Domiciliary Care Agencies and Child Care Agencies

Minimum Standards

Registration & Inspection Unit

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Department of Social Care
Rhyenn Kiarail y Theay
Contents

Introduction

User Focused Services (Standards 1 – 6)
Information
Care needs assessment
Meeting needs
Contract
Confidentiality
Responsive services

Personal Care (Standards 7 – 10)
Service user plan
Privacy and dignity
Autonomy and independence
Medication and health related activities

Safeguarding (Standards 11 – 16)
Safe working practices
Risk assessments
Financial protection
Protection of the person
Security of the home
Records kept in the home

Managers and Staff (Standards 17 – 21)
Recruitment and selection
Requirements of the job
Development and training
Qualifications
Supervision

Organisation and running of the business (Standards 22 – 27)
Business premises, management and planning
Financial procedures
Record keeping
Policies and procedures
Complaints and compliments
Quality assurance

Appendices
A Glossary
B Content of the Code of Practice of the Agency
C Content of Induction Programme
D Content of Health and Safety Training
E Topics requiring specialist training and advice
F Data kept on all service users
G Policies and procedures of the agency
Introduction

This document sets out the minimum standards for domiciliary care agencies and child care agencies, including those services provided by the Department. They form the criteria by which the Department 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.

While broad in scope, these standards acknowledge the unique and complex needs of individuals, and the additional specific knowledge, and skills required in order to deliver a service that is tailored to the needs of each person. These standards will be applied to agencies providing personal care and support to the wide range of people who need care and support whilst living in their own home, including:

- older people
- people with physical disabilities
- people with sensory loss including dual sensory impairment
- people with mental health problems
- people with learning disabilities
- children and their families
- personal or family carers

Care and support workers may be directly providing the care themselves but they are more likely to be providing the care jointly with the person needing assistance, encouraging them to do as much as possible for themselves in order to maintain their independence and physical ability. Support workers will be providing support and assistance to people with a range of disabilities, helping them to maximise their own potential and independence. It is important that agencies and care workers who are providing personal care for children and their families take note of the content of ‘Every Child Matters’.

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 Social Care and will become part of the overall changes being made to the regulation of care under the Regulation of Care Act; they will form the basis for judgements made by the Department regarding registration, including proceedings for cancellation or prosecution.

The Department will therefore consider the degree to which a regulated service complies with the standards when determining whether or not a service should be registered or have its registration cancelled, or whether to take any action for breach of regulations.

Who will be regulated?

Regulation applies to all agencies which provide personal care and/or personal support for persons living in their own homes who by reason of illness, infirmity or disability are unable to provide it for themselves without assistance. Agencies providing personal care/support at any time will need to register.

The term ‘agency’ includes all providers of personal domiciliary care services in the private, voluntary and public sectors including the Department’s own services, who although are not required to register will be expected to meet the minimum standards, and supported housing or living schemes where applicable.

The following standards will NOT apply to employment agencies who solely act as introducers of workers employed directly by the user.

Standards 4, 5.2 only, 5.3 only, 6.3 only, 6.4 only, 7, 10.8 only, 10.9 only, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21 and 24.1 bullet points 2, 5 and 9 only, 24.3, 24.4 and 27.3 bullet points 1 and 2 only. They are further exempt from bullet points 6, 11 and 13 only of Appendix B and all of Appendix F.

Where an agency operates from more than one branch, each branch will have to register and be inspected, and will also be required to have a responsible and registered ‘fit manager’ in charge of the day to day provision.

Where a national voluntary organisation has a number of affiliated branches, each of which is separately registered with the Charity Commission, each will be treated as a separate agency for the purposes of registration and regulation.

Where the business is a franchise operation, each individual franchise will be treated as a separate business.
The registered person and registered manager(s)

All agencies (except those managed by the DSC) providing personal domiciliary care services, irrespective of size will be required to have a person registered as the ‘Fit Person’ who has overall responsibility for the service. This person may be the owner or the most senior manager of the service.

Where the Registered Person is not responsible for the day to day management of the service or where they lack the required qualifications and experience or where the service is provided from more than one office location, the Registered Person must appoint an experienced and qualified manager responsible for managing the office location on a day to day basis. This manager must also apply to be registered.

Definition of personal care/support

- assistance with bodily functions such as feeding, bathing and toileting
- care falling just short of assistance with bodily functions, but still involving physical and intimate touching, including activities such as helping a person get out of a bath and helping them to get dressed
- non-physical care, such as advice, encouragement and supervision relating to the foregoing, such as prompting a person to take a bath and supervising them during this
- emotional and psychological support, including the promotion of social functioning, behaviour management, and assistance with cognitive functions.

NB: The above list is not exhaustive and the decision as to whether an agency will be required to register will be made by the Department after consideration of individual circumstances.

Structure

The standards are grouped under five key topics and the outcome for service users identified in relation to each theme.

The topics are:

- User focused services (Standards 1 – 6)
- Personal care (Standards 7 – 10)
- Protection (Standards 11 – 16)
- Managers and staff (Standards 17 – 21)
- Organisation and running of the business (Standards 22 -27)

The standards have been designed to achieve the outcomes identified and to be enforceable through the relevant regulations. While the standards are qualitative – they provide a tool for judging the quality of care and support provided for service users – they are also
measurable. Regulators will look for evidence that the requirements are being met and a good quality of life enjoyed by service users through:

- discussions with service users, families and friends, care and support staff, managers, and others
- observation of daily life in the home of the person receiving care and in the office of the organisation providing the service
- scrutiny of written policies, procedures and records

The provision of domiciliary care to any one service user is made up of a range of separate but often related activities and services which will vary from person to person according to their needs. In applying the standards, regulators will consider how the total care package provided contributes to the overall personal and health care needs and preferences of service users, and how the organisation collaborates with other services / professionals to maximise independence and ensure the individual’s inclusion in the community. Inspectors will look for evidence that the care provided meets the assessed needs of service users and that individuals’ changing needs continue to be met. There should be a reassessment of need on an annual basis or more frequently if necessary. Inspectors will also wish to see evidence that care and support staff are able to be flexible to meet the changing needs and requirements of service users on a short term or temporary basis.

**Context and purpose**

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.

These standards have been prepared in response to the changing need of how care is to be provided to people on the Isle of Man; they are realistic proportionate, fair and transparent. They provide a minimum standard below which no provider may operate, ensure the protection of service users and safeguard and promote the health, welfare and quality of life of people living in their own home or in a supported living scheme.
User focused services

Introduction to Standards 1 – 6 (See user focused services section of the bibliography)

The needs of the service user lie at the heart of the provision of personal care. Service users need to be kept informed and enabled to make choices concerning their care, and participate in the process, thereby maintaining their independence. The service should be managed and provided at all times in a way which, meets the individual needs of the person receiving care, as specified in their care plan, and respects the rights, privacy and dignity of the individual.

Where the provision of personal domiciliary care is commissioned by the social services department, a three way working relationship should be developed with the local authority and the agency providing personal care working in partnership to most effectively meet the needs of the person requiring care.

In order to ensure that service users and/or their relatives or representatives are able to make informed choices concerning their care, they should be provided with a range of information that is up to date and is available in an appropriate language or format. A number of documents are required. Each has its own particular purpose.

Each agency providing personal domiciliary care should produce a guide for service users with a statement of purpose, setting out its aims and objectives, the range of services it offers and outlining the terms and conditions on which it does so. In this way service users, their relatives and representatives can make a fully informed choice about whether or not the organisation is suitable and able to meet the individual's particular needs. A copy of the most recent inspection report should also be made available. The statement of purpose will enable inspectors to assess how far the organisation’s claims are being fulfilled.

Providing user focused services also means ensuring that care workers have the flexibility to vary the care provided to meet changing needs on a day to day basis. For example if the need is to assist the service user get up, washed and dressed and give them breakfast, the care worker must be able to respond flexibly and appropriately if on one occasion they find that they feel unwell and want to remain in bed.

Research in the UK into the views of service users about their personal care has identified that the continuity of care and support worker is extremely important. Service users and their relatives need to feel comfortable, relaxed and secure with the care workers they are inviting into their home. They want to have care workers they can get to know and who are reliable, dependable and arrive and depart at the time expected. Service users and their relatives also want to know in advance if there is to be any change in their care or support worker so they can be prepared.
Information

OUTCOME
Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.

STANDARD 1

1.1 The registered person produces a Statement of Purpose and a Service User’s Guide for current and prospective service users and their relatives. The Service User’s Guide 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 Statement of Purpose and the Service User’s Guide are written in plain English and are available in appropriate formats e.g. large print, Braille. Where services are or may be provided to people for whom English is not their first language, the documents are made available in the language of their choice.

The Service User’s Guide includes:
- the aims and objectives of the agency
- the nature of the services provided, including specialist services
- people for whom the service is provided
- an overview of the process for the delivery of care and support from initial referral, through needs and risk assessment and development of the service user plan to review of the care and reassessment of need
- key contract terms and conditions
- the complaints procedure
- the Quality Assurance process
- specific information on key policies and procedures
- how to contact the Registrations and Inspections Unit, Social Services, and the Health Services
- hours of operation
- details of insurance cover

1.3 The registered person ensures that the Service User’s Guide and the Statement of Purpose is dated, reviewed annually and updated as necessary.

1.4 All service users, their carers and prospective service users must be provided with the Service User’s Guide and are informed that they may inspect the Agency’s Statement of Purpose and how to access this document.
Care needs assessment

OUTCOME
The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.

STANDARD 2

2.1 A domiciliary care needs assessment regarding new service users is undertaken, prior to the provision of a domiciliary care service (or within 2 working days in exceptional circumstances), by people who are trained to do so, using appropriate methods of communication so that the service user and their representatives, are fully involved.

2.2 The registered manager ensures that a care needs assessment is undertaken and obtains a summary of the needs assessment. The assessment to 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
- method of payment

2.3 Information from the care needs assessment is provided in writing 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 is trained and able to undertake an initial contact assessment if required.

2.5 Procedures are 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.
Meeting needs

OUTCOME
Service users, their relatives and representatives know that the agency providing the personal care service has the skills and competence required to meet their care needs.

STANDARD 3

3.1 The registered person is able to demonstrate the capacity of the agency to meet the needs (including specialist needs) of individuals accepted by the agency.

3.2 Staff individually and collectively have the skills and experience to deliver the services and care which the agency states in its information material that it can provide. The skills and experience of care staff are matched to the care needs of each service user and they are able to communicate effectively with the service user using the individual’s preferred method of communication.

3.3 All specialist services offered (and identified in the Service User’s Guide) are demonstrably based on current good practice, relevant to the agency, and reflect relevant specialist and clinical guidance. This includes specialist services for people with dementia, mental health problems, sensory impairment, physical disabilities, substance misuse problems, intermediate or respite care.

3.4 When services are provided for specific minority ethnic communities, social/cultural or religious groups their particular requirements and preference are identified, understood and entered into a plan for the service user.

Contract

OUTCOME
Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.

STANDARD 4

4.1 Each service user is issued with a written contract (if self-funding) provided by the agency within seven days of commencement of the service.

4.2 The contract between the service user and the service provider specifies the following, unless these appear in the Service User’s Guide and Care Plan:

- name, address and telephone number of agency
- contact number for out of hours and details of how to access the service
- contact number for the office of regular care workers and their manager
- areas of activity which home care or support workers will and will not undertake and the 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
- 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 (see Standard 2) and the individual service user plan (see Standard 7)
- process for assuring the quality of the service, monitoring and supervision of staff
- supplies and/or equipment to be made available by the service user and by the agency
- respective responsibilities of the service user and of the agency in relation to health and safety matters
- arrangements to cover holidays and sickness
- keyholding and other arrangements agreed for entering or leaving the home (see Standard 15)

4.3 The service user and/or their relatives or representative and the agency each has a copy of the contract which is signed by the service user (or their named representative on their behalf) and the registered manager.

**Confidentiality**

**OUTCOME**

Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.

**STANDARD 5**

5.1 Care and support staff 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.

5.2 Service users 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.

5.3 Care or support workers know when information given them in confidence must be shared with their manager and other social/health care agencies.

5.4 The principles of confidentiality are observed in discussion with colleagues and the line manager, particularly when undertaking training or group supervision sessions.
5.5 Suitable provision is 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.

5.6 Records kept within a service users own home must only contain the minimum information necessary for continuity of care and wherever possible should be stored securely and out of sight.

Responsive services

OUTCOME
Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

STANDARD 6 (see standard 15)

6.1 Staff are reliable and dependable, are able to respond flexibly to the needs and preferences of service users which arise on a day to day basis and services are provided in a way that meets the outcomes identified in the care plan.

6.2 Staff arrive at the home within the time band specifies and work for the full amount of time allocated.

6.3 Upon arrival in the home, care or support staff ask the service user if there are any particular personal care needs or requirements they have on that visit.

6.4 The registered manager ensures that there is continuity in relation to the care or support worker(s) who provide(s) the service to each service user.

6.5 Care or support workers are only changed for legitimate reasons for example:

- the care or support worker is sick, on holiday, undertaking training or has left the organisation
- if the service requirements change and the care worker does not have the necessary skills, physical capacity or specialist training
- the care or support worker is unavailable for additional hours or changed times
- if the service user requests a change of care or support worker for legitimate reasons
- if a non-professional relationship has developed between the service user and the care or support worker
- to provide relief for care or support staff working in stressful situations
- to protect care or support staff from abuse, discrimination

6.6 Service users their relatives or representatives are consulted in advance whenever possible, and involved in the decision about the change of care or support worker, if the change is permanent or likely to last longer than 30 days.

6.7 Service users, their relatives and/or representatives are kept fully informed on issues relating to their care, at all times.
Personal care and support

Introduction to Standards 7 – 10

The principles on which the philosophy of care of the provider organisation is based must be ones which ensure that all service users, their relatives and representatives are treated with respect, their dignity is preserved at all times and their right to privacy is always observed. The test of whether these principles are put into practice or not will be a matter for each person’s own judgement: Care and support workers should put themselves in the place of people receiving care and ask themselves:

- How am I treated by home care staff when they are bathing me and helping me dress?
- How do they speak to me?
- Am I consulted in matters to do with my own care and am I able to make choices?
- Are my wishes respected?
- Are my views taken into account?

Fundamentally care and support workers should ‘treat others as you would wish to be treated yourself’.

The purpose of the provision of personal care and support to people who are living in their own home is to sustain and whenever possible improve their independence. As well as ensuring their involvement in all decisions relating to their care this also means involving them and supporting them to assist in the care activities themselves rather than increasing dependence by taking over and doing everything for them.

As the health and care needs of people living in their own home become more complex, so home care and support staff come under pressure to undertake increasingly complex health related activities. This should not happen ‘by default’ but only with written agreement of all parties and when the home care or support worker has received the appropriate and necessary training. Clarity in the roles, if any, in relation to medication and other health related activities is therefore essential. Where unforeseen circumstances arise the agreement to change the care delivery must be obtained and further training must be identified and provided as soon as is practicable and possible. Where the need requires specialist input and training from a community nurse the care must revert to the primary health care team until appropriate training is provided and the care worker deemed as competent.
Service user plan

OUTCOME
The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.

STANDARD 7

7.1 A personal service user plan outlining the delivery arrangements for the care is developed and agreed with each service user, which provides the basis for the care to be delivered and is generated from the care needs assessment, (Standard 2) service user plan, risk and manual handling risk assessment (Standard 12) and the service contract or statement of terms and conditions. (Standard 4)

7.2 The plan sets out in detail the action that will be taken by care and support workers to meet the assessed needs, including specialist needs and communication requirements, and identifies areas of flexibility to enable the service user maximise their potential and maintain their independence. (see Standards 6 & 9)

7.3 The plan is drawn up with the involvement of the service user, whenever possible or their representative on their behalf, their relatives and friends and any other professional as appropriate and takes into account the service user's wishes and preferences in relation to the way in which the care is provided and their chosen lifestyle – as long as it conforms to legal requirements and does not compromise the provider agency's obligations.

7.4 The plan establishes individualised procedures for service users in relation to the taking of risks in daily living and for those service users who are likely to be aggressive, abusive or cause harm or self-harm, focusing on positive behaviour. (See Standards 9.8, 12 and 14.6)

7.5 The information and detail provided in the plan is appropriate for the complexity of the service to be provided.

7.6 The plan is reviewed as changes in circumstances require but at least annually with the service user, their relatives, friends and significant professionals or at the request of the service user or their representative or if there has been a change in their care needs and/or circumstances of the service user or their carer. The plan is updated and agreed changes are recorded and actioned.

7.7 The plan is signed by the service user or their representative on their behalf and is available in a language and format that the service user can understand. A copy of the plan is held by the service user unless there are clear and recorded reasons not to do so.
Privacy and dignity

OUTCOME
Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.

STANDARD 8

8.1 Personal care and support is provided in a way which maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times with particular regard to assisting with:

- dressing and undressing
- bathing, washing, shaving and oral hygiene
- toilet and continence requirements
- medication requirements and other health related activities
- manual handling
- eating and meals
- handling personal possessions and documents
- entering the home, room, bathroom or toilet

8.2 Care and support is provided in the least intrusive way at all times.

8.3 Service users, their relatives and their representative are treated with courtesy at all times.

8.4 Service users are addressed by the name they prefer at all times.

8.5 Care and support workers are sensitive and responsive to the race, culture, religion, age, disability, gender and sexuality of the people receiving care, and their relatives and representatives.

Autonomy and independence

OUTCOME
Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.

STANDARD 9

9.1 Managers and care and support workers enable service users to make decisions in relation to their own lives, providing information, assistance, and support where needed.

9.2 Service users are encouraged, enabled and empowered to control their personal finances unless prevented from doing so by severe mental incapacity or disability. (See Standard 13.5)

9.3 Care and support workers carry out tasks with the service user, not for them, minimising the intervention and supporting service users to take risks, as set out in
the service user plan, and not endangering health and safety. (see Standards 7 & 12)

9.4 When caring for children, opportunity is taken to enable them to participate in the activity and to develop through learning and playing, and to protect them from abuse or harm.

9.5 Service users, and their relatives and representatives are kept fully informed about the service they receive and are provided with information in an appropriate format.

9.6 Care and support workers communicate with service users in their first or, where agreed, their preferred language.

9.7 Service users or their relatives or representatives (with permission of the service user) are able to see their personal files kept on the premises of the provider agency, in accordance with the Data Protection Act 2002 and are informed in writing that these files may be reviewed as part of the inspection and regulation process. (See Standard 24)

9.8 Limitations on the chosen lifestyle or human rights to prevent self-harm or self-neglect, or abuse or harm to others, are made only in the service user’s best interest, consistent with the agency’s responsibilities in law. The limitations are recorded in full within the risk assessment and the plan for managing the risks (See Standard 12) and entered into the service user plan. (See Standard 7)

9.9 Service users and their relatives or other representatives are informed about independent advocates who will act on their behalf and about self-advocacy schemes.

**Medication and health related activities**

**OUTCOME**
The agency’s policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8, and 10.9, these do not apply to employment agencies solely introducing workers.

**STANDARD 10**

10.1 The registered person ensures there is a clear, written policy and procedure which is adhered to by staff and which identifies parameters and circumstances for assisting with medication and health related tasks and identifies the limits to assistance and tasks which may not be undertaken without specialist training.

10.2 The policy should include procedures if required for obtaining prescriptions and dispensed medicines and for recording the information.

10.3 Staff only provide assistance with taking medication or administer medication or undertake other health related tasks, when it is within their competence; they have received any necessary specialist training and it is:
• **with the informed consent of the service user** or their relatives or representative

• clearly requested on the care plan by a named assessor

• with agreement of the care or support worker’s line manager, and

• not contrary to the agency’s policy

10.4 Assistance with medication and other health related activities is identified in the Care Plan, forms part of the risk assessment (Standard 12) and is detailed within the Service User Plan.

10.5 Care and support staff leave medication at all times in a safe place which is known and accessible to the service user or, if not appropriate for the service user to have access, where it is only accessible to relatives and other personal carers, health personal and domiciliary care staff.

10.6 Care and support workers follow the agency’s procedures for reporting concerns, responding to incidents and seeking guidance.

10.7 Care and support workers record, with the user’s permission, observation of the service user taking medication and any assistance given, including dosage and time of medication and undertaking any other health related tasks, on the record of the care visit kept in the home and/or the Home Care Medication record and the personal file of the service user held in the agency. Any advice to the service user to see or call in their General Practitioner or other health care professional is also recorded. Where possible the record is signed and dated by the care worker and the service user or their representative. If permission is not given or a signature cannot be obtained from the service user/their representative, this is added to the record.

10.8 Except for employment agencies solely introducing workers, where delivery of the care package involves multiple agencies, including health care, a policy on medication and health tasks is agreed and followed. A key worker, generally a health care professional from one agency who visits on a regular basis is identified as responsible for taking the lead on medication. Care and support workers retain responsibility for their own actions in accordance with the policy.

10.9 Except for employment agencies solely introducing workers, where necessary and agreed the policy and procedures are approved by a suitably experienced pharmacist, if appropriate. The functions undertaken by staff in this context need to be covered by the employer’s insurance policy.
**Safeguarding**

**Introduction to Standards 11 – 15**

**Health and Safety**

The health and safety of service users and home care and support workers is a major issue of concern in the provision of personal domiciliary care. Despite the requirements of legislation, accidents occur all too frequently. Failure to observe health and safety requirements is a major cause of long term illness among home care staff. Training on all aspects of health and safety is essential to ensure that home care and support staff are able to respond appropriately and work in a safe manner.

Before commencing the provision of care in a new home, a detailed risk assessment must be made by the organisation providing the service, of the risks associated with the delivery of the service. This assessment must be undertaken by someone who is trained for the purpose. This may be the registered manager or it may be an experienced home care or support worker. The risk assessment must be comprehensive and include, where appropriate, the risks associated with assisting with medication as well as any risks associated with travelling to and from the home of the service user, particularly late at night.

A separate assessment must be undertaken of the risks associated with manual handling. It is important that care strategies are devised in relation to assisting people with disabilities which are acceptable to the person concerned and are also safe for the care and support workers involved.

The service user and/or their families/representative also retain responsibilities in relation to the health and safety of the environment in which they live and should not place people visiting the home at risk. All the risks identified must therefore be discussed in full with the service user, their relatives or representative, the home care or support worker and their line manager and the commissioner of the care (if involved). A plan to manage the identified risks must be complied and agreed by all parties. The plan should include review and reassessment of the risks.

**Protection of the person from abuse or exploitation**

The general public is aware of the effects of child abuse: far less publicity is given to adult and elder abuse and many people, even those employed in providing care to adults, are still relatively unaware of the existence of abuse and its effects. Home care and support workers need to be aware that abuse does not have to be extreme or obvious. It can be unintentional, insidious and the cumulative result of ongoing bad practice. No organisation that is concerned with maintaining standards in the provision of professional care services can afford to ignore any form of abuse which affects the well being of the people for whom they are responsible.

The role that the home care and support workers play in the lives of people they care for, is extremely important. It is the home care workers and support workers who have a key role in recognising and protecting people from abuse. They have a responsibility to the people for whom they provide the care service, to minimise both the likelihood of abusive situations
occurring and the effects that it can have, and to contribute to monitoring anyone who may be considered to be ‘at risk.’

It is essential that care is taken in all financial transactions undertaken on behalf of the service user and a full written record kept to safeguard both the service user and the home care or support worker and to ensure no misunderstandings occur. For similar reasons home care or support workers must never seek to profit from the care they provide to service users by the acceptance of significant gifts or bequests.

The safety of service users is very important and for this reason care must be taken when entering or leaving the premises of people receiving care. This includes the need to carry and show proper identification at all times.

**Safe working practices**

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<th>OUTCOME</th>
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<td>The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.</td>
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**STANDARD 11**

11.1 The registered person ensures that the agency has systems and procedures in place to comply with the requirements of the Health and Safety legislation including:

- Health and Safety at Work Act 1974
- European Communities (food hygiene laws) (application) order 2007.
- The Food Hygiene Regulations 2007.
- Provision of Work Equipment Regulations 1992*
- Health and Safety (first aid) Regulations 1981*
- Control of substances hazardous to health regulations (COSHH) 1999*
- Manual Handling Operations Regulations 1992*
- Lifting Operation and Lifting Equipment Regulations (LOLER) HSE 1998*
- Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995*
- The Personal Protective Equipment at Work Regulations 1992*
- Health and Safety (Display Screen Equipment) Regulations 1992*
- Fire Precautions Act and Fire Precautions (Workplace) Regulations 1997*

*Not all of the above (denoted by *) are part of Manx legislation but are used as a suitable and acceptable standards under the Health and Safety at Work Act 1974, as applied to the I.O.M by order in 1998.*

11.2 The agency has a comprehensive health and safety policy, and written procedures for health and safety management defining:

- individual and organisational responsibilities for health and safety matters
- responsibilities and arrangements for risk assessments
arrangements to implement safe systems of work to safeguard the welfare of service users, staff and others involved in the provision of domiciliary care, taking into account the findings of the risk assessments

procedures to be followed when safe systems of work identified as necessary to safeguard the service users, staff and others involved in the provision of domiciliary care, cannot be implemented

responsibility and procedure the reporting and investigating accidents and dangerous occurrences including those specified under RIDDOR for both service users and staff

reporting procedure to follow when either a service user or a member of staff has a known transmittable disease or infection

the provision and wearing of protective clothing

procedures for managing threats or violence to staff

content of training on health and safety to be given to care and support workers (see Standard 19 and appendix D)

11.3 The registered person appoints one or more competent persons to assist the agency in complying with their health and safety duties and responsibilities including:

- identifying hazards and assessing risks
- preparing health and safety policy statements
- introducing risk control measures
- providing adequate training and refresher training

11.4 All organisational records relating to health and safety matters are accurate and kept up to date. (see Standard 24)

Risk assessment

**OUTCOME**
The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.

**STANDARD 12**

12.1 The registered person ensures that an assessment is undertaken, by a trained and qualified person, of the potential risks to service users and staff associated with delivering the package of care, (including, where appropriate, the risks associated with assisting with medication and other health related activities) before the care or support worker commences work and is updated annually or more frequently if necessary.

12.2 The risk assessment includes an assessment of the risks for service users in maintaining their independence and daily living within the home. (See Standard 7)
12.3 The manner in which the risk assessment is undertaken is appropriate to the needs of the individual service user and the views of the service user and their relatives are taken into account.

12.4 The registered person ensures that a separate moving and handling risk assessment is undertaken by a member of staff who is trained for the purpose, whenever staff are required to help a user with any manual handling task.

12.5 A comprehensive plan to manage the risks including manual handling and the risks to service users is drawn up in consultation with the service user, their relatives or representatives, included in the service user plan and kept in the home of the service user for staff to refer to. A copy is also placed on the personal file kept in the agency. The risk management plan is implemented and reviewed annually or more frequently if necessary.

12.6 A procedure is in place for reporting new risks which arise including defective appliance, equipment, fixtures or security of the premises.

12.7 Only staff who are both trained to undertake risk assessments and competent to provide the care are assigned to emergency situations and where pressure of time does not allow a risk assessment to be undertaken prior to provision of the care or support.

12.8 Two people fully trained in current safe handling techniques and the equipment to be used are always involved in the provision of care when the need is identified from the manual handling risk assessment.

12.9 The name and contact number of the organisation responsible for providing and maintaining any equipment is recorded on the risk assessment.

12.10 The registered manager ensures that the manual handling equipment is in a safe condition to use, that inspections by the manufacturers have taken place on time and if necessary reminds the organisation providing the equipment that a maintenance check is due.

12.11 The registered person produces and ensures compliance with safety policies and procedures to protect staff travelling to and from the homes of service users including advice on e.g.:

- not carrying large sums of money or medicines late at night
- working in pairs
- use of bleeps/pagers
- use of mobile telephones
- car insurance for business use

12.12 A responsible and competent person is on call and contactable at all times when care and support staff are on duty.
**Financial protection**

**OUTCOME**
The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.

**STANDARD 13**

13.1 The registered person ensures that there is a policy and there are procedures in place for staff on the safe handling of service users’ money and property covering:

- payment for the service/service user’s contribution (if appropriate)
- payment of bills
- shopping
- collection of pensions
- safeguarding the property of service users whilst undertaking the care tasks
- reporting the loss or damage to property whilst providing the care and guidance on

**NOT:**

- accepting gifts or cash
- using loyalty cards except those belonging to the service user
- making personal use of the service users property, e.g. telephone
- involving the service user in gambling syndicates (e.g. national lottery, football pools)
- borrowing or lending money
- selling or disposing of goods belonging to the service user and their family
- selling goods or services to the service user
- incurring a liability on behalf of the service user
- taking responsibility for looking after any valuable on behalf of the service user
- taking any unauthorised person (including children) or pets into the service user’s home without permission of the service user, their relatives or representative and the manager of the service.

13.2 The agency’s policies and practices regarding service users wills and bequests preclude the involvement of any staff or members of their family, in the making of or benefiting from service users wills or soliciting any other form of bequest or legacy or acting as witness or executor or being involved in any way with any other legal document.

13.3 The registered person ensures there is a policy and procedure for the investigation of allegations of financial irregularities and the involvement of police, social services and professional bodies.
13.4 The amount and purpose of all financial transactions undertaken on behalf of the service user, including shopping and the collection of pensions is recorded appropriately on the visit record held in the service users home (see Standard 16) and signed and dated by the care and support worker and by the service user, if able to do so, or their relatives or representatives on their behalf.

13.5 Where service users are unable to take responsibility for the management of their own finances, this is recorded on the risk assessment and action taken to minimise the risk. (See Standard 9.2)

13.6 The registered person will keep a register that is open to inspection and owners and managers will declare in writing in the register any interest or involvement with any other separate organisation providing care and support services or responsible for commissioning or contracting those services, including where partners or other close family members own or manage at a senior level, other businesses providing domiciliary, day, residential or nursing care.

**Protection of the person**

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<tr>
<td>Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.</td>
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**STANDARD 14**

14.1 Service users are safeguarded from any form of abuse or exploitation including physical, financial, psychological, sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment through deliberate intent, negligence or ignorance in accordance with written policies and procedures.

14.2 The Registered Person ensures that the agency has 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 reflect local multi-agency policies and procedures including the involvement of the Police and the passing on concerns to the relevant authorities in accordance with the Data Protection Act 2002.

14.3 All allegations and incidents of abuse are followed up promptly and the details and action taken recorded in a special record/file kept for the purpose and on the personal file of the service user.

14.4 The Registered Person ensures that there is a detailed policy, and there are procedures and a management and reporting plan for child protection.

14.5 The Registered Manager ensures that care and support staffs working with children and their families have copies of the Departments child protection procedures and is fully conversant with the agency’s policy and procedures.

14.6 Physical and verbal aggression by a service user, their relatives or friends is responded to appropriately. Physical intervention is only used as a last resort, in
accordance with relevant departmental guidance and protects the rights and best interests of the service user, including people with special needs, and is the minimum necessary to prevent injury or harm or serious damage to property. (see Standards 7.4 and 12)

14.7 Training on prevention of abuse is given to all staff within 6 months of employment and is updated every two years.

14.8 Staff who may be unsuitable to work with children or vulnerable adults are referred for consideration of inclusion on the appropriate lists held in the UK under the Disclosure and Barring Service (DBS). See standard 18.8

**Security of the home**

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<tr>
<td>Service users are protected and are safe and secure in their home, except for employment agencies solely introducing workers.</td>
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**STANDARD 15**

15.1 Care and support workers ensure the security and safety of the home and the service user at all times when providing personal care.

15.2 Clear protocols are in place in relation to entering the homes of service users which cover:

- knocking/ringing bell and speaking out before entry
- written and signed agreements on key holding
- safe handling and storage of keys outside the home
- confidentiality of entry codes
- alternative arrangements for entering the home
- action to take in case of loss or theft of keys
- action to take when unable to gain entry
- securing doors and windows
- discovery of an accident to the service user
- other emergency situations

(See Standard 4.2)

15.3 Identity cards are provided for all care and support staff entering the home 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

The cards should be:

- available in large print for people with visual disabilities
- laminated or otherwise tamper proof
- renewed and replaced within at least 36 months from the date of issue
- returned to the organisation when employment ceases

15.4 For people with special communication requirements, there are clear and agreed ways of identifying care and support staff from the agency.

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 personal care, except for employment agencies solely introducing workers.

STANDARD 16

16.1 With the users consent care or support workers record on records kept in the home of service users, the time and date of every visit of to the home, the service provided and any significant occurrence. Where employed by the agency, live-in care and support workers complete the record on a daily basis. Records include (where appropriate):

- assistance with medication including time and dosage on a medication chart designed specifically for the purpose. (See Standard 10)
- other requests for assistance with medication and action taken (See Standard 10)
- financial transactions undertaken on behalf of the service user (See Standard 13)
- details of any changes in the users or carers circumstances, health, physical condition and care needs
- any accident, however minor, to the service user and/or care or support worker
- any other untoward incidents
- any other information which would assist the next health or social care worker to ensure consistency in the provision of care

16.2 Service users and/or their relatives or representatives are informed about what is written on the record and have access to it.

16.3 All written records are legible, factual, signed and dated and kept in a safe place in the home, as agreed with the service user, their relatives or representative.
16.4 Records are kept in the home for one month, or until the service is concluded, after which time they are transferred, to the provider agency or other suitable body (e.g. Social Services or Health Service, or other purchaser of the service), for safe keeping. There is a written policy in place to enable records to be viewed at any time by the service user and/or their representative.

16.5 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.

16.6 In circumstances where the provider deems it inappropriate for records to be kept in a service recipients 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
Managers and staff

Introduction to standards 17 – 21

The expectations that service users and their families have of home care and support staff is very high. The work places considerable responsibility on all home carers who work, predominantly on their own, in other people’s own homes and in unsupervised settings. The quality of the care provided to service users will directly reflect the calibre of staff employed and their level of competence. It is therefore essential that the people who are recruited to undertake the work are suitable for task. It is also essential that they are able to demonstrate their competence for the work they are employed to undertake. This means ensuring staff at all levels have opportunities to develop and receive the training necessary.

As the care needs of people living at home become increasingly complex and as more people are discharged early from hospital, there is a commensurate increase in the need for specialist training to meet the particular care needs of people with certain conditions. Training must also consider the needs of family and other carers.

The quality of care provided is strongly influenced by the calibre of the managers of the service. It is therefore important that they are also able to demonstrate their management competence and their ability to perform their responsibilities effectively. One of these responsibilities is the regular supervision and appraisal of staff. This is particularly essential for home care staff who work daily in stressful, but totally unsupervised work settings. Unfortunately things do go wrong from time to time, and to deal with these situations it is necessary to have an effective disciplinary and grievance procedure. A Staff Handbook issued to all staff, helps to ensure that they know what is expected of them and what they should do in certain critical situations. It is also important that it is realised that the application of the standards applies equally to the engagement of temporary or agency staff.

Recruitment and selection

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.

STANDARD 17

17.1 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.

17.2 Face to face selection interviews are undertaken on premises which are secure and private, for all staff (including volunteers) that are short listed and may be engaged.

17.3 Two written references are obtained before making an appointment, one of whom should normally by the immediate past employer and are followed up be a telephone call prior to confirmation of employment. Any gaps in the employment record are explored.
17.4 New staff and volunteers are confirmed in post only following completion of satisfactory checks. These checks include:

- verification of identity
- DBS checks through the IOM Vetting Bureau
- work permit (if appropriate)
- driving licence (if appropriate)
- certificates of training and qualifications claimed
- declaration of physical and mental fitness
- Nursing Midwifery Council check (if holding a nursing, midwifery or health visitor qualification)
- sex offenders register
- Health Professional Care Council Register if appropriate

17.5 Checks on the suitability of temporary staff may be undertaken by an employment or recruitment agency on behalf of the provider agency, provided that the checks comply with the requirements of these standards.

17.6 New staff, including temporary workers and volunteers, are provided with a written contract specifying the terms and conditions under which they are engaged, including the need to comply with the agencies’ Staff Handbook for staff. (See Standard 25)

17.7 Staff are employed in accordance with the code of conduct and practice set by the Health Professional Care Council and/or NMC and are given copies of the code.

17.8 The registered person complies with any Code of Practice published by the Health Professional Care Council setting out standards expected of persons employing social care workers, insofar as the code is relevant to the management of domiciliary care.

17.9 Staff are required to provide a statement that they have no criminal convictions, cautions, bindovers, reprimands, conditional/unconditional discharges or provide a statement giving details of any they do have.

**Requirements of the job**

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<td>Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.</td>
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**STANDARD 18**

18.1 All managers and staff are provided with a written job description, person and work specification, identifying their responsibilities and accountabilities and with copies of the organisations’ Staff Handbook and grievance and disciplinary procedure.
18.2 The person specification includes the personal qualities required to undertake the work and the appropriate attitudes to be adopted.

18.3 Activities which should not be undertaken by care and support staff are also identified.

18.4 Person and work specifications are developed with reference to relevant standards.

18.5 Staff are required to notify their employer of any new criminal offence they may have committed, including motoring offences.

18.6 An immediate investigation is undertaken on any allegations or incidents of misconduct and appropriate disciplinary action taken as necessary.

18.7 A record is kept of all disciplinary incidents and details entered in the personal file of the member of staff concerned.

18.8 Employers must refer someone to the Disclosure and Barring Service if they:

- Sacked them because they harmed a child or adult
- Sacked them or removed them from working in a regulated activity because they might have harmed a child or adult otherwise
- Were planning to sack them for either of these reasons, but the person resigned first

N.B It is a against the law 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.

**Development and training**

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<td>Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.</td>
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**STANDARD 19**

19.1 The registered person ensures 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, their relatives and representatives.

19.2 There is a structured induction process, which is completed by new care and support staff.

19.3 The induction process includes a minimum 3 days orientation programme at the start of employment which covers the topics to be found in appendix C and includes shadowing an experienced care or support worker prior to taking responsibility themselves for the provision of personal care services and working alone in the home of service users.

19.4 Each new member of staff undertakes a training needs analysis on completion of induction or probationary period. This is incorporated into the staff training and development plan.
All staff are provided with the required training on health and safety including manual handling. Topics to be covered may be found in appendix D. (See Standard 11)

Specialist advice, training and information is provided for care or support workers working with specific user groups and/or medical conditions by someone who is professionally qualified to do so. A list of areas of specialist training need appears in appendix E.

Within the whole staff group there is the range of skills and competence required to work with and meet the needs of individual service users served by the agency. (See Standard 3)

Managers or supervisors of care or support workers providing specialist care services have knowledge and understanding of the specialisms for which they are responsible.

The agency has financial resources allocated, plans and operational procedures to achieve and monitor the requirements for workforce training and qualification.

The need for refresher and updating training is identified at least annually during staff appraisal (See Standard 21) and incorporated into the staff development and training programme.

Qualifications

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<td>The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.</td>
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**STANDARD 20**

20.1 All staff in the organisation are competent and trained to undertake the activities for which they are employed and responsible.

20.2 Newly appointed care or support workers delivering personal care who do not already hold a relevant care qualification are required to demonstrate their competence and register for relevant competencies under the Qualification Credit Framework (QCF).

20.3 Unqualified staff who are already employed at the commencement of the application of the standards are phased into the relevant QCF competencies within a 2 year period

20.4 50% of all personal care to be delivered by workers QCF level 2/3 qualified or equivalent, within 4 years of the application of these standards. New personal care staff must continue to take up a recognised qualification even when the 50% target has been reached with the aim of all care workers holding a QCF level 2/3 qualification.
Existing Managers access a recognised management qualification within 4 years from the date of application of these standards. Managers new to registration will be given a time frame that is appropriate to the date of their registration. From 1st 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.

Records of training and development undertaken and the outcome, are kept on a central development file and on individual personnel files.

Managers undertake periodic management training to update his or her knowledge, skills and competence to manage the agency.

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.

**STANDARD 21**

21.1 All care and support staff receive regular supervision and have their standard of practice appraised annually.

21.2 All staff meet formally on a one to one basis with their line manager, to discuss their work at least 3 monthly and written records kept on the content and outcome of each meeting. (See Standard 27.3)

21.3 With the consent of the service user, at least one meeting within a 12 month period should incorporate direct observation of the care worker providing care to a service user with whom they regularly work.

21.4 Regular meetings are also held at least quarterly with peers and/or other team members.

21.5 All staff have an annual appraisal of their overall standard of performance and identification of training and development needs, and a copy of the appraisal is placed on the personnel file of each care or support worker. The appraisal would normally be undertaken by the line manager or their manager, except in exceptional circumstances.

21.6 Managers and supervisors receive training in supervision skills and undertaking performance appraisal.
Organisation & running of the business

Introduction to Standards 22 – 27

It is essential that the organisations providing domiciliary care operate from a sound business basis in order to ensure that the provider organisation is able to meet the needs of service users efficiently and effectively, is able to provide the user focus identified in Standards 1 – 16 and is able to meet the requirements of regulation and the standards.

This means that the infrastructure of the business must be sound, operating from premises that are suitable and equipped for the purpose. A business or operational plan is required to ensure that there is strategic planning for the on-going operation and stability of the business. The management structure of the organisation must be appropriate for the effective management of a dispersed workforce, working in stressful and responsible situations, primarily on their own in other people’s own home. The ratio of managers to staff must reflect this and the complexity of the care needs of service users, i.e. the more complex the level of need the lower the ratio should be of managers to staff. All staff employed directly by the agency must be employed on a contractual basis with clarity about their areas of responsibility. In circumstances where the agency has to rely on bank staff there must be systems in place to ensure these staff also are clear about boundaries and responsibilities.

Complaints and Quality Assurance

The delivery of effective personal care services to people living in their own home requires a clear infrastructure which identifies each stage of the process of service delivery and provides policies and procedures which support practice.

The delivery of the service and meeting the nationally required standards must be supported by continuous monitoring and evaluation. Each organisation will be required to have a robust mechanism in place for ensuring the quality of the services it is providing and taking the action necessary if the service falls below the standards identified.

Each organisation is also required to have a robust system in place to enable service users and/or their advocates or family carers, to make a formal complaint about the service and for the complaint to be investigated promptly and any necessary action taken. It should be remembered that the majority of people who receive care in their own home are extremely reluctant to complain, even when they have very valid reasons to do so, for fear that the service may be taken away from them. For this reason it is important that the process for making a complaint is accessible, transparent and straightforward. The process should include the giving of compliments as well as making complaints so that the whole process is seen and experienced by service users as positive and constructive and not negative and punitive.
Business premises, management and planning

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

STANDARD 22

22.1 The business operates from permanent premises and there is 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.

22.2 The service is managed and provided from sound and permanent 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.

22.3 The premises are located appropriately for the management and provision of domiciliary care to the people it serves.

22.4 The premises contain equipment and resources necessary for the efficient and effective management of the service.

22.5 The management structure reflects the size of the agency and the volume and complexity of the care provided.

22.6 The registered provider is able to demonstrate there is adequate staff cover for the operation of the agency.

Financial procedures

OUTCOME
The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.

STANDARD 23

23.1 The registered person ensures that sound accounting and other financial procedures are adopted to ensure the effective and efficient running of the business and its continued financial viability.

23.2 Systems are in place so that accurate calculation can be made of the charges for the service, to submit invoices regularly and to identify and follow-up any late payment.

23.3 Where audited accounts are not available, annual accounts are completed by a qualified accountant for the purpose of regulation and inspection.

23.4 Insurance cover is sufficient to protect the agency’s assets and liabilities; including the agency’s legal liabilities to any and all employees and third party persons to a limit of indemnity commensurate with the level and extent of activities undertaken.
23.5 Assets insurance cover is against any loss or damage, including business interruption costs and for replacement as new buildings, fixtures, fittings and equipment.

Record keeping

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

STANDARD 24

24.1 The agency maintains all the records required for the protection of service users and the efficient running of the business for the requisite length of time including:

- financial records detailing all transactions of the business
- personal file on each service user *
- personnel files on each member of staff
- interviews of applicants for posts who are subsequently employed
- accident report record (see Standard 11.4) *
- record of incidents of abuse or suspected abuse (including use of restraint) and action taken (see Standards 14 and 18.9)
- record of complaints and compliments and action taken (see Standard 26)
- records of disciplinary and grievance procedures (see Standard 18)
- records kept in the home of service users (see Standard 16) *

(* except for employment agency solely introducing workers)

24.2 All records are secure, up to date and in good order and are constructed, maintained and used in accordance with the Data Protection Act 2002, and other statutory requirements, and are kept for the requisite length of time.

24.3 Consistent and standard personal data are kept on all service users being cared for by the agency (See appendix F), except for employment agencies solely introducing workers.

24.4 Service users or their representatives have access to their records and information about them held by the agency and are facilitated in obtaining access when necessary (see Standard 9).
Policies and procedures

OUTCOME
The service user’s rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.

STANDARD 25

25.1 The agency implements a clear set of policies and procedures to support practice and meet the requirements of legislation, which are dated, and monitored, as part of the quality assurance process. The policies and procedures are reviewed and amended annually or more frequently if necessary. (see appendix G)

25.2 Staff understand and have access to up-to-date copies of all policies, procedures and codes of practice, and service users have access to relevant information on the policies and procedures and other documents in appropriate formats.

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.

STANDARD 26

26.1 The registered person ensures that there is an easily understood, well publicised and accessible procedure to enable service users, their relatives or representative to make a complaint or compliment and for complaints to be investigated.

26.2 The procedure includes the stages and timescales for the process.

26.3 Positive action is taken to encourage, enable and empower service users to use the complaints and compliments procedure including access to appropriate interpretation and methods of communication.

26.4 All complaints are acknowledged in an appropriate form and the investigation commenced within the period specified in the information given to users.

26.5 Service users are kept informed at each and every stage of the investigatory process and are given information on the appeals procedure and for referring a complaint, to the Registration and inspection Unit, at any stage if they so wish.

26.6 A record is kept of all complaints and compliments including details of the investigation and action taken; this record is also kept on the personal file of the service user kept in the agency and on the home care or support workers personnel record.

26.7 There is a system in place to analyse and identify any pattern of complaints.
Quality Assurance

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

STANDARD 27

27.1 There is an effective system for Quality Assurance based on the outcomes for service users, in which standards and indicators to be achieved are clearly defined and monitored on a continuous basis by care and support staff and their line managers.

27.2 Regulatory standards and other relevant service standards and indicators are incorporated into the QA system.

27.3 There is a process and a procedure for consulting with service users and their carers about the care service on regular basis and assuring quality and monitoring performance including:

- an annual visit to all service users undertaken by a supervisor or manager and combined, where appropriate, with a review of the service user plan (Standard 7) or monitoring the performance of the care or support worker (Standard 21)
- regular supervision meetings between the line manager and care and support workers (See standard 21)
- 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

* Except for employment agencies solely introducing workers.

27.4 Care and support workers know the standard of service they are required to provide and monitor and meet the standard on a continuous basis.

27.5 The outcome from the QA process is published annually, supplied to the Department and made available to users, their family or representatives.

27.6 Standards and the QA process are reviewed and revised as necessary, on an annual basis.
Appendices

A  Glossary of terms

Abuse
May consist of a single act or repeated acts. It may be physical, verbal or psychological; it
may be an act of neglect or an omission to act or it may occur when a vulnerable person is
persuaded to enter into a financial or sexual transaction to which he or she has not
consented or cannot consent. Abuse can occur in any relationship and may result in
significant harm, or exploitation of, the person subjected to it. (Isle of Man Adult Protection
Policy 2007)

An abused child is a boy or girl aged 17 years and under who has suffered from physical
injury, physical neglect, failure to thrive, emotional or sexual abuse, which the person who
has had custody charge or care of the child either caused or knowingly failed to prevent.
Having custody, charge or care includes any person in whatever setting, who, at the time, is
responsible for the child. (Isle of Man Child Protection Committee Agency Procedures)

Care Assessment
Collection and interpretation of data to determine an individual's need for health, personal
social care support services, undertaken with the individual, his/her supporter, and relevant
professionals.

Care Manager
The person responsible for undertaking the assessment of need, developing and co-
ordinating the service user's plan, for monitoring its progress and for staying in regular
contact with the service user and everyone involved.

Care Plan
A written statement, regularly updated, and agreed by all parties, setting out the health and
social care and support that a service user requires in order to achieve specific outcomes
and meet the particular needs of each service user.

Care Programme Approach
The formal process of assessing needs for services for people with mental health problems
prior to and after discharge from hospital.

Care Worker
A person who works on either a paid or voluntary basis for an organisation which provides
personal domiciliary care services to people who live in their own homes.

Contract
Written agreement between the service user and the domiciliary care provider, setting out
the terms and conditions, and rights and responsibilities, of both parties, and including the
Individual Plan of Care.

Independent advocate
An individual who is independent of any of the statutory agencies involved in purchasing or
provision of care in, or the provision or regulation of the domiciliary care service, who acts
on behalf of and in the interests of a service user [who feels unable to represent him /
her herself when dealing with professionals]. Such a person is not necessarily a legal advocate
but should be someone who has been specifically trained to undertake this function.
Intermediate care
A short period (normally no longer than six weeks) of intensive rehabilitation and treatment to enable service users to return home following (or to avoid) hospitalisation, or to prevent admission to long term residential care.

Outcome
The end result of the service provided by a care provider to a service user, which can be used to measure the effectiveness of the service.

Personal care
Includes assistance with bodily functions where required and personal support which may or may not include practical assistance.

Physical intervention
A method of responding to violence or aggressive behaviour which involves a degree of direct physical force to limit or restrict movement or mobility.

Policy
An operational statement of intent which helps staff make sound decisions and take actions which are legal, consistent with the aims of the service, and in the best interests of service users.

Procedure
The steps taken to fulfil a policy.

Registered manager
Senior staff member (who may be the owner) who is responsible for managing the provision of domiciliary care on a daily basis, and is registered with the DOSC Registrations and Inspection Unit.

Representative
A person acting on behalf of a service user, who may be a relative or friend.

Service User
Person who is receiving the care service.

Service User Plan
A detailed plan that is developed between the service user and the representative of the agency providing the care which identifies the way in which the care is to be provided and the activities to be undertaken.

Standard
A measure by which quality is judged.

Support worker
A care worker who enables people, generally adults with learning disabilities, physical disabilities, sensory impairment or mental health problems, to maximise their own abilities and independence.

Volunteer
People working without pay or for expenses only
**Whistleblower**
A person who in good faith reports significant concerns, allegations or suspicions of circumstances, situations or the behaviour of others which is likely to put a vulnerable person’s safety or welfare at risk.
B   Content of the code of conduct of the agency

The code covers:

- compliance with the philosophy of care (privacy, dignity, maintaining independence)
- confidentiality of information
- limits of responsibility
- provision of non-discriminatory practice
- receiving sexual or racial harassment
- health and safety*
- moving and handling
- prevention of any form of abuse
- dealing with accidents & emergencies
- handling and administering medicines
- handling money and financial matters on behalf of a service user*
- acceptance of gifts and legacies
- dress code,*
- use of protective clothing
- protocols and procedures for entering and leaving the home
- personal safety and out of hours working
- not smoking, drinking alcohol or taking illegal substances whilst on duty
- ways in which staff and managers may raise concerns about the management and provision of the service including disclosure of bad practice
- maintaining accurate records
- other relevant policies and procedures

* Except for employment agencies solely introducing workers
C     Content of the induction programme

Induction may be undertaken in a number of different ways:

♦ a formal course or programme of learning
♦ shadowing or working alongside an experienced colleague
♦ completion of a workbook, checklists and other forms of open learning
♦ a combination of all three

Content should include the following:

♦ the nature of personal care and the basic skills required
♦ core values, including providing a ‘need-led’ service
♦ code of personal conduct (see appendix B)
♦ terms and conditions of employment including disciplinary and grievance procedures
♦ the requirements of legislation
♦ policies and working practices of the organisation
♦ health and safety training including an introduction to manual handling, infection control
  and fire procedures (see appendix D)
♦ general health of service users and role of care and support staff in monitoring their
  health on an on-going basis
♦ communication skills
♦ prevention of any form of abuse or exploitation of the person receiving care or support
  and ‘whistle-blowing’
♦ anti-discriminatory practice including cultural awareness
♦ standards to which they should work (including the implications of these standards)
♦ confidentiality
♦ gifts and bequests
♦ principal activities which must not be undertaken
♦ contextual knowledge about the organisation for which they are working
♦ quality assurance and monitoring

For managers the induction process should include an introduction to:

♦ Recruitment and selection
♦ Supervision and performance appraisal
♦ Health and safety for managers
♦ Risk and manual handling risk assessment
♦ Monitoring practice and quality assurance
♦ The Isle of Man Safeguarding Adults and Children Policies/Procedures
D  Content of health and safety training

Health and safety issues are covered in the induction programme including:

- clear statement and parameters of responsibility of care staff and employer
- guidance on appropriate clothing & footwear
- procedure for reporting and recording accidents to service users and care staff
- dealing with violent incidents (or potential incidents) and challenging behaviour
- personal safety and violence prevention towards staff
- dealing with sexual and/or racial harassment
- control of substances hazardous to health
- moving and handling
- first aid (as appropriate to the agency’s service users)
- basic hygiene and infection control including dealing with bodily fluids and incontinence management
- food preparation, storage and hygiene
- policy and parameters of responsibility in relation to administering of medication
- notification of transmittable diseases and implications for confidentiality, protection etc
- wearing and use of protective clothing
- risk assessment including common hazards in the home
- maintaining privacy & respect when using equipment, e.g. hoists
- health and safety implications for people with special needs
- dealing with pets, pests and infestation
- reporting of concerns or faulty equipment
- the rights of users to take risks
- action to take in an emergency situation (as appropriate to the agency’s service users)
E  **Topics requiring specialist training and advice**

Specialist training would normally be expected for working with:

- people from ethnic minority communities and/or religious groups
- children and their families including child protection and prevention/detection of child abuse
- people with special communication needs
- people with sensory loss
- people with dual sensory impairment
- older people with complex health and care needs
- people with a terminal illness
- people who have had a stroke
- people who have learning disabilities
- people with mental health problems including people subject to Guardianship and Supervision Orders under the Mental Health Act
- people with infectious or contagious diseases
- people with dementia
- people with challenging behaviours
F Data kept on all service users

(not applicable to employment agencies solely introducing workers)

- name, address, date of birth, telephone no.
- preferred form of address
- name, address, telephone no. of next of kin and main carer or person closest to user
- name, address, telephone no. of GP
- name, address, telephone no. of person & organisation providing care
- name, address, telephone no. of care manager or other person responsible for arranging the provision of care (if applicable)
- date of commencement of the service
- date of termination of service – if known
- record of original assessment of need
- date or review/reassessment of service
- outcomes to be achieved for the service user by providing the care
- detail of the care activities and service to be provided
- detail of the risk assessment including manual handling and any particular requirements arising from it
- any particular or special needs
- medication plan (if appropriate)
- other health care issues if known
- involvement of service user or carer in the provision and direction of their care

The length of time records should be kept include:

- 75 years – Records relating to children
- 40 years – Employment records
- 7 years – Accounts and financial transactions
- 3 years – Interviews of applicants for posts who are subsequently employed
- 6 months for applicants for posts who are not subsequently employed
G 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
* disclosure of abuse and bad practice
* 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 user’s home
* safeguarding adults & children
* bullying & harassment
* communicable diseases & infection control
* business continuity
* work permits
* smoking
* whistleblowing