

Statutory and mandatory training guide for adult social care employers

Statutory and mandatory training is a key aspect of an overarching induction process which helps to prepare workers for their role.

Statutory training: This training is usually required by law or where a statutory body has instructed an organisation to provide training based on specific legislation (i.e. the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999).

Mandatory training: This is compulsory training that is determined essential by an organisation or service commissioners for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines, such as training set out in the Fundamental Standards, such as Regulation 18 – Staffing, which states that staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.

This includes:

- statutory training and other mandatory training, as defined by the provider for their role (covered in part 1 of this guide)
- any additional training identified as necessary to carry out regulated activities as part of their job duties and, in particular, to maintain necessary skills to meet the needs of the people who draw on care and support (covered in part 2 of this guide)
- an induction programme that prepares staff for their role
- other learning and development opportunities required to enable staff to fulfil their role.

Part 1:

 Training required by all workers

 Dependent on the workers roles and responsibilities

Topic	Summary of expected learning content	Useful guidance	Recommended refresher frequency considerations
<p>Health and safety awareness</p>	<ul style="list-style-type: none"> ■ Your own and others responsibilities ■ Risk assessment ■ Hazardous substances ■ Security measures ■ Own mental health and personal wellbeing <p>If not undertaking formal basic life support or first aid training, content should also include:</p> <ul style="list-style-type: none"> ■ types of accidents and sudden illness which can occur ■ procedures to be followed and what can and can't be carried out in response to an accident, sudden illness or health condition. 	<p>Health and Safety Executive</p> <p>Care Quality Commission (CQC)</p>	<ul style="list-style-type: none"> ■ When there is a new risk or activity introduced ■ Minimum refresher period is three years. If the worker has completed a recognised adult social care qualification which includes this topic within that time, they do not need to refresh for another three years from completion. This is to minimise duplication of learning updates where possible.

<p>Fire safety</p>	<ul style="list-style-type: none"> ■ How to promote fire safety in the work setting ■ What to do in the event of a fire 	<p>Training should be relevant to the care environment e.g., a person's own home, care home, community service</p> <p>Care Quality Commission (CQC)</p> <p>GOV.UK</p> <p>BS9999:2017 Code of Practice</p>	<ul style="list-style-type: none"> ■ When there is a new risk introduced ■ Minimum refresher period is three years. If the worker has completed a recognised adult social care qualification which includes this topic within that time, they do not need to refresh for another three years from completion. This is to minimise duplication of learning updates where possible. ■ See checking competency section for additional requirements
<p>Moving and handling objects</p>	<ul style="list-style-type: none"> ■ How to move and handle equipment and objects safely 	<p>Health and Safety Executive</p> <p>Care Quality Commission (CQC)</p>	<ul style="list-style-type: none"> ■ When there is a new risk or activity introduced ■ Minimum refresher period is three years. If the worker has completed a recognised adult social care qualification which includes this topic within that time, they do not need to refresh for another three years from completion. This is to minimise duplication of learning updates where possible.

Infection prevention and control	<ul style="list-style-type: none"> ■ Causes and chain of infection ■ Systems and procedures within the workplace, own role and role of others ■ Personal hygiene including hand hygiene ■ Types of and correct use of personal protective equipment ■ Procedures required in the setting e.g., management of infection, cleaning, spills and clinical waste 	<p>Training should be relevant to where the person lives and the care environment e.g., own home, care home, community service</p> <p>Care Quality Commission (CQC)</p> <p>National Institute for Health and Care Excellence (NICE)</p> <p>GOV.UK</p>	<ul style="list-style-type: none"> ■ When there is a new risk or activity introduced ■ Minimum refresher period is three years. If the worker has completed a recognised adult social care qualification which includes this topic within that time, they do not need to refresh for another three years from completion. This is to minimise duplication of learning updates where possible.
Adult safeguarding	<ul style="list-style-type: none"> ■ Principles of adult safeguarding ■ How to reduce the likelihood of abuse ■ Policies and procedures in the work setting ■ Your own and others roles and responsibilities ■ How to respond ■ Restrictive practices ■ Local and national context <p>Required learning content may also be directed by commissioners.</p>	<p>Care Quality Commission (CQC)</p> <p>Social Care Institute for Excellence (SCIE)</p>	<ul style="list-style-type: none"> ■ When people’s care and support needs change, there is a new risk or activity introduced ■ Minimum refresher period is three years. If the worker has completed a recognised adult social care qualification which includes this topic within that time, they do not need to refresh for another three years from completion. This is to minimise duplication of learning updates where possible.

<p>Basic life support and first aid</p>	<p>Basic life support</p> <ul style="list-style-type: none"> ■ Recognising and safely responding to accidents and sudden illness ■ Providing basic life support <p>First aid</p> <ul style="list-style-type: none"> ■ The accredited body delivering the training will set content 	<p>Establishments must provide adequate personnel to respond if someone is taken ill or injured at work.</p> <p>It is the employer's responsibility to determine how many people need training and to what level</p> <p>First aid - HSE</p> <p>Resuscitation Council UK</p> <p>Care Quality Commission (CQC)</p>	<ul style="list-style-type: none"> ■ Formal basic life support training is required when identified or at least annually ■ Formal first aid training is required to be refreshed on a three yearly basis
<p>Assisting and moving people</p>	<ul style="list-style-type: none"> ■ Legislation, guidelines, policies and procedures and protocols ■ Anatomy and physiology ■ Risk management ■ Moving and positioning people safely and with dignity ■ Using equipment if required ■ What can and can't be carried out within own responsibilities and when to seek advice <p>Training can be accredited and the accredited body delivering will set content.</p>	<p>Does the worker have responsibilities to support people with assisting and moving?</p> <p>If yes, training is required.</p>	<ul style="list-style-type: none"> ■ When people's care and support needs change, there is a new risk, or a new activity or new equipment is introduced ■ Refreshed at least every three years if the worker has not undertaken additional training within that time

<p>Child safeguarding</p>	<p>As stated within The Care Certificate, Standard 11:</p> <ul style="list-style-type: none"> ■ explain what they must do if they suspect a child, young person (met in any circumstances) is being abused or neglected. 		<ul style="list-style-type: none"> ■ Refreshed at least every three years if the worker has not achieved the Care Certificate standards or a recognised adult social care qualification within that time
<p>Learning disability and autism awareness</p>	<p>As stated within CQC Regulation 18:</p> <ul style="list-style-type: none"> ■ how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role. <p>Staff working in specialist services, or with specific duties may need further training to develop their capabilities to enable them to perform their roles. Employers are responsible for determining if any and which further training is required.</p>	<p>Care Quality Commission (CQC) guidance</p> <p>Oliver McGowan Mandatory Training</p>	<ul style="list-style-type: none"> ■ The Secretary of State is required to publish a Code of Practice, which will make provisions about this. This is not yet available.
<p>Food hygiene</p>	<ul style="list-style-type: none"> ■ Importance of food safety ■ Food safety requirements and practices ■ Good hygiene when providing and supporting people with food and drink <p>Training is typically accredited e.g., food hygiene certificate and the accredited body delivering will set content, but accreditation is not essential.</p>	<p>Does the worker have responsibilities with handling, preparation and provision of food? This includes supporting people with food preparation.</p> <p>If yes, training is required.</p> <p>Care Quality Commission</p> <p>Food Standards Agency</p> <p>GOV.UK</p>	<ul style="list-style-type: none"> ■ When there is a new risk or activity is introduced ■ Refreshed every three years

<p>Medication administration</p>	<ul style="list-style-type: none"> ■ Legislation, policy and procedures ■ Common types of medication and use ■ Procedures and techniques for administration ■ Preparing for the administration of medication ■ Administering and monitoring medication safely ■ Own and other roles and responsibilities in the process ■ What can and can't be carried out within own responsibilities and when to seek advice <p>Additional training may be required in:</p> <ul style="list-style-type: none"> ■ how to administer specific medicines e.g. patches, creams, inhalers, eye drops and liquids ■ specialist administration, e.g. Buccal midazolam 	<p>Does the worker have responsibilities to support people with medication?</p> <p>If yes, training is required.</p> <p>Care Quality Commission (CQC)</p> <p>Managing medicines in care homes Guidance NICE</p> <p>Managing medicines for adults receiving social care in the community Guidance NICE</p>	<ul style="list-style-type: none"> ■ When people's care and support needs change, there is a new risk or medication activity introduced, or there are changes to policy and practice ■ If the worker has not undertaken additional training within a year, then training needs and competency requirements should be reviewed and assessed ■ See checking competency section for additional requirements
-----------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Checking competency

Employers also have the responsibility to check and evidence that workers are competent to carry out their role on an ongoing basis, which also forms one part of the formal supervision process.

This will help to demonstrate how training is supporting the worker's direct practice and helps to identify if the worker requires additional support in their role.

What are competency checks?

Formal competency checks are observations of the workers practice whilst they are carrying out key tasks and should include checks of the workers practice and knowledge. There are other informal ways that competency can be checked, for example a quiz in a team meeting, discussions about practice in supervisions and creating opportunities for reflective practice. A balance of formal and informal competency checks helps to create a well-rounded view.

What should be included?

Key tasks relevant to the worker's role and the needs of people and the service e.g. assisting and moving, medication administration. Observing key tasks, e.g. medication administration, also provides a valuable opportunity to see how the worker interacts with people and other areas such as infection prevention and control practices and record keeping.

How often should competency be checked?

The employer should plan appropriate timescales for competency checks based on the complexity of the activity, any additional requirements and/or when a new activity or risk is introduced within practice. This should be documented in training and development policies.

Additional requirements for competency checks

- Fire safety: Practice fire drills should be held yearly as a minimum. Employers may wish to consider more frequent practice drills for workers who are part time or work nights.
- NICE guidance for [care homes](#) and for adults receiving social care in the [community](#) advise that designated staff should only administer medicines when they have had the necessary training and have been assessed as competent by the employer.

Additional information for employers regulated by the Care Quality Commission:

[Regulation 18: Staffing - Care Quality Commission \(cqc.org.uk\)](#)

[Regulation 19: Fit and proper persons employed - Care Quality Commission \(cqc.org.uk\)](#)

Part 2

Additional training: Defined by the employer based on the **needs of the service and people who draw on care and support**. This will also include any training required in contracts by commissioners.

In settings which are regulated by the Care Quality Commission, it continues to be the providers legal responsibility to identify and provide the appropriate additional training.

Examples only, not exhaustive

- Supporting communication needs
- Supporting nutrition and hydration needs
- Positive behavioural support
- Providing personal care e.g. oral healthcare
- Person centred care e.g. care and support planning, meeting health needs, mental capacity, equality diversity and inclusion, privacy, dignity
- Supporting health care needs
- End of life care - training should align to the relevant [Core Skills, Education and Training Framework](#)
- Specific conditions e.g. Dementia, which is identified as a priority focus in the Workforce Strategy for Adult Social Care in England - training should align to the relevant [Training Standards Framework](#)
- Daily living activities e.g. cooking, using household equipment
- Digital skills and using technology in the workplace [Digital Skills Framework](#) (skillsforcare.org.uk)
- Functional skills (maths and English)
- Mental capacity
- GDPR and data protection



Guidance in identifying and planning training

- [Care Workforce Pathway for Adult Social Care](#)
- Employers should ensure that training and development requirements for all workers are accurately documented in relevant policies
- Training provided should relate to the setting context and to the needs of people who access care and support
- Training required will be dependent on the work setting and the workers roles and responsibilities
- Training should enhance the workers confidence, knowledge and skills and enable competence to be demonstrated
- Training may include a mixture of different learning activities, sometimes informal e.g., shadowing and practising a skill, reading, discussion, and sometimes more formal such as a training session or an accredited learning programme or qualification
- Training should be prioritised in line with the needs of the service and people who draw on care and support. Not everything may be needed in an initial induction period, required training can be incorporated into a longer-term development plan which may typically include other learning and development opportunities to enable the worker to fulfil their role and aspirations
- Training should align with on-going supervisions and annual appraisals
- There are no refresher periods advised for additional training, this is the employer's responsibility to ascertain based on the needs of the service and people who access care and support services. Basic principles which can be applied in reviewing required refresher periods are:
 - Is there a new risk?
 - Have peoples' care and support needs changed?
 - Has the care environment changed?
 - Have teams significantly changed?
 - Are new care activities required?
 - Are there changes to legislation, practices, guidance and policy?
 - Is the worker deemed competent?

