



**Isle of Man**  
**Government**

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# Domiciliary Care Agencies

Minimum Standards

Registration & Inspection Unit

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Department of Health and Social Care

*Rhyenn Slaynt as Kiarail y Theay*

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## Introduction

This document sets out the minimum standards for domiciliary care agencies, including those services provided by the Department. They form the criteria by which the Registration and Inspection Unit will determine whether the agency provides personal care and/or support to the required standard. The purpose of these minimum standards is to ensure the quality of personal care and support which people receive whilst living in their own home in the community is at an acceptable level and to help providers strive to achieve excellence. The standards also cover supported living schemes where such schemes fall outside of the requirement to register as a residential care home.

These standards establish the minimum required; they identify a standard of service provision below which an agency providing personal care for people living in their own home must not fall.

With the emphasis on caring for people with complex health and personal care needs living in their own home instead of in residential or nursing homes or long stay hospitals, the provision of personal domiciliary care services is evolving rapidly and reflects changes at the interface between health and social care.

## The Regulatory Context

These standards are published by the Department of Health and Social Care and are part of the regulation of care under the Regulation of Care Act 2013; they form the basis for decisions made by the Registration and Inspection Unit.

These standards, and the regulatory framework within which they operate, should be viewed in the context of the Department's overall policy objectives for supporting people in their own home. These objectives emphasise the need to maintain and promote independence wherever possible, through rehabilitation and community support. A variety of specialist provision will be required to help achieve these objectives. The provision of high quality personal care to people living in their own homes will be the foundation of much of the specialist provision.

## What constitutes a domiciliary care agency?

The Regulation of Care Act 2013, section 24 describes a domiciliary care agency as a business that consists of, or includes, arranging for other to be provided with personal care or personal support, with or without practical assistance in their private dwellings and because of their mental disorder, physical disability, illness or infirmity. A domiciliary care agency can be an individual, a group of individuals, an organisation or a company.

The current definition of domiciliary care being used as the criteria for not requiring registration by the Registration and Inspection Unit is:

- Where a single carer, or a group of individual carers, are employed through a private arrangement by the client (or their related 3<sup>rd</sup> party) to provide care for **one** individual the requirement to register will not apply.

## **STANDARD 1 - Information about the service**

### **OUTCOME**

**Service users and their relatives have access to comprehensive information about the agency, so that they can make informed decisions.**

- 1.1 The registered person must produce a Statement of Purpose/Service Users' Guide. The Statement of Purpose/Service User Guide needs to cover all the areas within Schedule 3, part 2, section 6 of the Regulation of Care Act (Registration) Regulations 2013 and contains up to date information on the organisation setting out the aims, objectives, philosophy of care and parameters of the services provided, including terms and conditions.
- 1.2 The registered person must ensure that the Service Users' Guide and the Statement of Purpose is dated, reviewed and updated as necessary.

## **STANDARD 2 - Assessment**

### **OUTCOME**

**The care needs of service users are individually assessed before they are offered a domiciliary care service, or within 2 days in exceptional circumstances.**

- 2.1 A care needs assessment must be undertaken, prior to the provision of a care service (or within 2 working days in exceptional circumstances); by people who are competent to do so, using appropriate methods of communication.
- 2.2 The assessment must include:
  - ◆ personal care and physical well-being;
  - ◆ family involvement and other personal and social contacts;
  - ◆ sight, hearing and communication;
  - ◆ continence;
  - ◆ mobility, dexterity and the need for disability equipment;
  - ◆ mental health and cognition;
  - ◆ medication requirements;
  - ◆ personal safety and risk;
  - ◆ specific condition-related needs and specialist input;
  - ◆ dietary requirements and preferences (if appropriate);
  - ◆ social interests, religious and cultural needs (if appropriate);
  - ◆ preferred method of communication;

- 2.3 Information from the care needs assessment must be provided to care and support workers so that they are aware of any special needs, the activities they are required to undertake and the outcomes to be achieved.
- 2.4 When a service is provided at short notice or in a crisis, and a care needs assessment has not been undertaken, the person providing the service must be competent to undertake an initial contact assessment, if required.
- 2.5 Procedures must be in place to enable care and support staff to report changes to the care needs and circumstances of service users and their carers so that a reassessment of care needs can be undertaken if necessary.
- 2.6 Care needs assessments must reflect current needs and be reviewed at the same time as care plans.

### **STANDARD 3 - Contract**

#### **OUTCOME**

**Each service user must have a written individual service contract for the provision of care with the agency.**

- 3.1 Each service user must be issued with a written contract or equivalent provided by the agency within seven days of commencement of the service.
- 3.2 The contract between the service user and the agency must specify the following:
- ◆ name, address and telephone number of agency;
  - ◆ contact number for out of hours and details of how to access the service;
  - ◆ areas of activity which home care or support workers will and will not undertake and any degree of flexibility in the provision of personal care;
  - ◆ circumstances in which the service may be cancelled or withdrawn including temporary cancellation by the service user;
  - ◆ fees payable for the service, including mileage rates and how these are calculated;
  - ◆ rights and responsibilities of both parties (including insurance) and liability if there is a breach of contract or any damage occurring in the home;
  - ◆ arrangements for monitoring and review of needs and for updating the assessment;
  - ◆ process for assuring the quality of the service, monitoring and supervision of staff;
  - ◆ respective responsibilities of the service user and of the agency in relation to health and safety matters;
  - ◆ arrangements to cover holidays and sickness;
  - ◆ key holding and other arrangements agreed for entering or leaving the home;
  - ◆ the process undertaken when fees are not paid.
- 3.3 All relevant parties must have a copy of the contract which is signed by the service user (or their named representative on their behalf) and the manager of the service.

## **STANDARD 4 – Personal information**

### **OUTCOME**

**Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected.**

- 4.1 Care or support staff must respect information given by service users or their representatives in confidence and handle information about service users in accordance with the Data Protection Act 2002 and the agency's written policies and procedures and in the best interests of the service user.
- 4.2 Service users must have summaries of the agency's policies and procedures on confidentiality which specifies the circumstances under which confidentiality may be breached and includes the process for dealing with inappropriate breaches of confidentiality.
- 4.3 Care or support workers must know when information given to them in confidence must be shared with their manager and other social/health care agencies.
- 4.4 The principles of confidentiality must be observed in discussion with colleagues and the line manager, particularly when undertaking training or group supervision sessions.
- 4.5 Suitable provision must be made for the safe and confidential storage of service user records and information including the provision of lockable filing cabinets and the shielding of computer screens from general view when displaying personal data.
- 4.6 Records kept within a service user's own home, must only contain the minimum information necessary for continuity of care and wherever possible should be stored securely and out of sight.

## **STANDARD 5 - Service**

### **OUTCOME**

**Service users receive a consistent and reliable service that can respond flexibly to meet changing needs.**

- 5.1 Staff must be reliable and able to respond flexibly to the needs and preferences of service users which arise on a day to day basis.
- 5.2 Staff must arrive at the home within the time band specified and work for the full amount of time allocated. A record of times must be kept.
- 5.3 The manager must ensure that there is continuity in relation to the care or support to each service user. Care or support workers are only changed for legitimate reasons.
- 5.4 Service users their relatives or representatives must be consulted in advance whenever possible and involved in the decision about the change of care or support worker.

- 5.5 Service users, their relatives and/or representatives must be kept fully informed on issues relating to their care, at all times.

## **STANDARD 6 – Care/support plan**

### **OUTCOME**

**A care/support plan must be in place for each service user.**

- 6.1 A care/support plan outlining the delivery arrangements for the care/support must be developed and agreed with each service user.
- 6.2 The care/support plan must set out in detail the action that will be taken by care and support workers to meet the assessed needs, including specialist needs, communication requirements, and identifies any areas of flexibility to enable the service user to maximise their potential and maintain their independence.
- 6.3 The information and detail provided in the care/support plan must be appropriate for the complexity of the service to be provided.
- 6.4 The care/support plan must be reviewed as changes in circumstances require but at least annually with the service user, their relatives, friends and significant professionals. The care/support plan must be updated and any agreed changes must be recorded and actioned.
- 6.5 The care/support plan must be signed by the service user and/or their representative. A copy of the plan must be available to the service user in either written or electronic format unless there are clear and recorded reasons not to do so.

## **STANDARD 7 - Medication**

### **OUTCOME**

**The agency's policy and procedures on medication protect service users.**

- 7.1 The agency must ensure there is a clear, written policy and procedure that identifies the limits to assistance and tasks.
- 7.2 The policy should include procedures for obtaining, recording, storing, administering and the returning or disposal of medication.
- 7.3 Medication must only be administered by staff trained to do so whose competency is assessed on an annual basis.
- 7.4 Assistance with medication must be identified in the care/support plan, forms part of the risk assessment and is detailed within the care/support plan.

## **STANDARD 8 - Health and Safety**

### **OUTCOME**

**The health, safety and welfare of service users and care and support staff is promoted and protected.**

- 8.1 The registered person must ensure that the agency has systems, policies and procedures in place to comply with the requirements of the Health and Safety legislation.
- 8.2 All organisational records relating to health and safety matters must be up to date and accurate.
- 8.3 A risk management strategy must be enforced to ensure people have the opportunity to enjoy life and take risks in a safe and managed way. Risk management strategies do not unduly restrict people or their activities and movements. Risk assessments are carried out on daily activities that constitute or suggest risk. Consultation and agreement with the risk taker and the persons assessing the risk results in a written risk management strategy that advises the reader and the person about how best to manage the risk. Risk assessments are recorded and reviewed when a person's needs change or at least every six months.

## **STANDARD 9 - Safeguarding**

### **OUTCOME**

**Service users are protected from abuse, exploitation, neglect and self-harm.**

- 9.1 Service users are safe and protected from any form of abuse or exploitation including physical abuse, financial abuse, psychological abuse, sexual abuse, discrimination or self-harm in accordance with the agency's and Isle of Man multi-agency policies and procedures.
- 9.2 The agency must have robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) to ensure the safety and protection of service users. The procedures must reflect Isle of Man multi-agency policies and procedures.
- 9.3 All allegations and incidents of abuse are followed up promptly, with the details of any investigations, outcomes and actions taken, recorded and reviewed, as necessary.
- 9.4 The agency, where appropriate, must ensure there is a policy and procedures in respect of safeguarding children which reflects the Isle of Man Safeguarding Children Board multi-agency procedures.
- 9.5 Safeguarding training must be undertaken by all staff within their probationary period or within six months of commencing employment, whichever is the shorter period, and refresher training is undertaken a minimum of every three years.



## **STANDARD 10 - Security of the Service User's home**

### **OUTCOME**

**Service users are protected and are safe and secure in their home.**

- 10.1 Care and support workers ensure the security and safety of the home and the service user at all times when providing care/support.
- 10.2 The agency must have clear protocols in place in relation to entering and exiting the homes of service users.
- 10.3 The agency must provide identity cards for all care and support staff entering the homes of service users. The cards should display:
  - ◆ a photograph of the member of staff;
  - ◆ the name of the person and employing organisation in large print;
  - ◆ the contact number of the organisation;
  - ◆ date of issue and an expiry date which should not exceed 36 months from the date of issue;
- 10.4 For people with special communication requirements, there must be clear and agreed ways for the service user to identify care and support staff from the agency.

## **STANDARD 11 - Records kept in the home**

### **OUTCOME**

**The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of support and care.**

- 11.1 All written records must be legible, factual, signed and dated and kept in a safe place in the home, as agreed with the service user, or their relatives or representative.
- 11.2 Written records must be kept in the service user's home for a minimum of one month, or until the service is concluded, after which time they are transferred, to the office of the agency for safe keeping.
- 11.3 Any service user or their relatives or representative on their behalf, refusing to have records kept in their home, is requested to sign and date a statement confirming the refusal and this is kept on their personal file in the agency.
- 11.4 In circumstances where the agency deems it inappropriate for written records to be kept in a service users home, this must be clearly recorded. Under these circumstances there must be suitable arrangements in place to enable staff to complete the record immediately after the visit and for it to be available to the next care worker attending.

- 11.5 Where the agency keeps records relating to a service user and their support/care electronically, there must be a system that ensures the service user and/or their relatives or representatives can access the records upon reasonable request.

## **STANDARD 12 - Recruitment and selection of staff**

### **OUTCOME**

**The well-being, health and security of service users is protected by the agency's policies and procedures on recruitment and selection of staff.**

- 12.1 There is a rigorous recruitment and selection procedure which meets the requirements of legislation, equal opportunities and anti-discriminatory practice and ensures the protection of service users and their relatives.
- 12.2 At least two written references are obtained from non-family members of the applicant before making an appointment, one of which is the immediate past employer or educational establishment, as appropriate. Any gaps in the employment record must be explored. New staff and volunteers must only be confirmed in post following completion of all satisfactory checks. As well as references, these checks must include:
- ◆ verification of identity;
  - ◆ a current enhanced DBS check;
  - ◆ work permit (if appropriate);
  - ◆ driving licence (if appropriate);
  - ◆ certificates of training and qualifications;
  - ◆ declaration of health;
  - ◆ Nursing Midwifery Council check (if holding a nursing, midwifery or health visitor qualification);
  - ◆ health Care Professional Council Register if appropriate.
- 12.3 Each staff file must contain at least the following:
- ◆ completed application form and interview notes;
  - ◆ all pre-employment checks;
  - ◆ the names and addresses of two referees (not family members) who may be approached to comment on the applicant's suitability (one of those referees must be the applicant's current/last employer). Those references are taken up and contained in the file by the employer;
  - ◆ evidence of a relevant Disclosure and Barring Service check (DBS) and that these checks have been reviewed by the Employer every 3 years. (Providers will have 3 years to implement this across their service from the introduction of these revised standards – 2020);
  - ◆ a statement that the applicant has no known medical condition that will debar them from carrying out their duties;
  - ◆ certificates of qualifications and achievements;
  - ◆ evidence that a check with the DHSC Social Services has been undertaken (when introduced);
  - ◆ registration and revalidation details for Registered Nurses, Social Workers and other professionals.

- 12.4 New staff, including temporary workers and volunteers, must be provided with a written contract specifying the terms and conditions under which they are engaged, including the need to comply with the agency's Staff Handbook for staff.
- 12.5 Staff must be employed in accordance with an appropriate code of conduct and practice i.e. Skills for Care Code of Conduct:  
<http://www.skillsforhealth.org.uk/images/services/code-of-conduct/Guidance%20on%20the%20Code%20of%20Conduct%20for%20support%20workers.pdf>
- 12.6 The agency must comply with an appropriate Code of Practice setting out standards expected of persons employing social care workers, insofar as the code is relevant to the management of domiciliary care. i.e. Skills for Care  
<http://www.skillsforhealth.org.uk/images/services/code-of-conduct/Guidance%20on%20the%20Code%20of%20Conduct%20for%20employers.pdf>
- 12.7 A record must be kept of all disciplinary incidents and details entered in the personal file of the member of staff concerned.
- 12.8 Employers must refer someone to the Disclosure and Barring Service if they:
- ◆ dismissed them because they harmed a child or adult;
  - ◆ dismissed them or removed them from working in a regulated activity because they might have harmed a child or adult otherwise;
  - ◆ Planned to dismiss them for either of these reasons, but the person resigned first.

N.B It is illegal for employers to employ someone or allow them to volunteer for working with children or adults if it is known they are on one of the barred lists.  
<https://www.gov.uk/government/collections/dbs-referrals-guidance--2>

## **STANDARD 13 - Development and training**

### **OUTCOME**

**Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.**

- 13.1 The registered person must ensure that there is a staff development and training programme within the agency, which ensures staff are able to fulfil the aims of the agency and meets the changing needs of service users and must include all mandatory training and refresher training (see Appendix B).
- 13.2 There must be a formal and recorded induction process, which is completed by new staff. This must include a minimum of a 3 days orientation programme at the start of employment.
- 13.3 The training must be completed within the induction/probationary period time scales, unless extended by agreement; the employee's line manager along with the

- employee reviews and evaluates the effect of the training on performance prior to confirming the appointment in writing.
- 13.4 Records of one to one supervision sessions and annual performance appraisals must be maintained on the person's individual file and a copy given to the person.
  - 13.5 Specialist advice, training and information must be provided for care or support workers working with specific user groups and/or medical conditions by someone who is professionally qualified to do so.
  - 13.6 Within the whole staff group there must be the range of skills and competence required to work with and meet the needs of individual service users served by the agency.
  - 13.7 Managers and supervisors of care or support workers providing specialist care services must have knowledge and understanding of the specialisms for which they are responsible.
  - 13.8 Following all staff training an evaluation check must be carried out and recorded by the manager of the service indicating that the training has improved the practice of the staff team.

#### **STANDARD 14 - Qualifications**

<p><b>OUTCOME</b></p>
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<p><b>The personal care of service users is provided by qualified and competent staff.</b></p>
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- 14.1 All staff in the organisation must be competent and trained to undertake the activities for which they are employed and responsible.
- 14.2 50% of all personal care must be delivered by workers QCF level 2/3 qualified or equivalent.
- 14.3 Managers must be qualified to QCF level 5 or equivalent or managers new to registration will be given a time frame that is appropriate to the date of their registration. ***(From 1<sup>st</sup> April 2018 managers will not be registered unless they are qualified to, or in the process of gaining the QCF level 5 in leadership for Health and Social Care and Children and Young People Services or equivalent).***
- 14.4 Managers must undertake periodic management training to update their knowledge, skills and competence to manage the agency.

## **STANDARD 15 - Supervision**

### **OUTCOME**

**Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.**

- 15.1 All care and support staff must receive formal supervision at least 3 monthly and a written record must be kept on the content and outcome of each meeting. With the consent of the service user, at least one supervision, within a 12 month period, must incorporate direct observation of the care worker providing care to a service user, with whom they regularly work. All care and support staff must have their standard of practice appraised annually.
- 15.2 Team meetings must be held regularly.
- 15.3 Managers and supervisors must receive training in supervision skills and undertaking of performance appraisal.

## **STANDARD 16 - Management, quality and improvement.**

### **OUTCOME**

**Service users receive a consistent, well managed, planned and audited service.**

- 16.1 The business must operate from permanent premises and there must be a management structure in place, including clear lines of accountability, which enables the agency to deliver services effectively on a day to day basis, in accordance with the agency's business plan. The service must be managed and provided from premises which are suitable and designated for the purpose, that provide a safe working environment for staff and include the provision of private space for confidential meetings.
- 16.2 The premises must be located appropriately for the management and provision of domiciliary care to the people it serves.
- 16.3 The premises must contain equipment and resources necessary for the efficient and effective management of the service.
- 16.4 There must be clear lines of accountability within the team. People forming part of a management team and deputising for the manager have a relevant professional or care qualification and/or significant experience of working with the people being cared for, and are qualified to a QCF level 3 Diploma in Health and Social Care and Children and Young Peoples' Services or equivalent.
- 16.5 The agency must be able to demonstrate there is adequate staff cover for the operation of the agency.
- 16.6 Public liability, employers and any other necessary insurance must be in place.

16.7 The agency must have a contingency plan to address any potential disruptions.

## **STANDARD 17 - Record keeping**

### **OUTCOME**

**The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.**

17.1 All records held by the agency must be secure, up to date and in good order. They must be constructed, maintained and used in accordance with the Data Protection Act 2002, and other statutory requirements.

17.2 Records of all visits to service users homes must be kept in written or electronic format and available to service users and/or their families.

17.3 Records must be kept in line with the providers own records retention policy and procedures.

## **Standard 18 - Policies and procedures**

### **OUTCOME**

**The service users' rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.**

18.1 See appendix A for list of required policies and procedures.

18.2 Policy and procedure documents must be regularly reviewed and dated on the front cover to indicate the date of the review and when the next review is due.

18.3 The agency must make available to staff a comprehensive policy and procedure file. The policy documents cover all aspects of work including practical tasks, administrative tasks and legal/ethical responsibilities such as Health and Safety (legal), promoting dignity ethical. The documents underpin all staff practice and provide a framework from which service is delivered.

18.4 The Registered Manager must set in place systems to ensure the staff team are familiar with and comply with the policy documents whilst at work. Staff must understand and have access to up-to-date policies, procedures and codes of practice.

18.5 Service users must have access to relevant information on the policies and procedures and other documents in appropriate formats.

## **STANDARD 19 - Complaints and compliments**

### **OUTCOME**

**Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.**

- 19.1 The agency complaints procedure must be written in plain language and is made available to service users. Where required the procedure is available in an easy to read format, audio and braille etc. The complaints policy and procedure must include the following:
- ◆ It must provide assurance to service users that their complaint will be taken seriously and there will be no retribution for making a complaint.
  - ◆ Provides information as to who the complaint may be referred to if the service user is not satisfied with the outcome.
  - ◆ Provides information on how people can access an independent advocate to support them in making a complaint.
  - ◆ Makes appropriate provision for handling any complaint against the registered provider or registered manager of the service.
- 19.2 The procedure must include the stages and timescales for the process.
- 19.3 Positive action must be taken to encourage, enable and empower service users to use the complaints and compliments procedure including access to appropriate interpretation and methods of communication.
- 19.4 The registered person must ensure that when complaints are accepted they are recorded. The complainant receives a written acknowledgement, and following an investigation, a written outcome. The acknowledgement will be received by the complainant within the seven days of making the complaint. The outcome will be received by the complainant within twenty eight days. Where the outcome is delayed the complainant will be advised in writing of the delay.

## **STANDARD 20 - Quality Assurance**

### **OUTCOME**

**The service is run in the best interests of its service users.**

- 20.1 There must be an effective Quality Assurance system in place.
- 20.2 There must be a process for consulting with service users and their carers about the care service on a regular basis, assuring quality and monitoring performance including:
- ◆ an annual visit to all service users, undertaken by a supervisor or manager;
  - ◆ annual survey of service users, their relatives or representative where appropriate to obtain their views and opinions of the service;

- ◆ checks on records, timesheets etc;
  - ◆ checks on any complaints or compliments;
  - ◆ checks on any accidents, incidents or safeguarding concerns/alerts.
- 20.3 Care and support workers must know the standard of service they are required to provide and monitor and meet the standard on a continuous basis.
- 20.4 The outcome from the quality assurance process must be published annually, made available to users, their family or representatives and be available at inspection.
- 20.5 The quality assurance process must be reviewed and revised as necessary.
- 20.6 An annual report lists the success and introduces a written development and improvement plan based on the outcomes of the quality assessment information. The report is available to all.



## **Appendix A**

### **Policies and procedures of the agency**

The policies and procedures encompass the following areas:

- ◆ statement of purpose and aims and objectives of the organisation
- ◆ conditions of engagement including travel expenses, insurance etc
- ◆ contract & job description
- ◆ range of activities undertaken – and limits of responsibility
- ◆ personal safety whilst at work
- ◆ standards for quality assurance
- ◆ confidentiality of information
- ◆ provision of non-discriminatory practice
- ◆ equal opportunities, sexual or racial harassment
- ◆ health and safety
- ◆ moving and handling
- ◆ dealing with accidents & emergencies
- ◆ data protection and subject access
- ◆ assisting with medication
- ◆ handling money and financial matters on behalf of a service user
- ◆ maintaining the records in the home
- ◆ acceptance of gifts and legacies
- ◆ dealing with violence & aggression
- ◆ entering & leaving a service user's home
- ◆ safe keeping of keys
- ◆ complaints & compliments
- ◆ discipline and grievance
- ◆ training and staff development/supervision
- ◆ assessment of prospective clients and care planning
- ◆ use of mobile phones/cameras whilst in a service users home
- ◆ safeguarding adults & children
- ◆ bullying & harassment
- ◆ communicable diseases & infection control
- ◆ business continuity
- ◆ work permits
- ◆ smoking
- ◆ whistleblowing

## **Appendix B**

### **Mandatory Training**

- ◆ Induction - in line with the skills for care - care certificate
- ◆ Safeguarding
- ◆ Health and Safety
- ◆ Moving and Handling
- ◆ First Aid
- ◆ Medication
- ◆ Specialist training applicable to the service which meets individual service user needs  
for example:
  - ◆ Communication
  - ◆ Epilepsy
  - ◆ Dementia
  - ◆ Diabetes
  - ◆ Food hygiene



This document can be provided in other formats

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