

Statutory and Mandatory Training Courses for Care Homes

CQC's expectations for training in care homes is not always statutory training that is required by law. It is important for care providers to be able to evidence suitably trained staffing and that training is effective. There is no one legislation that identifies legally required training, but various underpinned legislation such as the Health & Safety at Work Act, Fire Safety Order and others do identify some that are a minimum. These are listed below

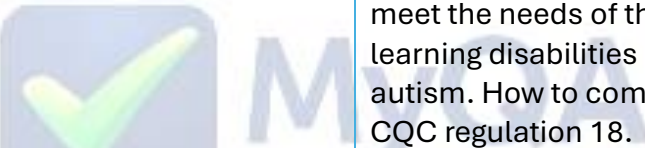
Much of the training that is required in care homes is mandatory based on the needs of the home and the residents you care for. Care providers are responsible for identifying these needs and ensuring training is appropriately allocated to staff.

Understand your statutory training requirements and when they are required.

Statutory Training requirements for care homes			
Training course / topic	Who should complete it	Expected coverage	Refresher frequency considerations
Health and safety awareness	All workers, according to role and responsibilities	Responsibilities, risk assessment, hazardous substances, security measures, staff wellbeing, and accident or sudden illness procedures where separate first aid training is not undertaken.	Refresh when a new risk or activity is introduced; minimum refresher period is generally three years.
Fire safety	All care home workers	Promoting fire safety in the work setting, what to do in the event of a fire, and safe moving	Refresh when a new risk is introduced; annual refreshers are commonly recommended where relevant qualifications

		and handling of equipment and objects.	<p>have not recently covered the topic.</p> <p>Care homes should also hold regular fire drills and simulations – If the home does not conduct routine simulations the fire alarm system must be able to connect to ARC</p>
Safeguarding adults & children	All workers, with enhanced learning for those with safeguarding responsibilities. Different tiers of safeguarding training should be in place for different individual roles. These range from level 1-5 and should include directors and Nominated Individuals.	Recognising abuse and neglect, reporting concerns, whistleblowing, professional boundaries, and local safeguarding procedures.	<p>Refresh in line with role, local safeguarding requirements, regulatory expectations, and organisational policy.</p> <p>The minimum refresh period is Three years.</p>
Mental Capacity Act and Deprivation of Liberty Safeguards	Workers supporting people who may lack capacity or who are subject to restrictions	Capacity principles, best interest decision-making, consent, restrictions, deprivation of liberty, recording, and escalation.	<p>Refresh when practice, legislation, local procedure, or a worker's role changes.</p> <p>Good practice would be for annual refreshers.</p>
Infection prevention and control	All care home workers	Hand hygiene, personal protective equipment, cleaning, waste disposal, outbreak response, and reducing cross-infection risks.	<p>Refresh regularly and whenever infection risks, guidance, responsibilities, or local procedures change.</p> <p>A minimum refresh period is Three years.</p>

Moving and assisting people & Moving and handling objects	<p>Workers who support people with mobility, transfers, repositioning, or equipment.</p> <p>All workers must complete moving and handling objects.</p>	<p>Person-centred moving and handling, safe use of equipment, risk assessment, dignity, independence, and reporting concerns.</p>	<p>Refresh according to role, risk assessment, competence, equipment changes, and organisational policy.</p> <p>A minimum refreshment period of Three years. Best practice is to refresh annually and some CQC inspectors may expect this.</p>
Basic life support and first aid awareness	<p>Workers according to role, setting, and assessed first aid needs.</p>	<p>Emergency response, CPR awareness, choking, seizures, bleeding, burns, and when to seek urgent medical assistance.</p>	<p>Refresh in line with assessed first aid needs, recognised training requirements, and organisational policy.</p> <p>Minimum refresh period of Three years.</p>
Food safety and nutrition	<p>Workers involved in food preparation, serving, support with eating and drinking, or nutrition monitoring</p>	<p>Safe food handling, hygiene, allergens, nutrition, hydration, swallowing risks, and recording concerns.</p>	<p>Refresh in line with food safety responsibilities, risk, and local policy.</p> <p>A minimum refresh period of Three years.</p>
Equality, diversity and human rights	<p>All workers</p>	<p>Inclusive practice, dignity, respect, protected characteristics, discrimination, accessible communication, and human rights in care.</p>	<p>Refresh when policy, legislation, role requirements, or service needs change.</p> <p>Good practice would be for annual refreshers.</p>

Information governance and data protection	All workers handling personal information	Confidentiality, secure records, information sharing, data protection principles, cyber awareness, and reporting breaches.	Refresh regularly and whenever systems, policies, responsibilities, or legal requirements change. Good practice would be for annual refreshers.
Learning Disability and autism. Oliver McGowan is now statutory.	All care home staff. 	How to interact with those living with a learning disability and autism. To understand and meet the needs of those with learning disabilities and autism. How to comply with CQC regulation 18.	All training requirements and guidance can be found on the Gov website. Oliver McGowan code of practice. Best practice would be to refresh annually.
Medication administration	Care staff who administer, support, record, order, receive, store, or dispose of medicines, according to their role and competency.	Safe medicines handling, administration routes, consent, capacity, covert administration, PRN medicines, controlled drugs, recording, errors, safeguarding concerns, ordering, storage, disposal, and escalation.	Refresh in line with organisational policy, role, medicine-related incidents, changes in medicines procedures, and observed competency. Good practice is to include regular competency assessment as well as refresher training.