**Briefing pack to support the implementation   
of the All Wales Induction Framework for Health and Social Care**

**December 2019**

**Introduction**

**Background to the induction framework**

A good induction makes sure health and social care workers understand the importance of person-centred practice and the values that underpin work in health and social care. A well-structured induction will also help workers settle and become more effective in their role. It can increase employee commitment and job satisfaction, and has a positive effect on reducing staff turnover.[[1]](#footnote-1)

Every health or social care service, whether large or small, must give all new workers an induction. The importance of a planned and well-thought-out induction, and the positive impact it has on the quality of the service provided should not be underestimated.

The *All Wales induction framework for health and social care* (induction framework) creates a firm basis for new workers to help them develop their practice and future careers, in and across the health and social care sectors. It also gives employers and providers a clear understanding of the knowledge, skills and values they need to see to make sure new workers are safe and competent to practice at this stage of their development.

This new induction framework is designed for social care workers and healthcare support workers[[2]](#footnote-2), and has been developed with sector representatives from social care and health. It covers care and support for adults, and children and young people.

It provides a structure for a common induction in health and social care across Wales and outlines the knowledge and skills new workers need to gain in the first six months of employment. To make sure it meets the needs of both parts of the sector, a new section has been added on health and well-being. The induction framework’s title has also been changed to the *All Wales induction framework for health and social care*.

**What is the briefing pack?**

This briefing pack has been developed with the support of the All Wales Induction Framework advisory group. It aims to support the implementation of the new induction framework.

This pack is designed to support facilitators to deliver a learning and information session to those responsible for the delivery of induction.

**Who should use it?**

Those responsible for supporting employers, managers and others who have a role in providing and supporting induction for new workers.

**What does this pack contain?**

This briefing pack contains facilitator notes, and appendices with:

* a presentation with full notes pages
* group activities
* handouts
* a link to a film

These will all support the delivery of the sessions.

**How should the pack be used?**

This briefing pack is designed to be delivered in a half-day session, but it can be adapted to suit your needs.

For this pack to be delivered effectively, it’s useful if those delivering it have also undertaken the briefing session. However, this is not a requirement.

**What resources are needed to deliver a session?**

To deliver this session, you will need the following resources.

* laptop/PC
* projector and screen
* speakers
* PowerPoint presentation with notes
* handouts
* copy of the All Wales Induction Framework progress logs, workbooks, guidance and glossary
* *Home from Home* DVD
* copies of different resources
* *What the Act means for me?* workbook
* *Caring with Pride* workbook
* *Positive approaches: reducing positive practice in social care*
* *Duty of candour*
* *Professional boundaries: A resource for managers*
* *Code of Professional Practice for Social Care* and guidance

**The aim of this briefing pack is to:**

* provide effective and informative sessions for those who have responsibility for delivering and supporting the induction
* give participants knowledge and understanding of the new induction framework and supporting resources so they can deliver the session themselves
* help ensure smooth implementation of the induction framework within the health and social care sectors in Wales.

**The briefing session aims to support participants to:**

* have an understanding of the new induction framework and its content
* be able to highlight the importance of a good induction
* have an appreciation of some of the learning activities and how to support learners through the induction process
* understand the links between completing the workbooks and qualifications
* be able to deliver this briefing session to others confidently
* be able to cascade the information to others who have a responsibility for induction.

**Suggested length of the briefing session**

3 hours 30 mins, with time for breaks.

**Contents**

1. **Presentation – introduction…………………………………………………… 6**
2. **The importance of good induction …………………………….................... 7**
3. **The induction framework and supporting resources…………………….. 11**
4. **Workbook activities…………………………………………………………… 13**
5. **What if…? questions…………………………………………………………. 19**
6. **The good, the bad and the mediocre………………………………………. 23**
7. **Personal action plan/learning plan………………………………………….. 36**
8. **What next?................................................................................................... 39**
9. **Presentation – Introduction**

**Approximate time to be allocated:**

15 minutes.

**The aim of this presentation is:**

* to provide background information, context and what has changed in this version of the induction framework.

**Participants will:**

* know about the background to the induction framework
* know about the purpose of the review of the induction framework and the wider context
* be aware of the various resources available to support induction
* understand the importance of a good induction programme.

**Facilitator notes**

* presentation and slides available
* notes pages that can be used by others

**Resources needed**

* presentation, laptop, projector
* notes pages
* copies of workbooks and progress logs
* copies of different resources
* [What the Act means for me? workbook](https://socialcare.wales/cms_assets/hub-downloads/Workbook-What-does-the-Act-mean-for-me.pdf)
* *Home from Home* DVD

* [Positive approaches: reducing positive practice in social care](https://socialcare.wales/cms_assets/file-uploads/Positive-Approaches-Final-English-June-2016.pdf)
* [Duty of candour](https://socialcare.wales/resources/openness-and-honesty-when-things-go-wrong-the-professional-duty-of-candour-explanatory-guidance)
* [Professional boundaries: A resource for managers](https://socialcare.wales/cms_assets/file-uploads/Professional-boundaries-A-resource-for-managers.pdf)
* [Code of Professional Practice for Social Care and guidance](https://socialcare.wales/landing-page/code-of-professional-practice-and-guidance)
* handout with direct links to resources

**Additional notes**

* it’s important to make sure everyone starts with the same basis of understanding
* the presentation can be adapted, changed, and made more relevant and specific, depending on audience.

**2 –** **The importance of good induction and why people should invest in it**

**Approximate time to be allocated:**

Either:

a) 30 minutes

or

b) 20 minutes (*Home from Home* DVD) plus 30 minutes.

**The aim of this activity is:**

* to show the importance of a good induction and the difference it can make
* to get people to discuss and to think of the further benefits of a good induction.

**\***It is important to do this towards the start of the session as the new induction framework is bigger, and will require time and effort for managers. They will need to believe in the importance of investing their time and resources.

**Participants will:**

* explore what a good induction is
* understand the benefits of a good induction for the person who uses the service
* understand the benefits of a good induction for the new worker
* develop an understanding of the connection between a good induction process and the use of person centred approaches.

**Facilitator notes**

We’ve developed a short film that gives a range of different perspectives on the importance of induction for new workers, the organisation, for carers and for people who use care and support services. It aims to capture why a good induction process is important. The film features different types of services, workers, those who are responsible for induction and managers of services. As well as people who use services and their families and carers, it also includes the workers who have undergone a robust induction process, and highlights why a good induction has given them a solid foundation for their career. Some of the activities presented here show how to deliver a good induction.

We have also included a handout about the senses framework. This may be helpful in supporting managers to understand the importance of induction for workers and people who use care and support.

Select one of the exercises outlined below, depending on the situation, time and background of the learners:

1. List the benefits of induction and why investing in a robust induction process is beneficial to services, the worker and the people who use care and support.

**or**

1. Play the *Home from Home* DVD. Ask participants to consider the impact of both poor and good induction on Sarah as a new worker and on Betsan.

**Resources needed**

* laptop
* *Home from Home* DVD
* projector
* screen
* speakers
* discussion points.

*Home from Home* is a film featuring a series of scenes that the Care Council for Wales commissioned from the professional arts organisation Re-Live. They aim to show the impact of investing in the proper induction of new workers and the use of person-centred approaches on social care workers and people who use social care services.

Although it is set within a residential care home for older people, the underlying message is the same for anyone – adult, child or young person – accessing care and support in a residential care setting.

Activity option a)

|  |
| --- |
| 1. List the benefits of good induction for:  * the new worker * people who use the care and support service * carers * the organisation/service |

Activity option b)

|  |
| --- |
| 1. While considering the examples in the *Home from Home* film, how do you think a good induction has helped Sarah support Betsan? 2. How do you think that Betsan is feeling in the second care home scene compared to the first one? |

**3 –****The induction framework and supporting resources**

**Approximate time to be allocated:**

30 minutes.

**The aim of this session is:**

* to show and to demonstrate what the new induction framework looks like and how it can be used
* to get people more familiar with its layout and the links between the progress logs and the workbooks
* to explain the different formats of the framework (word, pdf, online) and how each can be used.

**Participants will:**

* start to familiarise themselves with the induction framework, the progress logs, workbooks, glossary, resources and introduction guidance
* start to see the connections between completing the workbooks and the progress logs
* understand the responsibility of the registered manager
* understand the links between the workbooks and the qualifications.

**Facilitator notes**

This activity is an opportunity to show managers what the new induction framework and resources look like, and to get them familiar with the look and feel of the documents. Depending on circumstances (such as access to the internet or the ability to print hard copies), this can be done as a demonstration on-screen or by going through hard copies of the resources with managers. It will show managers the connection between completing the workbooks and how this can support signing off the progress logs.

Suggest that the progress logs and the workbook for section 5 (professional practice as a social care worker) is used, as well as showing the introduction and guidance for managers and workers, glossary of terms and resource page.

**Resources needed:**

* example of word version workbooks and progress logs
* example of pdf version workbooks and progress logs
* laptop and projector
* introduction and guidance for managers and workers, glossary and resources page.

**Additional information and links to resources**

* All Wales induction framework for health and social care [socialcare.wales/collections/all-wales-induction-framework-resources](https://socialcare.wales/collections/all-wales-induction-framework-resources)
* NHS Wales induction for clinical healthcare support workers [www.nhswalesdevelopinghealthcare.com/#induction](http://www.nhswalesdevelopinghealthcare.com/#induction)
* Code of Professional Practice for Social Care and guidance [socialcare.wales/landing-page/code-of-professional-practice-and-guidance](https://socialcare.wales/landing-page/code-of-professional-practice-and-guidance)
* Social care legislation in Wales information and learning hub  
  [socialcare.wales/hub/home](https://socialcare.wales/hub/home)
* What the Act means for me?   
  [socialcare.wales/hub/hub-resource-sub-categories/principles-of-the-act](https://socialcare.wales/hub/hub-resource-sub-categories/principles-of-the-act)
* Home from Home DVD
* Positive approaches: reducing positive practice in social care [socialcare.wales/resources/positive-approaches-reducing-restrictive-practices-in-social-care](https://socialcare.wales/resources/positive-approaches-reducing-restrictive-practices-in-social-care)
* Openness and honesty when things go wrong: the professional duty of candour   
  [socialcare.wales/resources/openness-and-honesty-when-things-go-wrong-the-professional-duty-of-candour-explanatory-guidance](https://socialcare.wales/resources/openness-and-honesty-when-things-go-wrong-the-professional-duty-of-candour-explanatory-guidance)
* Professional boundaries: A resource for managers   
  [socialcare.wales/learning-and-development/professional-boundaries-a-resource-for-managers](https://socialcare.wales/learning-and-development/professional-boundaries-a-resource-for-managers)

**4 – Workbook activities**

**Approximate time to be allocated:**

30 minutes.

**The aim of this session is:**

* to give an example of what the learning activities looks like. There are a range of different activities in the workbooks including case studies, film clips, and questions and answers
* to give a practical demonstration of an example of completing a learning activity
* to give people an idea of the different learning and assessment methods that can be used.

**Participants will:**

* understand what the learning activities look like
* start to see the links between completing the workbook activities with completing the progress log
* understand how different learning and assessment methods can be used.

**Facilitator notes**

Have examples of some learning activities. We suggest activity 5.5 and activity 5.4.

Looking at the two activities, what are the different learning methods that could be used to support new workers to complete these? How do you think completion of these activities would help the practice of the worker? How should this be recorded in the progress log?

**Resources needed**

* different learning activities
* a full list of potential learning and assessment methods
* progress logs, to link completing the activities with signing off the progress logs.

**Additional notes to be mindful of:**

* this activity can be repeated with other learning activities within the workbooks to suit the audience
* these are some examples of learning methods that can be used to help the worker complete workbook activities 5.4 and 5.5.

**Examples of potential learning** **methods**

|  |  |
| --- | --- |
| **Workbook activity 5.4** | **Workbook activity 5.5** |
| Guided reading | Group work |
| Structured use of supervision | Reflective practice |
| Practical experience | Structured use of supervision |
|  | Practical experience |

**Workbook activity 5.5**

Looking at the two activities:

* What are the different learning methods that could be used to support new workers complete these?
* How will completing these activities help the worker’s practice?
* How should this be recorded in the progress log?
  1. **Personal conduct of health and social care workers**

You have a responsibility as a health and social care worker to ensure that your conduct does not fall below the standards detailed in the codes of conduct and professional practice. It is important you uphold public trust and confidence in the health and social care professions.

**Learning activity**

Read the case studies below and answer the questions.

**Case study – Amy**

Following a weekend away at a hen party, Amy, a healthcare support worker on a children’s ward, has posted photos of herself with friends in a drunken state on Facebook. After returning home, she updates her Facebook status saying something inappropriate about having too much to drink over the weekend.

Her Facebook friends include three other healthcare support workers where she works and also Jane who is one of young people on the ward. Jane ‘likes’ Amy’s status and pictures and shows them to the other young people on the ward. Before long, they are telling all the staff team about Amy being drunk on the weekend and one of the children shows the pictures to her parents.

|  |
| --- |
| **Workbook notes:**   1. Explain what parts of the codes of conduct and professional practice Amy has broken and how: 2. What impact could Amy’s behaviour and her use of Facebook have:  * on the young people she works with? * on her colleagues? * on the parents?  1. What should you always remember when using social media in relation to your role as a health and social care worker? 2. What does the term ‘positive role modelling’ mean and why is it important? |

Positive relationships are an essential part of person-centred practice. However, it is just as important not to form inappropriate relationships with individuals, family members or carers. Look at the following case study and reflect on Bethan’s behaviour.

**Case study – Bethan**

Jan has Parkinson’s disease and lives with her husband Dafydd. Up until recently, Dafydd has been managing well in caring for his wife. However, Dafydd has had a fall in the garden and sprains his ankle badly. Their son Mark moves in to provide support to his parents during this time.

Bethan is one of the team of social care workers who visit on a daily basis to support Jan with her personal care. Bethan and Mark immediately hit it off. When Bethan is alone with Jan she questions her about Mark and his personal relationships. A few days later Mark asks Bethan out for a drink which she agrees to.

|  |
| --- |
| **Workbook notes:**   1. In what way has Bethan’s behaviour been inappropriate? 2. In workbook 1 and 2 you explore the importance of maintaining professional boundaries. Why is it important not to form inappropriate relationships with individuals, their families or carers? 3. What do the codes tell you about inappropriate relationships? |

**Workbook activity 5.4**

Looking at the following learning activity:

* What are the different learning methods that could be used to support new workers to complete these?
* How will completing these activities help the worker’s practice?
* How should this be recorded in the progress log?

**Learning activity**

Answer the questions below about recorded information.

|  |
| --- |
| **Workbook notes:**   1. What are the important things to remember when recording in your day-to-day work? List them below:    1. What is the difference between fact, opinion and judgement? (You may want to look at the case study on good recording practice in workbook 6 - safeguarding individuals, to explore this) 2. Why do you think individuals should be able to see the information recorded about them? 3. When would you not be able to share recorded information with individuals? |

**Learning and assessment methods**

**Some of the learning and assessment methods:**

* mentoring by a more experienced colleague
* coaching
* distance learning
* e-learning
* guided reading
* structured use of supervision
* shadowing
* taught programmes / training
* group work
* practical experience
* reflective practice
* completing the workbooks
* written or verbal questioning
* assignments
* case studies with questions
* presentations
* tests
* direct observation of practice
* feedback from others – for example, individuals, carers, other workers
* self-assessment / reflective accounts
* evidence of accredited training / qualifications.

**Follow up questions:** You may need to use ‘follow up’ questions to test the understanding of a new worker in more depth. Ideally, this should be done in a way that draws out their thinking and helps them discuss their thoughts

**Direct observation of practice:** This aspect of assessment will provide evidence of how a new worker is performing in their role and how they are applying their knowledge and understanding to their practice. Constructive feedback about their practice will help new workers know how they are doing and understand the areas they need to improve in a supportive way.

**Feedback from others:** Feedback from individuals, carers and other workers can be valuable in establishing how well the new worker is doing. It is important that this is done in a way that is open and supportive to learning.

**Reflection:** The new worker can be asked to give a work-related example of something they have done and consider whether it went well, what the outcomes were and what they learnt from this. It is a good way of judging whether a worker can think through tasks and learn through reflection and analysis.

**5 –** **‘What if…?’ questions**

**Approximate time to be allocated:**

30 minutes.

**The aim of this activity is:**

* to help people think about the different situations and scenarios that may arise
* to address some of these common considerations before they become an issue.

**Participants will:**

* be able to answer some of the most commonly raised ‘what if…?’ questions
* be able to think about different ways of supporting learners to complete their induction
* be able to offer innovative approaches to support learners
* be able to think about and address any other ‘what if…?’ questions that arise.

**Facilitator notes**

In groups, select a couple of the ‘what if…?’ questions and discuss possible solutions or what you would do in these situations.

What if…

* there is no access to internet/computer
* the new worker fails to complete the induction within six months
* a worker leaves / joins part way through completing the induction
* the manager signs off the induction, but when an assessor looks at the evidence presented, they don’t think that it is sufficient or robust enough to meet the standards for the qualifications
* a worker starts and has already completed the induction framework and workbooks with another employer
* a worker starts who is not new to the social care sector
* a worker starts who has completed the workbooks as pre-employment
* a worker moves from one employer to another – what needs to be   
  re-assessed.

Continue in your groups. Are there any other ‘what if…?’ questions you can think of that may arise? How would you go about trying to address these?

**Resources needed:**

* list of ‘what if…?’ questions and responses
* health frequently asked questions <https://socialcare.wales/cms_assets/file-uploads/AWIF-briefing-pack-Appendix-O-frequently-asked-questions.pdf>
* registration FAQs <https://socialcare.wales/registration/domiciliary-care-workers-registration>

**Additional notes to be mindful of:**

* there could be an opportunity here to develop a guide of all the potential questions that may arise and to share with others
* this could be a good way of sharing good practice, what works well and other ideas on how to conduct a good induction process.

**‘What if…?’ questions**

**List of potential ‘what if…?’ questions to consider**

* there is no access to the internet/a computer
* the new worker fails to complete the induction within six months
* a worker leaves/joins part way through completing the induction
* the manager signs off the induction, but when an assessor looks at the evidence presented, they don’t think it is sufficient or robust enough to meet the standards for the qualifications
* a worker starts and has already completed the induction framework and workbooks with another employer
* a worker starts who is not new to the social care sector
* a worker starts who has completed the workbooks as pre-employment
* a manager is struggling to find the time to provide the induction
* if a worker moves to another employer, does the manager need to see the portfolio of evidence completed or just accept the certificate of completion?
* the employer refuses to release the workbooks/evidence that the worker has completed if they are moving to another setting

**6 –** **The good, the bad and the mediocre**

**Approximate time to be allocated:**

30 minutes.

**The aim of this activity is:**

* to help people think about what makes a good, a bad and a mediocre answer to a learning activity
* to help people think about what support learners would need to develop their answers further
* to try and standardise responses from learners for them to be potentially used towards qualification assessment.

**Participants will:**

* be able to identify why an answer is good, bad and mediocre
* be able to work with the learner to develop their answers further
* be able to address some of the issues relating to standardisation of answers for the purpose of them being used for the qualification assessment.

**Resources needed:**

* examples of good, bad and mediocre versions of answers to the same learning activity, with discussion points
* how the manager can support the learner to develop their answers***.***

**Prompts for the facilitator**

You may want to develop a pool of these answers so that they can cover most types of questions, for example:

* use the space below to note…..
* talk to your manager about… and record notes
* what is meant by the term… and why is this important
* in the space below, answer the questions to show your understanding of…

**Hearing 5.1 – Code of conduct and practice**

**Learning activity**

The codes of conduct and professional practicedescribe the standards of professional conduct and practice needed by health and social care workers in their everyday work. The codes may be used in many ways.

As a health and social care worker you can use them:

* to let individuals and other carers know about the standard of care and support that they can expect from you
* as a guide for the work you do
* as a tool to reflect on and improve what you do
* for discussion in your supervision sessions with your manager
* for discussion with your colleagues and other professionals about your work
* to help you to challenge poor work of others
* as a guide that helps you to know what support you can expect from your manager e.g. induction, training etc.

The code of professional practice will normally be used by those employed as a social care worker, and the NHS Wales code of conduct for health care support workers in Wales by those employed by health. Some workers need to register with Social Care Wales as a professional. If this is the case, the code of professional practice must be followed. There will also be additional practice guidance depending on your role e.g. *the residential child care worker – practice guidance*. Workbook 1 and 2 also have some learning activities on the codes.

Whatever your role, read both the Code of Professional Practice and the NHS Wales Code of Conduct for Health Care Support Workers in Wales and answer the questions below.

|  |
| --- |
| **Workbook notes:**  **5.1.1**   1. What do the Code of Professional Practice and the NHS Wales Code of Conduct for Health Care Support Workers in Wales tell you about your responsibilities for equality and diversity?   **Good answer:**  Section 1 in the Code of Practice (1.1 to 1.5) is all about workers having respect for individuals views and wishes, using person centred approaches to make sure that people have choices and control over things that are important to them, this includes working with individuals and carers in ways that respect their values, beliefs, culture, language and rights and promoting equality, diversity and inclusion.  Section 2.3 talks about active support for diversity in preferred ways of communicating – More than just words (the active offer of services in the Welsh language) also speaks about this, and means that we shouldn’t wait to be asked, but try and find out how a person prefers to communicate with us  Section 3 (3.5) tells us that we are responsible for letting people know how to express concerns or make a complaint if they feel they are not being treated fairly, and 3.7-3.9 tells us that we have to be prepared to challenge inequality or discrimination of any sort in the proper way.  Section 5, (5.5 and 5.6) tells us that we must act professionally and honestly, and not discriminate against people ourselves, or collude with colleagues or others who do so.  In the Healthcare Support Workers Code of Conduct, responsibilities are described in Section 2: 6 and 7, and Section 7 1-3 which tell workers they must report any discriminatory practice, and take complaints seriously, whilst respecting individuality and equality of opportunity.  **Mediocre answer:**  Section 1 in the Code of practice tells us that we must respect the views and wishes and promote the rights and interests of individuals and carers, ensuring that our actions promote equality and diversity and inclusion  In the NHS Code Section 2 tells me to promote and uphold the privacy, dignity, rights and well-being of service users and their carers at all times, and in Section 7, it says that in order to promote equality all service users, colleagues and members of the public are entitled to be treated fairly and without bias.  **Bad answer:**  They tell us that we have to treat everyone the same whatever their race, religion or language, and that everyone can choose what they want to do. There are all sorts of people in the world and it’s not fair to treat them differently.  **Workbook notes:**  **5.1.2**   1. What do the Code of Professional Practice and the NHS Wales Code of Conduct for Health Care Support Workers in Wales tell you about being accountable for your work?   **Good answer:**  The Code of Practice tells us we have to understand and keep up with the standards that apply to the job we are doing (section 6). This means being willing to be trained or increase our skills as necessary. We have to be open and honest if our work has fallen below those standards. The Duty of Candour explains this principle, too, and means we can learn from mistakes and make improvements to the way we do things. Section 6.7 tells us that we are also accountable for work we have delegated, so we need to make sure that anyone we delegate to is competent to do what we have asked.  The Healthcare Support Workers Code of Conduct summarises accountability in Section 1 by stating that we must always be able to give an answer for our actions or omissions, and work openly, honestly and co-operatively as a member of a team. In Section 6, the Code of Conduct emphasises our responsibility to undertake training under supervision to the level required to practice safely.  **Mediocre answer:**  The Code of practice says that we must be accountable for the quality of your work and take responsibility for maintaining and developing knowledge and skills. The NHS code says that I must be accountable by making sure you can always answer for your actions or omissions  **Bad answer:**  They tell us that we might get into trouble if we get things wrong, or do things we shouldn’t be doing in our job description, and especially if we try and hide things we’ve done. Our employers are responsible for making sure that we are properly trained and it’s their fault then if we haven’t had the training. |

**Learning activity**

*Read the case study below and answer the questions.*

Carolyn has been a domiciliary care worker for five years. She thoroughly enjoys her work and is passionate about doing her job well.

Carolyn is experiencing some difficulties in her personal life. Her husband is recovering from a stroke and her father has recently been diagnosed with dementia. The pressure of looking after her husband and father has resulted in Carolyn being late for work several times. She has become forgetful and is having difficulties concentrating as she is so tired.

Carolyn has confided in one of her colleagues, Julie, but hasn’t told her manager as she is afraid of losing her job. Carolyn and Julie both provide support to Mrs Hughes. Julie has started to notice that the handover log isn’t always being completed by Carolyn but until now has been covering for her. Recently however, Mrs Hughes complained to Julie that she has missed a doctor’s appointment as Carolyn was late arriving to take her.

|  |
| --- |
| **5.1.3**  **Workbook notes:**  1. What actions could Julie take?  **Good answer:**  Julie could talk to Carolyn directly, and ask Carolyn to talk to her manager about being tired and forgetful, as she is concerned about the Service Users and Carolyn’s safety. She would have to let Carolyn know that if she doesn’t let her Manager know straight away, then Julie will have to do it.  Julie could also talk to her Manager straight away (whistleblowing), bearing in mind that she (Julie) is also partly responsible as she has been covering for Carolyn and this has resulted in potential harm to Mrs Hughes. Julie could also advise Mrs Hughes that she can express her concerns or make a complaint, and make sure that she gives Mrs Hughes all the details she needs to do this.  **Mediocre answer:**  Julie can phone her Manager, or her Senior Manager, or the Safeguarding team to let them know that she has safeguarding concerns. She must follow her organisation’s Safeguarding Policy and the Wales Policy and Procedure for the Protection of Vulnerable Adults and record and report immediately and accurately, filling it in on the Handover book too.  **Bad answer:**  Julie could have a word with Carolyn and warn her that Mrs Hughes has made a complaint and that she had better be careful not to let it happen again because there might be trouble. Julie could then rearrange the appointment for Mrs Hughes and try to smooth things over.  **5.1.4**  2. How could the codes help guide Julie what to do?  **Good answer:**  Julie has received a complaint, which must be taken seriously (Section 3.5). Section 3.8 of the Code of Practice says specifically that if colleagues are unsafe to practice then it has to be reported to the employer or someone appropriate.  The Healthcare Support Workers Code of Conduct says specifically that any omissions by colleagues must be reported (Section 1.9), and that any complaints must be taken seriously by informing a senior member of Staff (2:7)  **Mediocre answer:**  The codes tell us what we need to do to be good carers, and to act professionally. We need to know that there are codes for our job and that we have to follow them, as well as the legislation, policies and procedures in our organisation.  **Bad answer:**  The codes tell Julie what she can do if she wants to make a complaint about Carolyn because there is double the work if Carolyn doesn’t turn up on time and is unreliable.  **5.1.5**  3. Which section of each of the codes has Carolyn not been working to?  **Good answer:**  Carolyn has not disclosed a conflict of interest (her family situation), which is making it hard for her to use her professional judgement (Section 2:7 Code of Practice) and she has not been acting in a reliable and dependable way (Section 2.5). By Mrs Hughes missing her doctor’s appointment she has not worked with her to ensure her safety (Section 3.5). The Code also mentions recording and reporting reliably and accurately, and Carolyn hasn’t been doing this (Section 3.6).  The Healthcare Support Workers Code of Conduct applies to Carolyn in that she must report any difficulties that affect her ability to do her job safely (Section 1:5), make sure that she contributes to Mrs. Hughes health and well-being (Section 2:5) and be reliable and dependable (Section 3: 4). In addition, Carolyn must keep clear and accurate records of care (Section 4:4)  **Mediocre answer:**  Carolyn hasn’t been respecting the views and wishes and promoting the rights of Mrs Hughes and she hasn’t promoted the well- being, voice and control of individuals while supporting them to stay safe.  **Bad answer:**  Carolyn hasn’t been working to any of them properly and there are bits in each of the sections that she hasn’t done right. She needs to read them again, and then get Julie to help her get Mrs. Hughes sorted out because that’s the most important thing. |

**Learning activity**

You have a duty of care to individuals receiving care and support in your **workplace** and also to other workers. It is a legal requirement and you cannot choose whether to do it or not. It is embedded in the codes of conduct and professional practice.

To show you understand what this term means, answer the questions below:

|  |
| --- |
| **5.1.6**  **Workbook notes:**  1. What is Julie’s duty of care to Mrs Hughes?  **Good answer:**  Julie’s duty of care to Mrs Hughes means that she has to make sure, as a person in a position of trust, that her actions or omissions don’t result in a standard of care below that which Mrs Hughes might reasonably expect. This includes safeguarding Mrs Hughes from any harm or neglect.  **Mediocre answer:**  **A duty of care** is a moral or legal obligation to ensure the safety or well-being of others. Julie has this legal duty of care because she is a paid worker for Mrs Hughes.  **Bad answer:**  Julie has a duty of care to make sure that Mrs Hughes gets to her doctors’ appointments on time, and that her handover book is filled in.  **5.1.7**  2. What is Julie’s duty of care to Carolyn?  **Good answer:**  Julie has a duty of care to her colleague, which includes ideas from the Health and Safety at Work Act – a responsibility to ensure that actions or inactions do not affect other employees. If Carolyn is tired and stressed, she may have an accident on the way to, or at work, which Julie could have prevented.  **Mediocre answer:**  **A duty of care** is a moral or legal obligation to ensure the safety or well-being of others. Julie has this legal duty of care because she is a paid worker for Mrs Hughes and Carolyn is her colleague.  **Bad answer:**  Julie doesn’t really have the same duty of care for Carolyn as she is a friend, but she does need to help her get through these difficult times as best she can.  **5.1.8**  3. There may be times where there is a conflict or dilemma between a duty of care and the rights of **individuals**, give two examples when this might happen:  **Good answer:**   * An individual may decide that they want to drink alcohol when the label on their Medication (which you have administered) clearly says they shouldn’t, and you are not sure whether they understand how serious this may be. You would have to give them all the information they need in a way they could understand, and ask them to perhaps wait and talk to their GP about it. If they refused, then you can’t stop them, especially if you think they have the capacity to understand the risk, but you would have to report it to your manager * An individual tells you they are going to take an overdose because they have had a broken relationship and feel really down. They tell you that they only trust you and that you mustn’t tell anyone else. You have a duty of care to report this even if the person doesn’t give you consent. The person may be depressed or ill, and you may not have all the relevant information, so you need help and guidance from someone more senior.   **Mediocre answer:**  **•** Potential conflicts is the likelihood of issues developing for the individual and could include:  • not being able to enjoy activities i.e. not being able to stay up to watch television  • not being able to stay in bed all day.  **Bad answer:**   * You have supported someone to go out to the pub and they refuse to leave at 10pm. You have to go because your shift is finishing, so you tell them you’ll have to leave them there alone if they won’t come with you. * A person refuses to have a bath or shower for the fifth day in a row. They are a bit sore and smelly, but it’s their choice and you can’t force them to do anything, so you leave a note in the book for the next person. |

**Recording sheet for good, bad and mediocre answers**

|  |
| --- |
| Read the some of the example activity/question and answers provided. Note down the activity/question and answer considered (5.11 to 5.17).   1. For the example question that you have selected, try to draw out why these answers are good, mediocre or bad. 2. What support can be provided to help workers develop their answers from bad/mediocre to good? 3. How would you give feedback to the worker if their answer was mediocre or bad? 4. Are there any additional resources, guidance or information that the worker can use to support them to give a better answer in the first place? 5. Would you expect a different level of answer depending on when you gave out the workbooks, for example:  * pre-formal (classroom) training or after formal training? * pre- or post-shadow shifts? * experienced or inexperienced workers?  1. What assumptions might you make about the workers who gave the answers (and would this affect the way you developed an action plan for improvement, such as academic or practical intervention)? 2. What are the risk factors in passing/referring any of the three workers? (tutor/assessor/registered manager/employer liability) |

**7 –** **Personal action plan / learning plan**

**Approximate time to be allocated:**

15 minutes.

**The aim of this action / learning plan is:**

* to develop an action plan / learning plan that can be used to support the implementation of the induction framework.

**Participants will:**

* think about the session and the key things that they can take from it
* think about how they can put this learning into action and implement the framework
* think about the potential challenges
* consider what help and support they may need to address these.

**Facilitator notes**

It’s important to get participants to understand the importance of this part of the day and that it isn’t just a ‘process’ at the end of the session. This is important because they have a responsibility to cascade this information when delivering the session to others. This will make sure that messages are consistent and will help raise the level of knowledge and understanding of those who deliver induction.

Handouts with the questions for participants to think about what they have learned from the session, how they can implement the framework, how they will put this learning into action, what the potential challenges may be and what will help them to address these.

**Resources needed:**

* action plan template.

**Action plan template**

|  |
| --- |
| 1. What are the three most important things that you learned from the session today? 2. How are you going to put this learning into action and implement the induction framework? 3. What do you think that the challenges will be? 4. What further help and support will you need to address these? |

**8 –** **What next?**

**Approximate time to be allocated:**

10 minutes.

**The aim of this part of the day is:**

To link back to the aims and objectives of the briefing session. These were for participants to:

* have a better knowledge and understanding of the content of the new induction framework and associated resources and how these can be used
* understand the responsibilities of various people throughout the induction process and the links with qualifications
* have an idea of the potential issues that may arise during the induction process and the possible solutions to address these
* have a better understanding of the types of answers expected and how to support learners to achieve this
* think about other ways and methods that may work in certain circumstances.

**Facilitator notes**

This will be an opportunity for facilitators to double check the understanding of participants. It could be a good opportunity to do some group feedback for examples of what the participants have added to their action plan.

1. Induction Factsheet, CIPD [↑](#footnote-ref-1)
2. Employed by NHS Wales [↑](#footnote-ref-2)