PHSSL CARE LIMITED

CONTROLLED POLICY

C02 – INDUCTION, TRAINING, SUPERVISION AND COMPETENCY POLICY

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Policy Owner	PHSSL Care Limited
Approved By	Lade Awosika, Director
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Status	Controlled Document
Applies To	All PHSSL Care Limited staff, workers and relevant contractors
Supersedes	New policy

1. Purpose

This policy sets out PHSSL Care Limited's arrangements for induction, training, supervision and competency so that staff have the knowledge, skills, values and support required to provide safe, effective and person-centred care.

2. Scope

This policy applies to all PHSSL Care Limited employees, workers, managers and relevant contractors. Requirements will be proportionate to role, responsibilities, experience, the people supported and the activities undertaken.

3. Policy Statement

Staff will not be expected to undertake duties for which they have not been appropriately inducted, trained, assessed as competent or supported. Learning and competency will be maintained throughout employment and reviewed when needs, risks, guidance or responsibilities change.

4. Legal and Regulatory Framework

This policy will be applied with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulations 18 and 19; the Care Act 2014; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; safeguarding requirements; Mental Capacity Act 2005; Equality Act 2010; and current CQC guidance and recognised workforce standards.

5. Training Needs Analysis

PHSSL Care Limited will identify training requirements according to service scope, job role, regulatory duties, risk assessment, individual development needs, incidents, complaints, safeguarding concerns, audit findings and changes in practice.

6. Induction

All new staff will complete a structured induction appropriate to their role before working without the level of support required for safe practice. Induction will introduce PHSSL Care Limited, its values, policies, reporting routes, safeguarding responsibilities, health and safety, confidentiality and role expectations.

7. Care Certificate

Where relevant to the role and the worker's previous experience, PHSSL Care Limited will use the Care Certificate standards or other recognised induction framework as part of demonstrating foundational knowledge and competence. Previous learning will be reviewed rather than assumed.

8. Role-Specific Induction

Staff will receive information and instruction relevant to their actual duties, including the needs of people they support, care plans, risk assessments, communication needs, equipment, medicines responsibilities, moving and handling arrangements and emergency procedures where applicable.

9. Shadowing and Supported Practice

New or developing staff may be required to shadow experienced competent workers and complete supervised practice before undertaking duties independently. The length and content of shadowing will be based on competence and risk rather than a fixed period alone.

10. Mandatory and Core Training

Core training will be identified by PHSSL Care Limited according to role and service needs and may include safeguarding, infection prevention and control, health and safety, moving and handling, fire safety, first aid awareness, medicines, mental capacity and consent, equality and diversity, information governance, lone working and other relevant subjects.

11. Specialist and Person-Specific Training

Additional training will be arranged where a person's needs or a staff member's duties require specific knowledge or skills. Staff must not undertake specialist tasks until appropriate training, instruction and competency assessment have been completed.

12. Competency Assessment

Attendance at training does not by itself demonstrate competence. Where practical skills or high-risk tasks are involved, competence will be assessed through observation, questioning, supervised practice, records review or other appropriate methods.

13. Medicines Competency

Staff involved in medicines support must complete appropriate medicines training and competency assessment before undertaking medicines duties independently. Competency will be reviewed following concerns, errors, changes in role or other identified need.

14. Moving and Handling Competency

Staff undertaking moving and handling tasks must receive suitable training and follow individual handling plans and equipment instructions. Practical competence will be assessed where required before staff perform tasks independently.

15. Infection Prevention Competency

Staff must understand and apply infection-prevention measures relevant to their role, including hand hygiene, personal protective equipment, safe waste handling and other controls identified through care plans and risk assessments.

16. Safeguarding Competency

Safeguarding learning must enable staff to recognise possible abuse or neglect, respond to disclosures, take immediate protective action, record accurately and report concerns without delay through the correct safeguarding route.

17. Supervision

Staff will receive supervision appropriate to their role, experience, performance and risk. Supervision provides a confidential professional forum to review practice, wellbeing, workload, safeguarding, conduct, training, competency, development and any concerns.

18. Frequency of Supervision

Supervision frequency will be determined by PHSSL Care Limited's supervision arrangements and individual need. Additional supervision may be provided following induction, changes in role, incidents, complaints, safeguarding matters, performance concerns or return from extended absence.

19. Quality of Supervision

Supervision should be purposeful and documented. Agreed actions should identify responsibilities and timescales where appropriate, and previous actions should be followed up.

20. Appraisal and Development Review

Staff performance and development will be reviewed periodically through appraisal or equivalent arrangements. Reviews should consider achievements, objectives, learning needs, competency, values, feedback and future development.

21. Training Updates and Refresher Learning

Training will be refreshed according to legal, regulatory, organisational, risk-based or recognised good-practice requirements. PHSSL Care Limited will not rely solely on expiry dates where incidents or practice concerns indicate earlier retraining is needed.

22. Learning From Incidents and Complaints

Incidents, near misses, medication errors, safeguarding concerns, complaints, audits and feedback will be reviewed for learning needs. Individual or team training, supervision or competency reassessment may be required.

23. Changes in Guidance or Practice

Where law, regulatory guidance, equipment, procedures or recognised practice changes, PHSSL Care Limited will assess the impact and provide updates or retraining before staff undertake affected duties where necessary.

24. Training Records

Training, induction, supervision and competency records will be maintained accurately and securely. Records should show relevant dates, subject, provider or assessor where applicable, outcome and any required renewal or follow-up.

25. Expiry and Renewal Monitoring

PHSSL Care Limited will maintain a system for monitoring training or competency renewal requirements. Managers and staff share responsibility for ensuring required learning remains current.

26. External Training and Certificates

External certificates may contribute to evidence of learning but will be checked for relevance, quality, date and applicability to the staff member's PHSSL Care Limited role. Additional local competency assessment may still be required.

27. Staff Returning After Absence

Following extended absence or where skills may have lapsed, management will consider whether refresher training, updated induction, shadowing or competency reassessment is required before full duties resume.

28. Agency and Temporary Workers

Temporary or agency workers must receive sufficient local induction and information to work safely. PHSSL Care Limited will obtain appropriate assurance of relevant training and will assess local or role-specific competency where necessary.

29. Staff Who Do Not Demonstrate Competence

Where competence is not demonstrated, the staff member must not undertake the relevant task independently. Additional training, supervision, reassessment or other management action will be arranged according to the circumstances.

30. Learning Support and Reasonable Adjustments

PHSSL Care Limited will consider reasonable adjustments and appropriate learning support so staff can access training fairly while maintaining essential competency and safety requirements.

31. Staff Responsibilities

Staff must participate in required induction, training, supervision and competency assessment; keep learning up to date; work within competence; follow policies and care plans; ask for guidance when unsure; and report any task they do not feel competent to perform.

32. Management Responsibilities

Managers will identify learning needs, arrange appropriate induction and training, ensure staff are supervised, assess or obtain evidence of competency, maintain records, monitor renewals and act promptly where competence or performance concerns arise.

33. Monitoring and Quality Assurance

PHSSL Care Limited will audit training compliance, supervision records, competency evidence and learning actions. Findings will inform workforce planning, quality improvement and regulatory assurance.

34. Related PHSSL Policies

- A01 Governance and Quality Assurance Policy
- B01 Safeguarding Adults Policy
- B02 Safeguarding Children and Young People Policy
- B05 Mental Capacity, Consent and Best-Interest Decision-Making Policy
- C01 Recruitment, Selection and Safer Employment Policy
- C03 Staff Conduct, Capability and Disciplinary Arrangements Policy
- C04 Lone Working and Staff Safety Policy
- D02 Medicines Management Policy
- D03 Infection Prevention and Control Policy
- D04 Moving and Handling Policy
- E01 Health and Safety Policy

35. Review and Document Control

This policy will be reviewed at least annually and sooner following significant legal or regulatory change, training or competency failures, serious incidents, safeguarding concerns, inspection findings, audit findings or identified weaknesses. The current approved electronic version is the controlled master. Printed or locally saved copies are uncontrolled unless specifically issued and recorded as controlled copies.

Approved by	Lade Awosika
Position	Director
Approval method	Approved electronically
Approval date	September 2026
Next review date	September 2027