



Delivering Quality Healthcare

Policy Title:	Training and Induction Policy: 71	Date implemented or date of last review:	11/05/2020
CQC KLOE Reference:	Well Led	Date of next review	10/05/2021

1. THE AIM OF THIS POLICY

- 1.1. This policy aims to make sure that KOPE-MEDICS deploy enough suitably qualified, competent, and experienced staff to enable them to meet all other regulatory requirements described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 18.
- 1.2. KOPE-MEDICS aims to provide the highest quality of service to all of its Clients. To provide this quality of service, KOPE-MEDICS recognises that all its staff including staff must undergo training and development that equips them to perform their work competently.
- 1.3. It is KOPE-MEDICS policy that management is responsible for ensuring that all staff including Agency are provided with access to appropriate education and, training and development and expects all staff including staff to reciprocate this commitment by inputting on a regular basis to their own deployment activity.
- 1.4. In the interests of Client Safety, all KOPE-MEDICS staff should be able to access mandatory training courses and advice regarding additional Continuing Professional Development.

2. INDUCTION POLICY FOR NEW STAFF

- 2.1. KOPE-MEDICS ensures the quality of its staff through safe recruitment practices. Following the standard recruitment process and before new staff is offered a work placement, he or she must be taken through a

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formal workplace induction process in line with the client's requirements.

3. HEALTH AND IMMUNISATION

- 3.1. Health screening is updated on an annual basis to confirm fitness to work. Health screening is also updated if you leave the UK for a period of three months or more KOPE-MEDICS may ask you to undertake a medical examination prior to commencement of a shift. If your health changes between annual updates, please advise KOPE-MEDICS.
- 3.2. Permanent and staff must be aware of HSC 1998/226 'Guidance on the Management of Aids/HIV Infected Health Care Workers and Client and Notification.
- 3.3. Permanent and staff must be aware of MRSA contact and the need for screening. Further information is in your KOPE-MEDICS Nursing Worker Handbook.
- 3.4. If you suffer from any of the following you must contact your consultant immediately: vomiting, diarrhoea or a rash

4. STATUTORY & MANDATORY TRAINING

4.1. Health and Safety

- 4.2. Permanent and staff must be aware of current Health & Safety legislation (The requirements of the 1974 and 1999 Acts). Check the Health & Safety Policy for each client Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- 4.3. dangerous occurrences and serious, lost time injuries (over 3 days) must be reported to the Health & Safety Executive/Environmental Health Officer immediately.
- 4.4. Controls of Substances Hazardous to Health (COSHH), these regulations were set up to protect individuals working with hazardous substances. These include, blood, chemicals, bleach or any

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biological/chemical substance that evokes a toxic effect into the body.

5. MENTAL CAPACITY ACT

5.1. The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions.

5.2. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan for a time when they may lose capacity.

6. WHAT IS THE ACT FOR?

6.1. The Act governs decision-making on behalf of adults who may not be able to make their own decisions. For example, because of: a learning disability, an illness such as dementia, mental health problems.

6.2. It is important that social care providers and other professionals promote awareness of the Act and are aware of their own responsibilities under the Act. The statutory Code of Practice provides additional guidance about how to put the Act into practice.

7. ADULT BASIC/IMMEDIATE LIFE SUPPORT (AND PAEDIATRIC LIFE SUPPORT IF WORKING WITH CHILDREN)

7.1. Each permanent or staff will be asked to provide evidence of practical Resuscitation training with a certificate from a recognised body aligned to the UK Core Skills for Health training framework or attend a KOPE-MEDICS In-house Mandatory resuscitation training day.

8. MANUAL HANDLING

8.1. Each permanent or staff will be asked to provide evidence of practical Manual Handling level 1 & 2 training with a certificate from a

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recognised body aligned to the UK Core Skills for Health training framework or attend a KOPE-MEDICS In-house Manual Handling training day. Further to the initial training an annual update must be completed.

9. FIRE

9.1. All permanent and staff within a location are required to acquaint themselves with instructions and what to do in the event of a fire. Check the fire policy & local induction procedure with each client.

10. MANDATORY TRAINING

10.1.1. Each permanent and staff will receive or is required to participate in annual training in the following:

- a) Practical Adult Basic Life Support (and Paediatric life support if working with children)
- b) Practical Moving & Handling
- c) Fire Safety
- d) Equality & Diversity
- e) Health & Safety including COSHH and RIDDOR
- f) Infection Control
- g) POVA – Protection of Vulnerable Adults – Level 1 & 2
- h) POCA – Protection of Vulnerable Children – Level 1 & 2 (Level 3 – Job role specific) Food
- i) Lone worker,
- j) Caldecott and Complaints Handling
- k) Handling Violence & Aggression (Conflict Resolution)

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- l) In addition to the above all Midwives will receive annual training in Resuscitation of the New-born and Interpretation of cardiocography Traces.

11. LONE WORKER

- 1.1. KOPE-MEDICS has a responsibility to do all that is reasonably practicable to ensure the safety of its permanent and staff. Permanent and staff also have a responsibility to themselves and their colleagues to ensure that their acts or omissions do not jeopardise the safety of others.
- 1.2. Personal safety is of paramount importance always, however all healthcare practitioners encounter a degree of risk to themselves whilst undertaking their duties. Please be vigilant while you are on duty.

12. RECOGNITION OF ABUSE

12.1. Protection of Adults at Risk of Harm

- a) "Adults at risk" are adults who are unable to safeguard their own well-being, property, rights or other interests, are at risk of harm.

13. COMPLAINTS

- 13.1.1. Complaints may be received from clients, patients or members of the public because they are unhappy with any aspect of the service they receive, either from an individual or another member of our organisation.
 - a) You may be asked to contribute information to an investigation into a complaint. You should supply this information as quickly as possible so that the matter can be resolved. All complaints should be handled positively as they offer an insight into ways which the service is failing and improvements can be made.
 - b) If you are in receipt of a complaint it is important that you contact your manager immediately for support and advice.

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14. CHALLENGING BEHAVIOUR

- 14.1.1. "Severely challenging behaviour refers to behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to, and use of, ordinary community facilities" (Report HMSO 1993) from Emerson et al (1987).
- 14.1.2. If you work in relevant assignments, you will need to complete a training update annually for 'Handling Violence and Aggression/Conflict Resolution'.

15. MENTAL HEALTH WORKERS ONLY

- 15.1.1. Each permanent and staff undertaking work with people who have Mental Health problems will be requested to update the following annually:
- 15.1.2. Mental Health Act/Mental Capacity Act
- 15.1.3. Handling Violence and Aggression/Conflict Resolution
- 15.1.4. Control & Restraint/Breakaway training or relevant Mental Health speciality training in line with your client specific requirements.

16. CALDECOTT

- 1.1.1. You are required to ensure you understand how information is used and for the purpose of Data Protection. The Caldecott Framework was set up in March 1999. The Framework requires each NHS or organisation to appoint a senior clinician such as the medical director as 'Caldecott or Information Guardian'.
- 1.2. The Guardian's responsibilities include:
- 1.3. Auditing current practice and procedures;

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- 1.4. Managing an improvement plan which is monitored through the clinical and corporate governance frameworks;
- 1.5. Developing protocols for inter-agency information sharing at a local level;
- 1.6. Making decisions about how their organisation uses client identifying information. For example, they provide advice in relation to research studies, or disclosure in the public interest.

17. DATA PROTECTION

- 1.1. You are required to ensure you understand how information is used and for the purpose of Data Protection.
- 1.2. Permanent and staff must be aware of the Data Protection Act 1998. The Company is a 'Data Controller' for the purposes of the Data Protection Act 1998. Further information is detailed in KOPE-MEDICS Data Protection policy.

18. CONFIDENTIALITY

- 1.1. All permanent and staff, whilst undertaking assignments, will at some point encounter information, which is of a confidential nature. Client details are a matter of a very high level of confidentiality and must not be disclosed to any third party.
- 1.2. Each Client has an absolute right to confidentiality and privacy regarding the services they are receiving in accordance with the Data Protection Act 1998 and Human Rights Act 1999 and your agreement with the Company.
- 1.3. Any concerns you may have regarding confidentiality can be discussed with your consultant.
- 1.4. Failure to adhere to the Confidentiality policy may result in formal action being taken.

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19. COMPUTER ACCESS

1.1. Clients may at their discretion authorise staff to gain access to certain programmes and data within those systems.

1.1.1. Attempts must not be made to gain access to data or programmes to which authorisation has not been given. Ensure that you are aware of the local policy with each client.

20. APPRAISAL AND FEEDBACK

1.1. You will receive a performance review after 6 months and there after assessed on an annual basis via the KOPE-MEDICS appraisal process. Assessment may be completed by an appropriate practitioner of the same discipline.

1.2. All client feedback/references, training and qualification certificates will be availed to accurately evaluate your performance which will result in a written 'Personal Development Plan' as agreed with the appraiser.

1.3. Your feedback will assess your general service levels including punctuality, attitude and ability to carry our practical task. If you work in a homecare assignment you will receive regular supervision from your branch staff.

21. RE VALIDATION

1.1. Revalidation is the process that allows you to maintain your registration with the NMC. It is a continuous process to demonstrate your ability to continue to practice safely.

1.2. Completing the revalidation process is your responsibility as the registered professional, however the KOPE-MEDICS will assist where applicable.

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22.450 PRACTICE HOURS FOR A NURSE AND MIDWIFE OR 900 HOURS IF PRACTICING AS BOTH.

- 1.1. We will supply a contract of registration which stipulates the total number of hours you completed via the KOPE-MEDICS.
- 1.2. The letter of registration will stipulate your designation to confirm your scope of practice.
- 1.3. Evidence hours of mandatory training conducted (where applicable) and/or store and supply all training certificates.
- 1.4. Store and provide evidence of both participatory and online training completed via the KOPE-MEDICS.

23.5 PIECES OF PRACTICE RELATED FEEDBACK

- 1.1. Annual performance appraisals feedback.
- 1.2. Feedback from clients, clients whom you have undertaken assignments with the KOPE-MEDICS.
- 1.3. Interview feedback from your interview with the KOPE-MEDICS.

24.5 WRITTEN REFLECTIVE ACCOUNTS

- 1.1. Self-reflective feedback provided during the annual performance appraisals on your job role in its entirety.
- 1.2. Reflection on feedback received post mandatory training sessions.

25. HEALTH AND CHARACTER DECLARATION

- 1.1. Completion of the Occupational Health Medical Questionnaire and annual review form.
- 1.2. Character reference to be obtained from a work colleague.

26. PROFESSIONAL INDEMNITY ARRANGEMENT

- 1.1. As this is only reserved for internal employees, you are obligated to evidence your professional indemnity independently.

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- 1.2. 35 Hours of CPD (continuing practical development) with 20 hours being participatory learning (face to face/classroom based)
- 1.3. Store and provide evidence of both participatory and online training completed via the KOPE-MEDICS.
- 1.4. We are assisting staff with appraisals, which can be used as part of your portfolio to submit for revalidation, as well as issuing you with feedback forms, which you can take to clients you are working at for the agency to get practice-related feedback.
- 1.5. You can then send this back to us and we will load this onto your agency profile for safe keeping.

27. WORKING IN ESTABLISHMENTS/WORK PLACE INDUCTION

- 1.1. Staff are responsible at the start of their shift in an establishment for becoming familiar with the following procedures:
 - a) Familiarise yourself with the relevant important stakeholders in the institution. I.e. ward manager
 - b) Crash Call Procedure (cardiac arrest and medical emergency)
Ensure you know the relevant telephone numbers and bleep system.
 - c) Fire and evacuation procedure.
 - d) Points of interest – toilets, shower, locker, cloakroom
 - e) Hot Spot Mechanisms (areas with high number of incidents/accidents/infections etc.).
 - f) Information Security
 - g) Violent Episode Policy.
 - h) How to alert security staff if an individual is in trouble.
 - i) Infection Control and Notifiable Diseases

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