why the medication is counted and signed for including second signatures and reasons for second signature after administration</li> <li>b. Demonstrate understanding of safe and secure storage requirements and requirements for disposal of waste CDs</li> <li>c. Demonstrate correct CD recording requirements</li> <li>d. Understanding of reasons for regular stock checks and procedure to adopt where there are stock discrepancies</li> <li>e. Demonstrate understanding of correct key control</li> </ol> </li> </ol> |               |   |

| Competency  | Practice & evidence of applying medication policy knowledge and using PCS   | Pass (Yes/No) | Evidence/Observation/ Questions/ Future Action Required |
|---|---|---------------|---|
|   | <p>procedures for the CD cupboard.</p> <p><b>12. For topical preparations:</b></p> <ol style="list-style-type: none"> <li>a. Demonstrate understanding of resident's medical conditions in relation to their topical medication e.g. dry skin, irritation, allergy, eczema</li> <li>b. Demonstrate understanding of adverse effects of topical medications e.g. reddening of skin</li> <li>c. Display knowledge of when to discard open pots, tubes and awareness of expiry dates and disposal methods</li> <li>d. Demonstrate procedures for applying topical medications including washing of hands, wearing suitable gloves (PPE)</li> <li>e. Demonstrate method of recording application of topical medication using the PCS device or paper MAR chart</li> </ol> |               |   |
| <p><b>Synchronising PCS</b><br/> This is important for the communication of the PCS device with the Pharmacy via the internet.<br/> Synchronising should be carried out <b>BEFORE</b> each resident administration so that the most up to date resident medicines information is held on the device; and <b>AFTER</b> each resident so that all the information is securely backed up and avoids duplicate administrations.</p> | <p>Ensure that the reason for synchronization is understood and an appreciation of the consequences for failed transmissions.<br/> Observe synchronization before and after each resident administration.</p>   |               |   |

| Competency  | Practice & evidence of applying medication policy knowledge and using PCS  | Pass (Yes/No) | Evidence/Observation/ Questions/ Future Action Required |
|---|--|---------------|---|
| <p><b>Understanding of the Main Screens on PCS</b><br/>There are just a few screens that staff need to be familiar with. Knowing their way around these screens will give an indication of their competence.</p>  | <p>Ask for staff member to take you to the following screens and ask when each ICON should be used:<br/>Ask the staff member to show you the following:</p> <ol style="list-style-type: none"> <li>1. List of service users</li> <li>2. A service user's drug list</li> <li>3. The details of a medicine belonging to a resident</li> <li>4. Items to be booked in</li> </ol>  |               |   |
| <p><b>Administration of medicines</b><br/>Medicines must be administered safely, and every item must be accounted for. Particular attention needs to be given to the management of PRN medicines, creams, Warfarin, antibiotics and time critical medicines e.g. medicines for Parkinson's disease.</p> | <p>Observe drug administration practice. Ensure every item supplied by the Pharmacy is selected via barcode validation; always ensure attention to security of meds:</p> <ol style="list-style-type: none"> <li>1. Ask the person why they think barcode scanning is important.</li> <li>2. Ask how the person ensures that all medicines have been given and that all medicines have been accounted for.</li> <li>3. Ask how the person knows which medicines have been potted.</li> <li>4. Ask how the person deals with potted medicine that has been refused.</li> <li>5. Ask the person to explain how the Duty Managers make the decision on what PRNs to give and when.</li> <li>6. Ask the person how they would find out details of administration over the last 7 and 30 days.</li> <li>7. Ask how drug information is accessed.</li> <li>8. Ask to see how clinical readings are recorded.</li> <li>9. Ask how creams are accounted for and how to inform the Duty Manager to request creams in the next cycle. (If an order is necessary, how to add a note to the system).</li> </ol> |               |   |
| <p><b>Communication and Proactive Alerts</b><br/>Communication is the key to the safe management of medicines. There are alerts to provide warnings and prompts to ensure information is complete.</p>  | <p>Observe the actions of the member of staff after each of the following Alerts:</p> <ul style="list-style-type: none"> <li>• Pulse Reading Alert</li> <li>• Previous Missing Entries Alert</li> <li>• Low Stock Alert</li> </ul>   |               |   |

## Competency Assessments - Moving & Handling of Residents (for RN's/Care Workers)

Staff Name:

Assessor Name:

Date:

Competency is measured thus:

| Level |   |
|-------|---|
| (1)   | Has minimal knowledge and experience of manual handling techniques                              |
| (2)   | Has some knowledge and experience of manual handling techniques but still requires supervision. |
| (3)   | Demonstrates knowledge of manual handling techniques and applies these safely                   |

If competency **1 and/or 2** is achieved, the following courses of action are recommended:

|          |  | Level     |
|----------|--|-----------|
| <b>A</b> | The member of staff may continue to perform this manual handling activity only under the supervision of a competent member of staff  | (2)       |
| <b>B</b> | The member of staff should: <ul style="list-style-type: none"> <li>• Refrain from this manual handling activity</li> <li>• Re-attend for training before performing this manual handling task</li> </ul> | (1) & (2) |

### Independent Standing

| Action   | Achieved |   |   |
|--|----------|---|---|
| Explains to the service user what is about to happen   | 1        | 2 | 3 |
| Reads the appropriate Handling Plan  | 1        | 2 | 3 |
| Moves service user to the front of the seat using correct method of manual handling                              | 1        | 2 | 3 |
| Positions serviced user's feet correctly   | 1        | 2 | 3 |
| Explains to the service user the need to have their head above their knees and look in the direction of the move | 1        | 2 | 3 |
| Positions the service user's hands in correct position   | 1        | 2 | 3 |
| Uses command 'Ready, Steady, Stand' whilst getting the service user to rock back and forth                       | 1        | 2 | 3 |

### Assisted Walking

| Action   | Achieved |   |   |
|--|----------|---|---|
| Explains to the service user what is about to happen           | 1        | 2 | 3 |
| Reads the appropriate Handling Plan                            | 1        | 2 | 3 |
| Stands the service user using the correct method               | 1        | 2 | 3 |
| Positions themselves correctly in relation to the service user | 1        | 2 | 3 |
| Holds the service user's arm in the correct position           | 1        | 2 | 3 |
| Positions the service user's hand in correct position          | 1        | 2 | 3 |

### Standing to Sitting

| Action   | Achieved |   |   |
|--|----------|---|---|
| Explains to the service user what is about to happen   | 1        | 2 | 3 |
| Reads the appropriate Handling Plan  | 1        | 2 | 3 |
| Walks the service user using the correct method to the chair so they can see where they are to sit | 1        | 2 | 3 |
| Positions the service user correctly in relation to the chair                                      | 1        | 2 | 3 |
| Supports the service user correctly  | 1        | 2 | 3 |
| Assists the service user as necessary  | 1        | 2 | 3 |

## Competency Assessments - Moving & Handling of Residents (for RN's/Care Workers)

Staff Name:

Assessor Name:

Date:

### Hoisting

| Action  | Achieved |   |   |
|---|----------|---|---|
|   | 1        | 2 | 3 |
| Explains to the service user what is about to happen                          | 1        | 2 | 3 |
| Reads the appropriate Handling Plan   | 1        | 2 | 3 |
| Chooses correct equipment   | 1        | 2 | 3 |
| Checks the hoist for any faults (Oxford Hoist, Stand Aid, Bath Hoist, etc.)   | 1        | 2 | 3 |
| Checks the sling for any faults (Access sling, Full back sling)               | 1        | 2 | 3 |
| Inserts sling using correct method of manual handling                         | 1        | 2 | 3 |
| Attaches sling correctly to the hoist   | 1        | 2 | 3 |
| Demonstrate correct use of hoist (brakes, manual/electric)                    | 1        | 2 | 3 |
| Moves service user safely   | 1        | 2 | 3 |
| Positions service user correctly  | 1        | 2 | 3 |
| Removes sling using correct method of manual handling                         | 1        | 2 | 3 |
| Stores hoist and sling correctly  | 1        | 2 | 3 |
| Able to demonstrates correct procedure if a fault is found with the equipment | 1        | 2 | 3 |
| Demonstrate knowledge of how to clean equipment correctly                     | 1        | 2 | 3 |

### Rolling and Turning

| Action   | Achieved |   |   |
|--|----------|---|---|
|  | 1        | 2 | 3 |
| Explains to the service user what is about to happen                               | 1        | 2 | 3 |
| Reads the appropriate Handling Plan  | 1        | 2 | 3 |
| Positions the service user's arms correctly  | 1        | 2 | 3 |
| Moves down the bed and positions the service user's legs correctly                 | 1        | 2 | 3 |
| Positions themselves correctly in relation to the service user in correct position | 1        | 2 | 3 |
| Holds the service user in the correct position                                     | 1        | 2 | 3 |
| Roll the service user towards you  | 1        | 2 | 3 |

### Slide Sheets

| Actions   | Achieved |   |   |
|---|----------|---|---|
|   | 1        | 2 | 3 |
| Explains to the service user what is about to happen  | 1        | 2 | 3 |
| Reads the appropriate Handling Plan   | 1        | 2 | 3 |
| Chooses correct slide sheet   | 1        | 2 | 3 |
| Checks the slide sheets for any faults  | 1        | 2 | 3 |
| Inserts slide sheet using correct method of manual handling<br>Slide to side – rolling<br>Head down | 1        | 2 | 3 |
| Moves service user correctly safely whilst maintain correct posture                                 | 1        | 2 | 3 |
| Positions service user correctly  | 1        | 2 | 3 |
| Removes slide sheet in the approved manner  | 1        | 2 | 3 |
| Stores slide sheet correctly, identify any health and safety issues                                 | 1        | 2 | 3 |
| Able to demonstrate correct procedure if a fault is found with the slide sheet                      | 1        | 2 | 3 |
| Demonstrate a knowledge of how to clean equipment correctly   | 1        | 2 | 3 |



## HAZELDENE HOUSE – PRACTICAL INDUCTION CHECK LIST (FOR DUTY MANAGERS / CARE WORKERS ONLY)

**NAME:**

**JOB:**

**DATE:**

| Topic   | Induction Supervisor's Initials | Staff Initials |
|---|---------------------------------|----------------|
| 1. Call Bell System<br>a) Emergency Calls to be answered immediately<br>b) Normal calls to be answered within 5 minutes   |                                 |                |
| 2. Kitchen<br>a) Use of Facilities/ Trays<br>b) Numbers for meals/ Tables/ Menus  |                                 |                |
| 3. Rooms<br>a) Bed Making/ Tidy/ Property/Safety of furniture equipment   |                                 |                |
| 4. Personal Hygiene<br>a) Promote Self Care<br>b) Assist with personal hygiene / bathing<br>c) Mouth care/ dentures/ clean teeth<br>d) Skin care/ nails/ hair/ grooming<br>e) Reporting skin problems |                                 |                |
| 5. Eating<br>a) Promote Independence<br>b) Help with eating/drinking<br>c) Importance of adequate fluid intake<br>d) Reporting appetites<br>e) Use of aids/ fortified food                            |                                 |                |
| 6. Pressure Area Care<br>a) Prevention of pressure damage<br>b) Care of residents with damage<br>c) Use of equipment  |                                 |                |
| 7. Cross Infection<br>a) Prevention/recognition<br>b) Hand washing/ gloves & aprons<br>c) "Universal Precautions"   |                                 |                |
| 8. Promotion of Communication<br>a) Talking to residents<br>b) Care of hearing aids<br>c) Care of blind/partially sighted and spectacles  |                                 |                |
| 9. Promotion of Continence:<br>a) Use of pads, assisting resident to use toilet<br>b) Monitoring of body waste<br>c) Cleaning of commodes   |                                 |                |