



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

**NATIONAL MINIMUM STANDARDS  
FOR  
DOMICILIARY CARE AGENCIES IN WALES**

**ISBN 0 7504 3316 7**

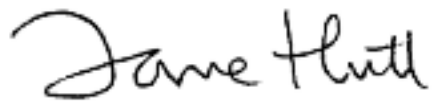
**February 2004**

**Crown Copyright 2004**

A statement of National Minimum Standards applicable to domiciliary care agencies made by the National Assembly for Wales under the powers conferred by section 23(1) of the Care Standards Act 2000.

This statement is applicable to domiciliary care agencies as defined by the Domiciliary Care Agencies (Wales) Regulations 2004 and will be operational from 1 March 2004.

This statement is accompanied for explanatory purposes only by an introduction.

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a large initial 'J' and a long, sweeping underline.

Minister for Health and Social Services  
Welsh Assembly Government  
February 2004



# Contents

<b>Introduction</b>	<b>iii</b>
Who will be regulated?	<b>iv</b>
The regulatory context	<b>vi</b>
Context and purpose	<b>ix</b>
<b>NATIONAL MINIMUM STANDARDS FOR DOMICILIARY CARE AGENCIES IN WALES</b>	<b>1</b>
<b>User Focussed Services (Standards 1 – 5)</b>	<b>2</b>
Information	
A needs assessment	
Meeting needs	
Service delivery plan	
Terms and conditions	
<b>Personal Care (Standards 6 – 10)</b>	<b>9</b>
Confidentiality	
Responsive services	
Privacy and dignity	
Autonomy and independence	
Medication and health related activities	
<b>Protection (Standards 11 – 16)</b>	<b>16</b>
Safe working practices	
Risk assessments	
Financial protection	
Protection of the person	
Security of the home	
Records kept in the home	
<b>Managers and Staff (Standards 17 – 21)</b>	<b>25</b>
Recruitment and selection	
Requirements of the job	
Development and training	
Qualifications	
Supervision and appraisal	

**Organisation and Running of the Business (Standards 22 – 27) 30**

Business premises, management and planning  
Financial procedures  
Record keeping  
Policies and procedures  
Complaints and compliments  
Quality assurance

**Appendices 35**

- A Glossary of terms
- B Content of the staff handbook
- C Content of health and safety training
- D Topics requiring specialist training and advice
- E Data kept on all service users
- F Policies and procedures of the agency

# Introduction

*The Glossary of Terms (Appendix A) in the National Minimum Standards also applies to this Introduction.*

**This document sets out the National Minimum Standards for domiciliary care agencies. They form the criteria by which the Care Standards Inspectorate for Wales (“CSIW”) will determine whether the agency provides personal care 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.**

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

Whilst 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 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 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. Care 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 domiciliary care for children and their families take note of the content of *Working Together to Safeguard Children* – a guide to inter-agency working to safeguard and promote the welfare of children (National Assembly for Wales, 2000).

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 domiciliary care services is evolving rapidly and reflects changes at the interface between health and social care.

# Who will be regulated?

“Domiciliary care agency” is defined in section 4(3) of the Care Standards Act 2000 (CSA). It means an undertaking (including the exercise of functions of a public authority, such as a local authority or NHS Trust) which consists of or includes arranging the provision of personal care in their own homes for persons who by reason of illness, infirmity or disability are unable to provide it for themselves without assistance. The provision of care within supported housing or living schemes may also fall within the definition, unless the scheme is registered as a care home under the CSA.

The Domiciliary Care Agencies (Wales) Regulations 2004 exclude some undertakings from this general description. The first exception is an undertaking carried on solely by an individual who does not employ anyone else for the purposes of the undertaking and who is not him or herself employed by an agency to carry on the undertaking and cares for fewer than 4 people. The purpose of this exception is to remove very small scale arrangements for the provision of personal care to persons in their own homes from the obligation to register under the CSA.

The Regulations also exclude from certain Regulations domiciliary care agencies that are ‘employment agencies’ which solely act as introducers of workers employed by a user. Therefore, the following standards will NOT apply to those agencies:

Standards 4, 5, 6.2 only, 6.3 only, 7.3 only, 10.5 only, 10.9 only, 10.10 only, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 24.3 only, 24.4 only, Appendix B bullet point 6, 11 and 13 only, and all of Appendix E.

Persons carrying on or managing a domiciliary care agency will need to register with the CSIW because not being registered constitutes an offence under section 11 of the CSA. If separate persons are responsible for, on the one hand, carrying on (providing) an agency and, on the other, managing it, then both are required to be registered in respect of the agency. The Regulations apply to persons who are registered in respect of an agency and, amongst other things, require the registered persons to be ‘fit’ to perform their duties.

Where an agency operates from more than one branch each branch is treated as a separate agency for the purposes of the CSA. This means each person carrying on or managing a branch will have to register and each branch will be inspected.

## Definition of Personal Care

**An essential element of the meaning of domiciliary care agency is the provision of personal care.** The CSA does not include a definition of "personal care" (except that regulations may be made excluding prescribed activities from personal care). It is the Assembly’s view that its meaning includes:



- (a) assistance with bodily functions such as feeding, bathing, walking, and toileting
- (b) care which falls just short of assistance with bodily functions, but still involving physical and intimate touching

In relation to personal care, the requirement under the CSA for registration as a care home is only triggered where personal care is provided and, in addition, where the most intensive kind of personal care (a) is available, when such assistance is required.

The two intensive kinds of personal care mentioned in (a) and (b) will be likely to trigger the requirement under the Care Standards Act for registration in respect of a domiciliary care agency, although other kinds of personal care and support may also be provided by such an agency.

However, non-physical care may also fall within the meaning of 'personal care' and trigger the requirement for registration in respect of a domiciliary care agency in certain circumstances. Case law under the Registered Homes Act 1984 provides a guide to the circumstances in which, under the CSA, non-physical care may amount to 'personal care' (although it should be recognised that this is not binding case law for the purposes of the CSA). In *Harrison v Cornwall County Council* it was held that personal care 'embraces' care in many forms 'emotional or psychiatric as well as physical'. In *R v Allerdale Housing Benefit Review Board* it was held by the High Court that the term 'personal care' in the 1984 Act, whilst embracing other forms of care, did not extend to 'general counselling and support services'.

Whilst the question whether non-physical care amounts to 'personal care' in individual cases will be one of fact and degree, the following points should be considered. In applying the provisions of the Care Standards Act regard should also be had to the principal purpose of this part of the legislation, namely to improve the protection afforded to vulnerable people receiving care in their own homes. The points are:

- (i) Whether the care that is provided is directed towards needs of a personal nature. Where that is the case it is more likely to be the case that 'personal care' is being provided;
- (ii) The closeness of the caring relationship between the person cared for and the person providing care.

By way of example it is likely that 'personal care' is being provided where there is a package of care, that entails checking, prompting and/or ongoing supervision delivered either by somebody calling regularly - or on a 24 hour, 7 day a week basis - to the home of an individual suffering with dementia or having learning disabilities to: check the individual knows night/day time; to ensure that they get out of bed, are eating, keeping warm, taking medication; to assist in the management of continence and to ensure the person does not become disorientated/ inappropriately wander.

The following activities are likely to constitute general counselling and support and therefore likely to fall outside the definition of personal care:

assistance with maintaining security of a dwelling;

assistance with maintaining the safety of a dwelling (for example arranging servicing of appliances; advice on using appliances);

helping a person comply with the terms of an agreement under which premises are occupied (for example help with budgeting and benefits); certain resettlement activities necessary to enable a person to move on to more independent accommodation;

and general 'good neighbour' tasks such as running errands.

Another consideration that guides thinking as to whether it is likely that personal care is being provided is the existence of a service delivery plan.

If the requirement to register in respect of a domiciliary care agency is to be triggered the next limb of the definition of 'domiciliary care agency' will need to be satisfied. That is that the personal care must be provided to a person who by reason of illness, infirmity or disability (which includes persons with a mental disorder) is unable to provide that care for themselves without assistance. Therefore if the care is provided to a person merely by reason of their dependency on alcohol or drugs (which is not such as to amount to an illness, infirmity or disability) liability to register does not arise. This differs from the 'definition' of care home in that that includes amongst the types of care that are relevant for registration purposes the provision of care to persons who are or have been dependent on alcohol or drugs.

Certain types of non-physical care cannot be described as care of a type that a person is unable to provide for themselves without assistance. The nature of the type of personal care that is relevant for the purposes of domiciliary care registration must be something (i.e. some form of action or activity within the meaning of personal care) which the domiciliary care worker assists the service user to do or perform. This will include checking to see if the service user has done some particular activity and then either prompting the service user to do it, assisting the service user to do it or doing it for the service user. Emotional support is not something which the service user could be assisted to provide for himself. Thus, an agency exclusively providing encouragement and emotional support would not be liable to registration.

## **The Regulatory Context**

The Standards will be taken into account:

- (a) by the CSIW when making decisions under the CSA and, in particular, when determining whether agencies are making adequate arrangements for the provision of personal care, meeting the needs of service users and otherwise being conducted in accordance with the requirements of, and under, the CSA ("the regulatory requirements")

- (b) by a justice of the peace when considering proceedings for the making of an order under section 20 of the CSA (for example, cancelling the registration of a person who is the registered provider of a domiciliary care agency)
- (c) on an appeal against such a decision or order; and
- (d) in criminal proceedings for offences under the **Domiciliary Care Agencies (Wales) Regulations 2004** (“the Regulations”).

An example of the relationship between the Regulations and the Standards is as follows. Regulation 14(4)(c) says “The registered person shall, for the purpose of providing personal care to service users, so far as is practicable...encourage and enable them to make decisions with respect to such personal care.” When considering whether or not this requirement is met CSIW will take into account Standard 9.3 which says “Care 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 delivery plan and not endangering health and safety.”

For explanatory purposes only, the Standards identify the regulation or regulations to which they particularly relate.

## Structure

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

The topics are:-

User focussed services (Standards 1-5)

Personal care (Standards 6 – 10)

Protection (Standards 11 – 16)

Managers and staff (Standards 17 – 21)

Organisation and running of the business (Standards 22 – 27).

The Standards, which have been designed to achieve the outcomes, 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 Standards are being achieved and a good quality of life enjoyed by service users through:-

discussions with service users and their carers, families and friends, care staff, managers, and others

observation of daily life in the home of the person receiving care and in the office of the agency providing the service

scrutiny of written policies, procedures, and records.

The involvement of lay assessors in inspections will help ensure a focus on outcomes for, and quality of life of, service users.

The following cross-cutting themes underpin the drafting of the National Minimum Standards for the provision of domiciliary care services:-

**Focus on service users.** ‘Building for the Future’ (National Assembly for Wales, 1999) called for Standards that focus on the key areas that most affect the quality of life experienced by service users. The process for developing the Standards, and recent research, confirm the importance of this emphasis on results for service users. In applying the Standards, inspectors will look for evidence that the personal care is provided in such a way that it achieves positive outcomes for, and the active participation of, service users.

**Fitness for purpose.** The regulatory powers provided by the CSA are designed to ensure that agencies providing personal domiciliary care and the managers and care staff it employs are “fit for their purpose”. In applying the Standards, inspectors will look for evidence that the agency is successful in achieving its stated aims and objectives.

**Comprehensiveness.** 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, inspectors 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 agency collaborates with other services / professionals to maximise independence and ensure the individual’s inclusion in the community.

**Meeting assessed needs.** In applying the Standards, 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 staff are able to be flexible to meet the changing needs and requirements of service users on a short term or temporary basis.

**Quality services.** The Assembly’s modernising agenda, including the new regulatory framework, aims to ensure “greater assurance of quality services...rather than having to live with second best”. In applying the Standards, inspectors will seek evidence of a commitment to continuous improvement, quality services and support, which assure a good quality of life and health for service users and which contributes to them maintaining their independence.

**Quality workforce.** Competent, well-trained managers and staff are fundamental to achieving good quality care for service users. The Care Council for Wales is developing a Qualification Framework for care workers,

including induction competencies and foundation programmes. In applying the Standards, inspectors will look for evidence that registered managers and staff achieve the National Training Organisation requirements.

## **Context and Purpose**

These Standards, and the regulatory framework within which they operate, should be viewed in the context of the Assembly'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 extensive consultation and are realistic, proportionate, fair and transparent. They aim to ensure the protection of service users and safeguard and promote the health, welfare and quality of life of people living in their own home.

**The Introduction does not form part of the National Minimum Standards.**



# **NATIONAL MINIMUM STANDARDS FOR DOMICILIARY CARE AGENCIES IN WALES**

**This document sets out National Minimum Standards applicable to domiciliary care agencies (“agencies”) in Wales. It is issued by the National Assembly for Wales under section 23 of the Care Standards Act 2000 (“CSA”). The Standards will be kept under review by the National Assembly and amended if it thinks appropriate.**

## **USER FOCUSSED SERVICES**

---

### **Introduction to Standards 1 – 5**

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 service delivery plan, and respects the rights, privacy and dignity of the individual.

Where the provision of personal domiciliary care is commissioned by the local authority, 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 carers, 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 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 outlines the terms and conditions on which it does so. In this way services users, their relatives or representatives can make a fully informed choice about whether or not the agency 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 agency's claims are being fulfilled.

### **INFORMATION**

#### ***OUTCOME:***

*Current and potential service users and their relatives or representatives are provided with and 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 (See regulation 4 (statement of purpose) and 5 (service user's guide))**

- 1.1 There is a service user's guide for current and prospective service users, their carers and their relatives. The guide contains up to date information on the agency setting out the aims, objectives, philosophy of care and parameters of the service provided, including terms and conditions. Also, the certificate of registration is prominently displayed**



**at all times in the agency premises so as to be easily seen in accordance with the Section 28(1) of the Care Standards Act.**

- 1.2 The service user's guide is written in plain language. It should be in a format appropriate for the service user (e.g. where appropriate large print, braille). The guide should also be in the preferred language of the service user. The service user's guide includes or describes:-

the address and contact number for the principal office of the agency and the local branch (if more than one office)

the geographical area covered

range and level of care services provided, including specialist services

people for whom the service is provided

relevant qualifications and experience of the registered persons and staff

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 delivery plan to review the care and reassessment of need

key terms and conditions

the representation and complaints procedure

the quality assurance process

specific information on key policies and procedures

how to contact the local office of the CSIW, social services and NHS bodies

hours of operation

details of insurance cover

- 1.3 The service user's guide provides information on where to obtain further information including:

a copy of the most recent inspection report

detailed information on policies and procedures

the outcome of the annual Quality Assurance (QA) process (see Standard 27.5)

the outcome of surveys of the views of service users, their carers and their families of the agency and the service it provides.

- 1.4 The service user's guide and other information is dated, reviewed at least annually and updated as necessary.

## A NEEDS ASSESSMENT

### *OUTCOME:*

*The service delivery requirements of service users are individually assessed before they are offered a domiciliary care service*

### **STANDARD 2 (See regulation 14 (arrangements for the provision of personal care))**

- 2.1 **A 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 users, their carers and their representatives, are fully involved. Reasonable steps are taken to acquire adequate information to inform the process.**
- 2.2 Where a relevant assessment has been undertaken by a local authority or NHS body, it is, with the service user's consent, obtained.
- 2.3 For individuals who are self-funding a needs assessment is undertaken (appropriate to the level of support requested) in the individual's own home, by a person competent and trained for the task, covering the delivery of the services agreed. Issues that may arise 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.

- 2.4 Information from the needs assessment is provided in writing to care workers so that they are aware of any special needs, the activities they are required to undertake and the outcomes to be achieved.
- 2.5 When a service is provided at short notice or in a crisis, and a needs assessment has not been undertaken, the person providing the service is trained and able to undertake an initial contact assessment if required.
- 2.6 Procedures are in place to enable care workers to report changes to the care needs and circumstances of service users so that a service reassessment can be undertaken if necessary.

## MEETING NEEDS

### *OUTCOME:*

*The agency has the skills and competence required to meet the care needs of the service user.*

### **STANDARD 3 (See regulations 13 (conduct of agency), 14 (arrangements for the provision of personal care), 15 (fitness of workers) and 16 (staffing))**

- 3.1 **The agency is able to demonstrate its capacity 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 Statement of Purpose and service user's guide (see Standard 1.2) 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 specialised services offered (and identified in the Statement of Purpose and service user's guide) are demonstrably based on current good practice and reflect relevant specialist and clinical guidance. This includes specialist services for people with dementia, mental health problems, sensory impairment, physical disabilities, learning disabilities, substance misuse, intermediate or respite care.
- 3.4 When services are provided for specific minority ethnic communities, social/cultural or religious groups their particular requirements and preferences are identified, understood and entered into the service delivery plan. (see Standard 7).

## SERVICE DELIVERY PLAN

### **OUTCOME:**

*The care needs, wishes, preferences and outcomes for each individual service user are incorporated in their service delivery plan.*

### **STANDARD 4 (See regulation 14 (arrangements for the provision of personal care))**

- 4.1 **A service delivery plan for the provision of the care is developed and agreed with each service user, which provides the basis for the care to be delivered.**
- 4.2 The plan sets out in detail the action that will be taken by care workers to meet the assessed needs, including specialist needs and communication requirements, and identifies areas of flexibility to enable the service user to maximise their potential and maintain their independence. (see Standards 6 & 9)
- 4.3 The plan is drawn up with the involvement of the service user and their carer, 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 own chosen lifestyle.
- 4.4 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, focussing on positive behaviour. (See Standards 9.8,12 and 14.6)
- 4.5 The information and detail provided in the plan is appropriate for the complexity of the service to be provided.
- 4.6 The plan is reviewed as changes in circumstances require but at least annually with the service user, their carer, their relatives, friends and significant professionals or at the request of the service user, their carer 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, agreed changes are recorded and actioned.
- 4.7 The plan is signed by the service user or representative on their behalf and is available in a language and format that the service user can understand. The plan is held by the service user unless there are clear and recorded reasons not to do so.

## TERMS AND CONDITIONS

### **OUTCOME:**

*Each service user has information as to the terms and conditions for the provision of care from the agency.*

### **STANDARD 5 (See regulation 18 (provision of information to service users))**

**5.1 Each service user is issued with a statement of terms and conditions under which the care is provided by the agency before the service begins.**

**5.2** The statement of terms and conditions specifies, unless in the service user's guide or care plan, the:

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 care workers will and will not undertake and the degree of flexibility in the provision of personal care including the expectations of service users

circumstances in which the service may be cancelled or withdrawn including temporary cancellation by the service user

fees payable for the service, and by whom (if self-funding)

rights and responsibilities of both parties (including insurance) and liability if there is a breach of terms and conditions or any damage occurring in the home

arrangements for monitoring and review of needs and for updating the needs assessment (see Standard 2) and the individual service delivery 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, sickness

keyholding and other arrangements agreed for entering or leaving the home (see Standard 15).

- 5.3 The service user and/or their relatives or representatives and the agency each has a copy of the statement of terms and conditions, in accessible formats, which is signed by the service user (or named representative on their behalf) and the registered manager.

## PERSONAL CARE

---

### Introduction to Standards 6- 10

The principles on which the philosophy of care of the provider agency is based must be ones which ensure that all service users, their relatives and representatives are treated with respect, the service user's 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 workers should put themselves in the place of people receiving care and ask themselves:-

how am I treated by care workers 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 workers should 'treat others as you would wish to be treated yourself'.

Providing a service based on the needs of the service user 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 to get up, washed and dressed and give them breakfast, the care worker must be able to respond flexibly and appropriately if on one occasion the service user feels unwell and wants to remain in bed.

Research into the views of service users about their personal care has identified that the continuity of care worker is extremely important. Service users and their carers or 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 carers or relatives also want to know in advance if there is to be any change in their care worker so they can be prepared.

The purpose of the provision of personal care 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.

The provision of personal care for people who live in their own homes is changing. The interface between health and personal care is becoming very blurred. Meeting the Assembly's agenda on intermediate care, maintaining independence and partnership working will further emphasise the important interface between health care professionals and personal social care. As the health and care needs of people living in their own home become more complex, so care workers come under pressure to undertake increasingly complex health related activities. This should never happen 'by default' but only with the written agreement of all parties and when the care 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.

## CONFIDENTIALITY

### *OUTCOME:*

*The personal information of service users and their relatives or representatives is handled appropriately and personal confidences are respected.*

### **STANDARD 6 (See regulation 20 (records) and Standard 16 (Records kept in the service user's home))**

- 6.1 Staff respect information about service users or their representatives that is confidential and handle such information in accordance with the Data Protection Act 1998 and the agency's written policies and procedures are in the best interests of the service user.**
- 6.2 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.
- 6.3 Care workers know when information given to them in confidence must be shared with their manager and other social/health care agencies and act in accordance with policies and procedures. (See Standard 25)
- 6.4 The principles of confidentiality are observed in discussion with colleagues and line managers, particularly when undertaking training or group supervision sessions.
- 6.5 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.



## RESPONSIVE SERVICES

### *OUTCOME:*

*Service users receive a flexible, consistent and reliable personal care service.*

### **STANDARD 7 (See regulations 14 (arrangements for the provision of personal care) and 16 (staffing))**

- 7.1 **The agency is reliable and dependable and is 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 from the needs assessment.**
- 7.2 Staff arrive at the service user's home within the time band specified and perform the tasks specified in the service delivery plan.
- 7.3 The agency ensures that there is continuity in relation to the care worker(s) who provide the service to each service user.
- 7.4 Care workers are only changed for legitimate reasons for example:
- the care worker is sick, on holiday, undertaking training or has left the agency
  - if the service requirements change and the care worker does not have the necessary skills, physical capacity or specialist training
  - the care worker is unavailable for additional hours or changed times
  - if the service user requests a change of care worker for legitimate reasons
  - if a non-professional relationship has developed between the service user and the care worker
  - a personality clash between the service user and the care worker
  - to provide relief for care staff working in stressful situations
  - to protect care workers from abuse or discrimination.
- 7.5 Service users and their relatives or representatives are consulted in advance whenever possible and involved in the decision about the change of care worker. New care workers are introduced to the service user by a representative of the agency.
- 7.6 Service users and their relatives and/or representatives are kept fully informed on issues relating to the service user's care.

## **PRIVACY AND DIGNITY**

### **OUTCOME:**

*Service users feel that they are treated with respect and dignity, are valued as people and their right to privacy is upheld.*

### **STANDARD 8 (See regulations 14 (arrangements for the provision of personal care) and 16 (staffing) and Standard 9 (Autonomy and Independence))**

**8.1 Personal care 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, oral hygiene**

**toilet and continence requirements**

**medication requirements and other health related activities**

**moving, handling and positioning**

**eating and meals**

**handling personal possessions and documents**

**entering the home, room, bathroom or toilet.**

8.2 Personal care is provided in the least intrusive way.

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

8.4 Service users are addressed by the name they prefer.

8.5 Care workers are sensitive and responsive to the race, culture, language, religion, age, disability, gender and sexuality of the people receiving care, 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 maximising their independence in accordance with their service delivery plan.*

### **STANDARD 9 (See regulations 14 (arrangements for the provision of personal care) and 16 (staffing))**

- 9.1 **Managers and care workers enable service users to make decisions in relation to their own lives, providing information, assistance, and support where needed in accordance with their service delivery plan.**
- 9.2 Service users are encouraged, enabled and empowered to control their day to day personal finances unless prevented from doing so by severe mental incapacity or disability. (see Standard 13.5)
- 9.3 Care 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 delivery 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 Agencies work to provide service users with a service in their preferred language or form of communication
- 9.7 Service users or their relatives or representatives (with permission of the service user) are able to see the service user's personal files kept in the premises of the agency in accordance with the Data Protection Act 1998 and are informed in writing that these files may be reviewed as part of the inspection and process. (see Standard 24)
- 9.8 Limitations on a service user's 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 delivery plan (Standard 4). Service users and their relatives or representatives are informed about independent advocacy services.

## MEDICATION AND HEALTH RELATED ACTIVITIES

### **OUTCOME:**

*The agency's policies and procedures on medication and health related activities protect service users and assist them to maintain responsibility for their own medication and to remain in their own home.*

### **STANDARD 10 (See regulation 14 (arrangements for the provision of personal care))**

- 10.1 **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 includes procedures for the storage, ordering, administration and disposal of medication - including the procedures for obtaining prescriptions and dispensed medicines, the purchase and use of over the counter medication, and for recording information.
- 10.3 Staff only provide assistance with taking medication, administering medication or undertake other health related tasks, when they have received the appropriate training and are assessed as competent. In addition such assistance must be:
- with the informed consent of the service user or their carer, relative or representative who may give consent on the user's behalf
  - requested on the service delivery plan by a named assessor (except for over the counter medication)
  - with agreement of the care workers' 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 (except for over the counter medication) (Standard 2) and forms part of the risk assessment (Standard 12).
- 10.5 The policy and procedures for medication and health related activities are developed and agreed on a multi-agency, multi-disciplinary basis, taking into account all the clinical risks that could impact on the safety of the service user, the agency and health provider's accountability and responsibilities. In addition this process should include a suitably qualified pharmacist in relation to medication.

- 10.6 Medication should at all times be stored in a safe, secure place but accessible to the service user if appropriate. If not appropriate, then their carer, relatives, other personal carers, health professionals and domiciliary care staff should be made aware of storage and access arrangements.
- 10.7 Care workers follow the agency's procedures for reporting concerns, responding to incidents and seeking guidance in relation to both medication and health related activities. All action taken should be documented and, where appropriate, reported to the relevant health professional(s).
- 10.8 All information relating to assistance with medication or health related activities is documented in the appropriate records in the patient's home or agency file. This must include details relating to dosage, time and any assistance given. Any advice given to the patient or relatives to see or call a health care professional is recorded. The record is signed and dated by both the service user (where possible) and the care worker.
- 10.9 Where packages of care may be provided on a multi-agency basis, policies and procedures on medication and health related activities are agreed and followed. The key worker, usually a health care professional from one agency who visits on a regular basis, takes the responsibility for leading on medication and health related activities in the delivery of a package of care to individual service users.
- 10.10 The functions undertaken by staff under the agency's policies and procedures for medication and health related activities are covered by the employers insurance policy.

## PROTECTION

---

### Introduction to Standards 11 – 15

#### Health and Safety

The health and safety of service users and care workers is a major issue of concern in the provision of 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 staff. Training on all aspects of health and safety is essential to ensure that staff are able to respond appropriately and work in a safe manner.

Before commencing the provision of care in a new home, to comply with the requirements of legislation a detailed risk assessment must be made by the agency 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 manager or it may be an experienced care 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 moving, handling and positioning. It is important that care strategies are devised in relation to assisting people with disabilities to move, which are acceptable to the person concerned and are also safe for the care workers involved. Guidance on manual handling from the Health and Safety Executive has been revised and updated in 2002.

The service user should also retain responsibilities in relation to the health and safety of the environment in which they live and not place people visiting the home at risk. All the risks identified must therefore be discussed in full with the service user, their carers, relatives or representative, the care worker and their line manager, and a CSIW Inspector if necessary. A plan to manage the identified risks must be compiled 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. Care 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 on-going bad practice. No agency 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.

Agencies play an important role in the lives of people for whom they arrange personal care. It is the care 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 abuse 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 care worker and to ensure no misunderstandings occur. For similar reasons managers and care workers must never seek to profit from the care they provide to service users by the acceptance of 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**

### **OUTCOME:**

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

### **STANDARD 11 (See regulations 13 (conduct of agency) and 14 (arrangements for the provision of personal care))**

**11.1 The agency has systems and procedures in place to comply with the requirements of the Health and Safety legislation including (where appropriate):-**

**Management of Health and Safety at Work Regulations 1999 (Management Regulations)**

**Manual Handling Operations Regulations 1992**

**Control of Substances Hazardous to Health Regulations**

**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)**

**Lifting Operations and Lifting Equipment Regulations 1998**

**Provision and Use of Work Equipment Regulations 1998**

**Personal Protective Equipment at Work (1992)**

**Health and Safety at Work etc Act 1974**

**Food Safety Act 1990**

## Working Time Regulations 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 & safety matters

responsibilities and arrangements for risk assessment under the requirements of the Management of Health and Safety at Work Regulations 1999

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 user, staff and others involved in the provision of domiciliary care, cannot be implemented

responsibility and procedure for reporting and investigating accidents and dangerous occurrences including those specified under RIDDOR for both service user 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, violence or aggression to staff

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

lone working. The risk of lone working must be assessed and agencies should develop and implement policies which protect both the service user and lone worker

measures to protect staff travelling to and from the homes of service users including advice on:-

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



- 11.3 One or more competent persons are appointed 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.*

## STANDARD 12 (See regulation 13 (conduct of agency))

- 12.1 **An assessment is undertaken, by an appropriately trained and qualified person, of the potential risks to service users and staff associated with delivering the service user's package of care (including, where appropriate, the risks associated with assisting with medication and other health related activities) before the care 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 risk assessment is appropriate to the needs of the individual service user and the views of the service user, their carer and their relatives are taken into account.
- 12.4 A separate moving, handling and positioning 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, as required under the Manual Handling Operations Regulations 1992.
- 12.5 A comprehensive plan to manage the risks to workers, including manual handling, moving, and positioning and the risks to service users, is drawn up in consultation with the service user, their carer, their relatives or representatives, included in the service delivery 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 appliances, equipment, fixtures or security of the premises.
- 12.7 Where pressure of time does not allow a risk assessment to be undertaken prior to provision of the care or support, only staff who are both trained to undertake risk assessments and competent to provide the care likely to be required are assigned to emergency situations.
- 12.8 When a need is identified, sufficient numbers of people who are fully trained in current safe handling techniques and the equipment to be used, are always involved in the provision of care from the moving, handling and positioning assessment.
- 12.9 The name and contact number of the agency responsible for providing and maintaining any equipment under the Manual Handling Regulations and Lifting Operations and Lifting Equipment Regulations is recorded on the risk assessment.
- 12.10 The moving, handling and positioning equipment is in a safe condition to use, inspections by the manufacturers have taken place on time and if necessary the organisation providing the equipment is reminded that a maintenance check is due.
- 12.11 A responsible and competent person is on call and contactable at all times when care workers are on duty.

## FINANCIAL PROTECTION

### *OUTCOME:*

*The money and property of service users is protected at all times whilst providing the care service.*

## **STANDARD 13 (See regulations 13 (conduct of agency) and 14 (arrangements for the provision of personal care))**

- 13.1 The agency ensures that there is a policy and procedures are in place for staff concerning the safe handling and storage of service users' money and property. The policy and procedures take account of "Protection of Vulnerable Adults from Financial Abuse: In Safe Hands" (National Assembly for Wales, 2003) and cover:

payment for the service/ service user's contribution (if appropriate)

payment of bills

shopping

collection of pensions, other benefits or cash

safeguarding the property of service users whilst undertaking the care tasks

security of cards and PIN numbers

reporting the loss or damage to property whilst providing the care

and guidance on:

not accepting gifts or cash

using loyalty cards belonging to the service user

not making personal use of the service user's property eg telephone

not involving the service user in gambling syndicates (national lottery, football pools)

not borrowing or lending money

not selling or disposing of goods belonging to the service user, their relatives or representatives

not selling goods or services to the service user

not incurring a liability on behalf of the service user

not taking responsibility for looking after any valuable on behalf of the service user.

- 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 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, other benefits or cash is recorded appropriately on the visit record held in the service user's home (see Standard 16) and signed and dated by the care worker and by the service user, if able to do so, or their carer, 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 of financial abuse. (See Standard 12.2)
- 13.6 Where support and tuition are provided, the reasons for and the manner of support are documented and reviewed.

## PROTECTION OF THE PERSON

### *OUTCOME:*

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

### **STANDARD 14 (See regulations 13 (conduct of agency), 14 (arrangements for the provision of personal care) and 16 (staffing))**

- 14.1 **Service users are safeguarded, in accordance with written policies and procedures (which take into account “In Safe Hands, Implementing Adult Protection Procedures in Wales” (National Assembly for Wales, 2000)), 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. All staff working with children and their families have copies of the local authority child protection procedures (Standard 14.2) and are fully conversant with the agency’s policy and procedure.**
- 14.2 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 and the procedures reflect local and national policies and procedures.
- 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 Physical and verbal aggression by a service user, their carer, their relatives or friends is responded to appropriately. Physical intervention is only used as a last resort, in accordance with National Assembly for Wales guidance, protects the rights and best interests of the service user, including people with special needs and is the minimum necessary consistent with safety. (see Standards 7.4 and 12)
- 14.5 Training on prevention of abuse is given to all staff within 6 months of employment and is updated regularly.
- 14.6 In accordance with the Protection of Children Act 1999 or the Care Standards Act 2000, staff who have acted in a way which may lead to their inclusion in the lists of persons who are unsuitable to work with children or vulnerable adults are referred to the Secretary of State for Health for consideration as to their inclusion on those lists.

## SECURITY OF THE SERVICE USER'S HOME

### *OUTCOME:*

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

### **STANDARD 15 (See regulations 13 (conduct of agency) and 14 (arrangements for the provision of personal care))**

- 15.1 **Care 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.
- 15.3 Identity cards are provided for all care staff entering the home of the service user.
- 15.4 For people with special communication requirements, there are clear and agreed ways of identifying care staff from the agency.
- 15.5 Staff do not take any unauthorised person (including children and pets) into the service user's home without permission of the service user, their relatives or representatives and the manager of the service.

## RECORDS KEPT IN THE SERVICE USER'S HOME

### *OUTCOME:*

*The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken through delivery of service.*

### **STANDARD 16**

- 16.1 **With the service user's consent, care workers record on records kept in the service user's home, the time and date of every visit to the home, activities taken in line with the service delivery plan and any variations from it. Where employed by the agency, live-in care workers complete the record as set out in the service delivery plan. Records include (where appropriate):**

assistance with medication including time and dosage on a special medication chart (see Standard 10)

other requests for assistance with medication and action taken (see Standard 10)

financial transactions undertaken on behalf of, or support given to, the service user (see Standard 13)

details of any changes in the user's circumstances, health, physical condition, care needs

any accident, however minor, to the service user and/or care 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 their relatives or representatives are informed (if duly authorised) about what is written on the record and on request have access to copies of it.
- 16.3 All written records kept by the agency are legible, factual, signed and dated by the person making the record, and kept in a safe place in the home, as agreed with the service user and their carer, relatives or representative.
- 16.4 Any service user or their carer, relative or representative on his or her behalf, refusing to have records kept in the service user's home, is requested to confirm the refusal and a record of this is kept on the user's personal file in the agency.

## MANAGERS AND STAFF

---

### Introduction to Standards 17 – 21

Service users and their carers and families have very high expectations of domiciliary care. The work places considerable responsibility on all care workers 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 and able to demonstrate their competence for the work they are employed to undertake. This also 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, so 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, particularly essential for care staff who work daily in 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 (See regulations 15 (fitness of workers) and 16 (staffing))**

- 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 the service user and their relatives or representatives.**
- 17.2 Care workers working directly with service users alone are at least age 18; the registered manager of the agency is at least age 21.

- 17.3 Two written references are obtained before making an appointment, one of which should normally be from the immediate past employer and are followed up by a telephone call prior to confirmation of employment. Any gaps in the employment record are explored and accounted for.
- 17.4 New staff and volunteers are confirmed in post only following completion of satisfactory checks.
- 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 All staff, including temporary workers and volunteers, are provided with a written contract or notice specifying the terms and conditions under which they are engaged, including the need to comply with the Care Council for Wales Code of Conduct.

## REQUIREMENTS OF THE JOB

### *OUTCOME:*

*Service users benefit from clarity of staff roles and responsibilities.*

### **STANDARD 18 (See regulations 16 (staffing) and 17 (staff handbook and code of conduct))**

- 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 agency's Staff Handbook and grievance and disciplinary procedure. Staff are required to adhere to the Care Council for Wales Code of Conduct.**
- 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 workers are also identified.
- 18.4 Person and work specifications are developed with reference to the relevant National Occupational Standards.
- 18.5 All staff (including temporary workers) are issued with the agency's Staff Handbook and agree to adhere to the Code of Conduct (Appendix B).
- 18.6 Staff are required to notify their employer of any new criminal convictions.
- 18.7 An immediate investigation is undertaken on any allegations or incidents of misconduct and appropriate disciplinary action taken as necessary.



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

## DEVELOPMENT AND TRAINING

### *OUTCOME:*

*Staff are appropriately trained to assess, monitor, meet and review the personal care needs of service users.*

### **STANDARD 19 (See regulation 16 (staffing))**

- 19.1 **The agency has a staff development and training programme which ensures staff are able to fulfil the aims of the agency and meets the assessed and changing needs of service users, their carers, their relatives and representatives. The programme is reviewed annually.**
- 19.2 All care workers and managers commence a structured induction programme on the first day of their employment, and are assessed by the end of their twelfth week in employment. The programme takes account of the guidance on induction published by the Care Council for Wales as the Social Care Induction Framework.
- 19.3 Each new member of staff undertakes a training needs analysis on completion of the induction period (to be linked to the personal development plan (see Standard 25)). This is incorporated into the agency's staff training and development plan.
- 19.4 All staff are provided with the required training on health and safety including moving, handling, and positioning. Topics to be covered may be found in appendix C. (See Standard 11)
- 19.5 Specialist advice, induction, training and information is provided for care workers working with specific client groups and/or medical conditions by someone who is professionally qualified to do so (Appendix D).
- 19.6 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. (See Standard 3)
- 19.7 Managers or supervisors of care workers providing specialist care services have knowledge and understanding of the specialisms for which they are responsible.
- 19.8 The agency has financial resources allocated, plans and operational procedures, to achieve and monitor the requirements for ongoing workforce training and qualification.
- 19.9 The need for refresher and updating training is identified at least annually during staff appraisal (see Standard 21) and incorporated into the agency's staff development and training programme.

## QUALIFICATIONS

### *OUTCOME:*

*The personal care of service users is provided by qualified and competent staff.*

### **STANDARD 20 (See regulation 16 (staffing))**

- 20.1 **All staff including Managers are competent and trained to undertake the activities for which they are employed and responsible.**
- 20.2 All care workers delivering personal care who do not already hold a relevant qualification as listed as the recommended occupational qualification in the Care Council for Wales Qualification Framework are provided with learning and development (as identified by Standard 19.1) which requires them to work towards such a qualification.
- 20.3 By 1 July 2009 50% of all care workers hold a qualification as listed as the recommended occupational qualification in the Care Council for Wales Qualification Framework.
- 20.4 By 1 July 2009 all Managers employed before 1 April 2004 must hold the qualification as listed as the recommended occupational qualification in the Care Council for Wales Qualification Framework. Those managers first employed after 31 March 2004 hold a qualification as listed as the recommended occupational qualification in the Care Council for Wales Qualification Framework within 3 years of the commencement of their employment.
- 20.5 Records of training and development undertaken and the outcome are kept on a central development file and on individual personnel files.
- 20.6 The Manager undertakes periodic training to update knowledge, skills and competence to manage the agency.

## SUPERVISION AND APPRAISAL

### *OUTCOME:*

*Staff are supervised and performance is appraised regularly.*

### **STANDARD 21 (See regulation 16 (staffing))**

- 21.1 All staff including managers 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 at least once every three months to discuss their work and written records shall be kept on the content and outcome of each meeting. (See Standard 27.3)

- 21.3 With the consent of the service user, supervision 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 member of staff. The appraisal should 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 AND RUNNING OF THE BUSINESS**

---

### **Introduction to Standards 22 – 27**

It is essential that the providers of domiciliary care agencies operate from a sound business basis in order to ensure that they are able to meet the needs of service users efficiently and effectively, able to provide the user focus identified in Standards 1 - 16 and able to meet the requirements of the Regulations in light of these 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 agency 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 homes. 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 higher the ratio should be of supervisors to staff. All staff must have clarity about their areas of responsibility.

### **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 must be supported by continuous monitoring and evaluation. Each agency 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 agency is also required to have a robust and transparent system in place to enable service users and/or their relatives or representatives, 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 (See regulations 16 (staffing), 24 (fitness of premises) and 26 (financial position))**

- 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 for the purpose, 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 service users.
- 22.4 The premises contain the equipment and resources necessary for the efficient and effective management of the service.
- 22.5 The management structure reflects the size of the agency, nature of care provided and the volume and complexity of the care provided.
- 22.6 There is adequate and appropriately skilled staff cover for the operation and management 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 (See regulation 26 (financial position))**

- 23.1 **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 to accurately calculate 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 employees and third parties to a limit of indemnity commensurate with the level and extent of activities undertaken.

## 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 (See regulation 20 (records))**

- 24.1 **The agency maintains all the records required for the protection of service users and the efficient running of the agency for the length of time required by the Regulations.**
- 24.2 All records are secure, up to date and in good order and are prepared, maintained and used in accordance with the Data Protection Act 1998 and other statutory requirements and are kept for the requisite length of time.
- 24.3 Consistent and standard personal data is kept on all service users being cared for by the agency. (See appendix E)
- 24.4 Service users, their carers or their representatives have access, in accordance with the Data Protection Act 1998 and other legal requirements, 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 (See regulations 4 (statement of purpose), 16 (staffing), 17 (staff handbook and code of conduct) and 23 (review of quality of service provision))**

- 25.1 **The agency implements a clear set of policies and procedures, formally approved by the registered provider, 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 F).**

- 25.2 Staff understand and have access to up-to-date copies of all policies, procedures and codes of practice, and service users and their representatives or carers 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 (See regulations 14 (arrangements for the provision of personal care) and 23 (review of quality of service provision))**

- 26.1 **There is an easily understood, well publicised and accessible procedure to enable service users and their relatives or representatives 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 and their relatives or representatives 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 and their relatives or representatives are kept informed at each and every stage of the investigatory process and are given information on the procedure for considering complaints and for referring a complaint to the regional office of the Care Standards Inspectorate for Wales and/or the authority commissioning the service.
- 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 care worker's 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 (See regulations 16 (staffing) and 23 (review of quality of service provision))**

- 27.1 There is an effective system for Quality Assurance (QA) 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 workers and their line managers.**
- 27.2 The Regulations, these Standards and other relevant service standards and indicators e.g. National Occupational Standards and indicators for the Performance Assessment Framework, 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 a regular basis and assuring quality and monitoring performance.
- 27.4 Care 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 and made available to service users and their relatives or representatives, all stakeholders in the agency and to the CSIW in appropriate formats e.g. large print, braille, and, wherever possible, in the preferred language of the recipient.
- 27.6 Standards and the QA process are reviewed and revised as necessary, but at least on an annual basis.



# Appendices

## A GLOSSARY OF TERMS

### **Abuse**

Single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to a person including physical, emotional, verbal, financial, sexual, racial abuse, neglect and abuse through the misapplication of drugs.

### **Carer**

A person who provides substantial care for a relative, friend or neighbour who is unable to manage at home without help because of sickness, age or disability.

### **Care Management**

A system for organising the management and delivery of care services to vulnerable adults by local authority social services departments, and by Community Psychiatric Nurses, psychiatrists and other NHS personnel under Community Psychiatric Arrangements for people with mental health problems. The system involves assessing needs, care planning, organisation of care packages, monitoring and review, and close involvement with service users and carers.

### **Care Manager**

The person responsible for undertaking the assessment of need, developing and co-ordinating the service delivery plan, for monitoring its progress and for staying in regular contact with the service user and their carer 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 the service user.

### **Care Worker**

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

## **Commissioning**

The process of specifying, securing and monitoring services to meet individuals' needs. Commissioning is more commonly used to describe the strategic, long-term process, by which this takes place as opposed to the short-term, operational purchasing process. Statutory guidance exists under section 7 of the Local Authority Social Services Act 1970: "Promoting Partnership in Care – Commissioning across Health and Social Services".

## **CSA**

The Care Standards Act 2000

## **CSIW**

Care Standards Inspectorate for Wales

## **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.

## **The Manager**

Where the registered provider is also the manager, this term means that person. In other cases it means the registered manager. The registered manager, in relation to an agency, means a person who is registered under Part II of the Act as the manager of the agency.

## **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.

## **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 and their carers.

## **Procedure**

The steps taken to fulfil a policy.

## **Registered Person**

Either the registered provider or, if a different person, the registered manager.

## **The Regulations**

The Domiciliary Care Agencies (Wales) Regulations 2004

## **Representative**

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

## **Service Delivery Plan**

A written plan which specifies how the service user's needs are to be met by the provision of personal care in terms of tasks, activities and outcomes. The service delivery plan is consistent with any care plan prepared by a local authority for the service user.

## **Service User**

Person who is receiving the domiciliary care service.

## **Terms and Conditions**

Written statement describing the service to be provided, the basis on which it is to be provided, the rights and responsibilities of both the service user and the service provider, and including the service delivery plan.

## **Volunteer**

People working without pay or for expenses only.

## **B CONTENT OF THE STAFF HANDBOOK (Standard 18.5)**

The Staff Handbook covers:-

- compliance with the philosophy of care (privacy, dignity, maintaining independence)
- confidentiality of information
- limits of responsibilities
- 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 service user's 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.

## **C CONTENT OF HEALTH AND SAFETY TRAINING (Standard 19.4)**

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

- clear statement of responsibilities of care staff and employer
- guidance on appropriate clothing and 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, positioning and handling
- first aid (as appropriate to the agency's service user)
- 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, and providing assistance with, 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 and 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 service users to take risks
- action to take in an emergency situation (as appropriate to the agency's service user)

**D TOPICS REQUIRING SPECIALIST TRAINING AND ADVICE (Standard 19.5)**

Specialist training would normally be expected for working with, for example:-

- people from ethnic minority communities and/or religious groups
- children and their families
- people with 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.

**E DATA KEPT ON ALL SERVICE USERS (Standard 24.3)**

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 & agency 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 of 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  
carer work programme  
the length of time records should be kept for the following is:

- 80 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 – Interviews of applicants who are not subsequently employed.

## **F POLICIES AND PROCEDURES OF THE AGENCY (Standard 25.1)**

The policies and procedures encompass the following areas:-

- statement of purpose and aims and objectives of the agency
- conditions of engagement including travel expenses, insurance etc
- form of staff contracts & job descriptions
- 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 to information
- 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
- recruitment and selection procedure
- sickness absence