



Department of

**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

# **Domiciliary Care Agencies**

## **Minimum Standards**

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## Introduction

This document sets out minimum standards for providers of a range of services that support a person in their own home. The standards specify the arrangements and procedures that need to be in place and implemented to ensure the delivery of a quality service.

These standards apply to:

- Domiciliary care agencies defined under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 as:

“An undertaking which consists of or includes arranging the provision of prescribed services in their own homes for persons who by reason of illness, infirmity, disability or family circumstances are unable to provide any such service for themselves without assistance”.

This includes both independent and statutory providers of such services;

- Supported accommodation services that provide personal care in addition to housing support services; and
- Intentional communities, where personal care is an aspect of service provision.

These standards do not apply to those employment agencies which solely act as introducers of workers employed by the service user and/or his/her carer/representative, e.g through a private arrangement or under Direct Payments.

## **Background**

In 2001, the Department of Health, Social Services and Public Safety (DHSSPS) issued a consultation paper, entitled “Best Practice – Best Care”, setting out proposals for improving the quality of health and social care in Northern Ireland. The results of this consultation showed widespread support for a new system of regulation covering a wider range of care services. This in turn led to the development of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the Order).

The Order allows for the establishment of the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority (the Regulation and Quality Improvement Authority), an independent body with responsibility for and powers to regulate establishments and agencies in the statutory and independent sectors. Responsibility for all services previously regulated by the Registration and Inspection Units of the Health and Social Services Boards is transferred to the Regulation and Quality Improvement Authority.

## **Development of standards**

Article 38 of the Order confers powers on DHSSPS to prepare, publish and review statements of minimum standards applicable to all services including regulated services.

DHSSPS has developed minimum standards for a range of regulated services including domiciliary care agencies. These standards were developed with the help of people who use the services, their representatives or carers, providers, staff, professionals, inspectors and commissioners. The standards were also subject to a full public consultation process between September and December 2004.

## **How the standards and regulations work together**

Article 38 of the Order gives powers to the DHSSPS to publish minimum standards that the Regulation and Quality Improvement Authority must take into account in the regulation of establishments and agencies.

The regulations for domiciliary care agencies were published by DHSSPS in accordance with Article 23 of the Order, which sets

out the range of areas for which regulations may make provision. These include the management, staff, premises, financial position and conduct of health and social care establishments and agencies.

Compliance with the regulations is mandatory and non-compliance with some specific regulations is considered an offence. The Regulation and Quality Improvement Authority must take into account the extent to which the minimum standards have been met in determining whether or not a service maintains registration or has its registration cancelled, or whether to take action for breach of regulations.

The regulations and minimum standards have been prepared in response to extensive consultation. **They are the minimum provisions below which no provider is expected to operate.**

### **Using the standards**

The regulations and minimum standards for domiciliary care agencies focus on ensuring that people using the services provided are protected and the care is quality assured.

The standard statements and associated criteria cover key areas of service provision, are applicable across various settings, and designed to be measurable through self-assessment and inspection. The Regulation and Quality Improvement Authority will look for evidence that the standards are being met through:

- discussions with service users, managers, staff and others; and
- inspection of written policies, procedures and records.

## **Values underpinning the standards**

The philosophy and practices of a domiciliary care agency should lead to a friendly and caring service where service users are listened to and feel valued, their rights are upheld, their cultural and religious beliefs are respected and receiving a service is a positive and beneficial experience. In order to achieve this, managers and staff must at all times have the following values firmly embedded in their practice.

### **Dignity and respect**

The uniqueness and intrinsic value of individual service users is acknowledged and each person is treated with respect.

### **Independence**

Service users have as much control as possible over their lives whilst being protected against unreasonable risks.

### **Rights**

Service users' individual and human rights are safeguarded and actively promoted within the context of services delivered by the agency.

### **Equality and diversity**

Service users are treated equally and their background and culture are valued. The services provided by the agency fit within a framework of equal opportunities and anti-discriminatory practice.

### **Choice**

Service users are offered, wherever possible, the opportunity to select independently from a range of options based on clear and accurate information.

### **Consent**

Service users have a legal right to determine what happens to them and their informed, genuine and valid consent to the care and support they receive is essential.

**Confidentiality**

Service users know that information about them is managed appropriately and everyone involved in the agency respects confidential matters

**Safety**

Service users feel as safe as is possible, in all aspects of their care and life, and are free from exploitation, neglect and abuse.

When these values are integrated into all aspects of planning, delivery and review of services and the minimum standards are being met, the agency will be a resource that delivers the best possible outcomes for service users.

# **SECTION 1**

## **MINIMUM STANDARDS**

## Quality care

The following standards promote a collaborative, multi-disciplinary approach to providing quality care that is service user-centred. They reflect and complement the quality standards used in the care management process and recognise that the provision of relevant and timely information about the person before he or she receives a service from the agency is essential.

Having a caring, open and responsive approach where the service user feels respected as an individual and his or her needs are being met is key to the delivery of quality services. These minimum standards for domiciliary care agencies promote the empowerment of service users and strongly encourage a proactive engagement and a listening partnership with each service user to ensure they feel involved in and can influence the operation of the agency. The use of both informal feedback mechanisms and more formal arrangements with service users and gaining carers' and relatives' views about the services provided, listening to and responding to compliments, comments and complaints will provide managers and staff with essential information about improvements that can be made.

Before a service commences, prospective service users and their carers/relatives need information about the agency. They can gain this through reading the "Service User's Guide", and reports made about the agency by the Regulation and Quality Improvement Authority. To enable service users to retain as much control as possible over their own affairs and to ensure they or those acting on their behalf have full information, agencies are expected to have open and transparent arrangements for all their services and provide all relevant information in suitable formats. Individual agreements will clarify what is expected for each service user.

The agency's primary responsibility is for ensuring that the domiciliary care workers (care workers) it supplies are able to provide suitable care for the service users referred to it through Health and Social Care (HSC) Trusts<sup>1</sup>, and for its self-referred service users. It is also the agency's responsibility to assess the fitness of people it employs as care workers and to manage and monitor them in caring for service users.

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<sup>1</sup> Information about HSC Trusts can be accessed through: <http://www.hscni.net/>

Agencies are part of the overall provision of services within a community and can most effectively provide care and support to a service user if there is a collaborative multi-disciplinary partnership between all those involved with the service user, which is appropriately inclusive of carers and relatives. In order to achieve maximum benefit and positive outcomes for the service user, the interdependency between all involved needs to be recognised. Those providing care for the service user need to understand the service user's perspective and each other's roles and responsibilities, respect and value each other, share information and respond appropriately when contacted.

It is also acknowledged that the manager of an agency does not normally have control of the full care planning and review processes for a service user, but plays a vital role in these. The agency must therefore have joint working arrangements with the community care teams that are responsible for the service user's overall care, and who refer the service user to the agency. These teams are responsible for providing essential information to the agency prior to the service from the agency commencing. They also normally hold responsibility for the review systems. The agency, in accepting a referral, then assumes legal responsibility for the assessment of risks for its staff and others affected by their work, including the service user. When the agency accepts a direct referral from a self-referred service user it is responsible for ensuring that the systems of assessment, care planning and review outlined for those referred through HSC Trusts apply equally to these service users.

Against this background, staff in agencies need to have knowledge of the care needs of the service user and their practices and interventions promote the health and well-being of the service user. Staff need to get to know and treat service users as individuals and provide care that meets their individual needs. The need for ongoing assessment and identification of risks by the staff of the agency is also necessary to ensure a fit between the care an agency can provide and the changing needs of each service user. However, for service users to maintain as much autonomy and independence as possible, there needs to be a balance in managing the reasonable risks of normal living and ensuring their well-being and that of others.

Guidance issued about quality initiatives and the provision of quality care will assist managers and staff to keep up-to-date with current best practice, which they can incorporate into the practices in the agency. Agencies committed to meeting the minimum standards and continual improvement will provide best care and life opportunities to the service users referred to them.

## **Service users' involvement**

**Standard 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.<sup>2</sup>**

### **Criteria**

- 1.1 The values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.
- 1.2 Suggestions made regarding improvements, compliments given and issues raised by service users and their carers/representatives regarding the quality of services are listened and responded to.
- 1.3 Records are kept of comments made by service users and their carers/representatives regarding the quality of care delivered and the actions taken by staff in response to the comments.
- 1.4 Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.
- 1.5 Service users and their carers/representatives are informed about planned inspections and the arrangements for them to give their views about the agency to the inspectors.
- 1.6 The results of feedback are made available to current and prospective service users, their carers/representatives and other interested parties.
- 1.7 The views of service users are considered when policies, procedures and practices are being reviewed.
- 1.8 Service users and their carers/representatives' views and opinions about the services provided by the agency are sought formally at least once a year,

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<sup>2</sup> Guidance on Strengthening Personal and Public Involvement in Health and Social Care can be accessed at: [http://www.dhsspsni.gov.uk/hsc\\_sqsd\\_29-07.pdf](http://www.dhsspsni.gov.uk/hsc_sqsd_29-07.pdf)

preferably by an organisation or person independent of the agency.

- 1.9 A report is prepared that identifies the methods used to obtain the views and opinions of service users and their carers/representatives, and incorporates the comments made and issues raised and any actions to be taken for improvement. A summary of the key findings is provided to service users and their carers/representatives, and a copy of the full report is available on request.

## **Information for service users**

**Standard 2**      **Prospective service users are provided with information on the services provided by the agency.**

### **Criteria**

- 2.1            Prospective service users and where appropriate, their carers/ representatives are given at the earliest opportunity (and no later than 5 working days of the commencement of the service) a “service user’s guide” that provides comprehensive up-to-date information about the agency and the services provided. The information is available if required in a format and language suitable for the service user or his or her carer/representative.
- 2.2            The service user’s guide contains information on the following:
- a summary of the statement of purpose and the services provided;
  - the name of the registered manager and the general staffing arrangements;
  - the amounts and method of payment of fees for services (relevant to self-referred service users only);
  - general feedback from service users and/or their carer/representatives about the quality of the service;
  - the general terms and conditions for receipt of the agency’s services;
  - the arrangements for the inspection of the agency by the Regulation and Quality Improvement Authority and how to access inspection reports;
  - the agency, its structure and the name of the registered person;
  - how to access the service;
  - a summary of the complaints procedure and how to access it; and
  - the address and telephone number of the Regulation and Quality Improvement Authority.

2.3 There are systems in place to ensure the service user is provided with up-dated documents contained in the service user's guide.

## Referral arrangements

**Standard 3: Referral arrangements ensure the service user's identified needs can be met by the agency.**

### Criteria

- 3.1 A referral form, with an assessment of need providing all necessary information, is completed before the service to the service user commences (or, in exceptional circumstances, within 2 days). The referral form and any associated documents are dated and signed by the agency worker completing them or when they are received from the referring HSC Trust.
- 3.2 The registered manager ensures that the person-centred, holistic assessment of need provided to the agency includes:
- physical and mental health; emotional well-being; capacity for the activities of daily living and self care; abilities (including attitudes towards any disability) and lifestyle (including how the day is spent); the contribution of informal carers (so long as they are able, willing and supported to carry on the caring role); social network and support; and housing, finance and environmental factors, as appropriate;
  - specific needs and preferences of the individual;
  - relevant information about the service user's life history;
  - risk assessments relating to the delivery of care and services;
  - risk assessments relating to the physical environment where the care is to be delivered; and
  - details of other professionals or agencies providing a service to the service user; and
  - a care plan, signed and agreed by the service user.
- 3.3 The registered manager ensures that the care plan includes information on:

- the care and services to be provided to the service user;
- directions for the use of any equipment;
- the administration or assistance with medication;
- how specific needs and preferences are to be met; and
- the management of identified risks.

3.4 Where the agency is acting in response to a self-referred service user, who is not referred by a HSC Trust, an assessment and care plan for the service user in line with 3.2 and 3.3 above is completed by an appropriately qualified and experienced person<sup>3</sup> before the service commences (or, in exceptional circumstances, within 2 days). The service user is involved in the assessment and care planning processes along with, where appropriate, his or her carer/representative and, with the service user's agreement, any relevant professionals and disciplines.

3.5 The service user is informed of the names of the staff coming to his or her home prior to the service commencing.

3.6 To ensure that the service user's identified needs can be met by the agency; an appropriately experienced or qualified member of staff from the agency visits the service user in their own home prior to the service user receiving the service. He or she:

- ensures that the service user or where appropriate, his or her carer/representative, has the information about the agency specified in Standard 2;
- confirms that the assessment information is correct and the care plan is feasible; and
- checks, and revises if necessary, the risk assessments received.

If it is not possible to make this visit before the commencement of the service, the visit is made within 2 working days of the commencement of the service.

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<sup>3</sup> This should be a registered social worker or care manager.

3.7 Where the agency is acting in response to a self-referred service user, the registered manager explores with the service user the value of availing of the HSC Trust's systems.

## **Agreement between a service user and the agency**

**Standard 4: Each service user has a written individual service agreement.**

### **Criteria**

- 4.1 Each service user and, if appropriate, his or her carer/representative is provided with a written individual service agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within 5 working days of such commencement. The agreement is made available, if required, in a format and language suitable for the service user or his or her carer/representative.
- 4.2 The agreement between the service user and the service provider specifies:
- the date of commencement of the service, the duration if known and the arrival and departure times of staff;
  - the arrangements for gaining access to and security of the service user's home;
  - the care and services to be provided (the care plan);
  - the arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept;
  - the terms and conditions of the service provision with reference to relevant policies;
  - the health and safety responsibilities of the service user and the agency;
  - the agency's complaints procedure;
  - the telephone numbers for both in and out of hours contact;
  - the arrangements for reviewing the agreement;
  - who holds responsibility for the maintenance of devices or medical equipment provided or on loan from the HSC Trust;

- the supplies, medical devices and equipment to be provided (self-referred service users only);
- the charges payable for the service, the arrangements for payment and the minimum period of notice for any change to the fees (self-referred service users only); and
- the procedures for terminating the agreement (self-referred service users only).

4.3 The agreement is monitored, reviewed and up-dated as necessary to reflect any changes in the care plan or in the need for service delivery (Standard 6).

4.4 The written agreement is signed and/or witnessed prior to the service being provided (self-referred service users only). Where the service user is unable or chooses not to sign, this is recorded.

4.5 The service user, or his or her representative, is given a minimum of 4 weeks written notice of changes to fee rates payable and these will be agreed in writing by the service user, or his or her representative, where appropriate (self-referred service users only). Where the service user is unable or chooses not to sign, this is recorded.

## Recording and reporting

**Standard 5: All activities undertaken in relation to the service user's care plan are recorded and relevant information communicated to the appropriate people.**

### Criteria

- 5.1 Service users and/or their carer/representatives have access to their written records.
- 5.2 The record maintained in the service user's home details (where applicable):
- the date and arrival and departure times of every visit by agency staff;
  - actions or practice as specified in the care plan;
  - changes in the service user's needs, usual behaviour or routine and action taken;
  - unusual or changed circumstances that affect the service user;
  - contact between the care or support worker and primary health and social care services regarding the service user;
  - contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user;
  - requests made for assistance over and above that agreed in the care plan; and
  - incidents, accidents or near misses occurring and action taken.
- 5.3 There is guidance for care and support staff on the matters that need to be reported to the registered manager.
- 5.4 The agency reports any changes in the service user's situation and issues relevant to the health and well-being of the service user to the referring HSC Trust, and keeps a record of such reports.

- 5.5 There is a protocol for the exchange of information between agencies when more than one agency is involved in the delivery of care to the service user. Where an HSC Trust is the commissioner of services, it should ensure that there is a protocol in place. In the case of self-referred service users, the responsibility rests with the lead agency. Information that assists the next health, social care or agency worker is recorded in line with the agreed protocol.
- 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.
- 5.7 The records are transferred from the service user's home to the agency or other organisation (e.g. referring HSC Trust, or other purchaser of the service) for safekeeping when the service is concluded or according to the agency's procedures. In an intentional community, care staff retain records in accordance with their management of records procedures and as agreed with the Regulation and Quality Improvement Authority.

## **Contributing to a service user's reviews**

### **Standard 6: The agency contributes to the review of the service user's care plan.**

#### **Criteria**

- 6.1 The agency participates in review meetings organised by the referring HSC Trust responsible for the service user's care plan.
- 6.2 Staff from the agency attend review meetings or contribute by submitting a written report prior to the meeting.
- 6.3 Review reports refer to:
- any matters regarding the current care plan;
  - general changes in the service user's situation; and
  - details of important events including incidents or accidents occurring during the review period.
- 6.4 Where the service user is self-referred, the registered manager is responsible for keeping under review and revising, where necessary, the service user's assessment and care plan. Review and revision of the care plan should take place at times or intervals dictated by changes in the need or circumstances of the service user and/or the request of their carer/representative. As a minimum, formal review should take place once a year. The review is completed by an appropriately qualified and experienced person in line with Standards 3.2 to 3.4, and should make the service user aware of appropriate HSC services that may be available. The service user has the right to choose to be involved in the review of his or her care and is consulted about who else is involved. When the service user is unable or chooses not to be involved, this is recorded. There is a record that identifies outcomes of the review and any amendments to the service user's assessment, care plan (Standard 3.3) and agreement (Standard 4).

## Management of medicines

**Standard 7: The agency has arrangements in place to ensure that care workers manage medicines safely and securely.**

### Criteria

- 7.1 Where a service user has difficulty in managing his or her medicines, a mechanism is in place to ensure that there is a referral to the community pharmacist for medicines management scheme, and advising the HSC Trust as appropriate.
- 7.2 Administration of, or assistance with, medication is facilitated when requested by the referral agent, in situations where the service user is unable to self-administer and there is no other carer available, with the informed consent of the service user (or where the assessment indicates he or she is not able to give informed consent, his or her representative) and the agreement of the care worker's line manager, and not contrary to the agency's policy.
- 7.3 Where packages of care may be provided on a multi-agency basis, policies and procedures on the management of medicines are agreed between the agencies and followed.
- 7.4 The agency ensures that the administration or assistance with medication is detailed in the care plan (Standard 3.3) and forms part of the risk assessment.
- 7.5 The policy and procedures cover each of the activities concerned with the management of medicines.
- 7.6 The policy and procedures identify the parameters and circumstances for care workers administering or assisting with medication. They identify the limits and tasks that may not be undertaken without additional training.
- 7.7 Care workers who administer medicines are trained and competent. A record is kept of all medicines

management training completed by care workers and retained for inspection (Standard 12.7).

- 7.8 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of care workers.
- 7.9 When necessary, training in specific techniques (e.g. the administration of eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.
- 7.10 The agency ensures that the care worker documents, on each occasion, the administration or assistance with medication.
- 7.11 The agency ensures that, where care workers are involved, records are kept of all requests for, receipt and disposal of medicines.
- 7.12 The agency ensures that all those involved in the management of the service user's medication agree the arrangements for the safe storage within the service user's home.
- 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.
- 7.14 Practices for the management of medicines are systematically audited to ensure they are consistent with the agency's policy and procedures and action is taken when necessary.

## **Management of the Domiciliary Care Agency**

Domiciliary care agencies are expected to deliver services effectively and efficiently, have clear monitoring procedures in place, develop and maintain close working relationships with all involved and strive for continual improvement.

Managers of domiciliary care agencies have to deal with a range of complex and diverse issues and there needs to be effective management systems and processes in place to facilitate the smooth running of the service. Managers are a role model for staff and need to provide leadership, direction and support for their team. When staff teams are properly guided and supported, staff development is encouraged and learning is shared, effective services will be delivered.

## **Management and control of operations**

**Standard 8: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

### **Criteria**

- 8.1 There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.
- 8.2 The registered manager ensures the agency delivers services effectively on a day-to-day basis with good professional relationships in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional regulatory bodies and standard setting organisations. Issues arising are reported to the registered person.
- 8.3 The registered manager ensures that all staff are familiar with, and work in line with the agency's policies and procedures (Appendix 1), and any revision thereof.
- 8.4 Employers of social care workers adhere to the standards set out in the Northern Ireland Social Care Council (NISCC) Code of Practice for Employers of Social Care Workers, support staff in meeting their relevant codes of practice and take appropriate action when staff do not meet expected standards of conduct.
- 8.5 Any absence of the registered manager of more than 28 days is notified to the Regulation and Quality Improvement Authority, and arrangements for managing the agency in the absence of the registered manager is approved by the Regulation and Quality Improvement Authority.
- 8.6 Services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration.
- 8.7 The statement of purpose is kept under review.

- 8.8 Any change to:
- Part 1 of the statement of purpose;
- Or any change in:
- the person registered on behalf of the organisation; or
  - the registered manager;
- is only made with the approval of the Regulation and Quality Improvement Authority.
- 8.9 The service user's guide is kept under review, revised when necessary and up dated versions are provided to the Regulation and Quality Improvement Authority.
- 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.
- 8.11 The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.
- 8.12 The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.
- 8.13 All legally required certificates and licences are kept up to date, and displayed, if required, and are accessible for the purpose of inspection.
- 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).

- 8.15 There are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud.
- 8.16 All accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisations in accordance with legislation and procedures. A record of these is maintained for inspection.
- 8.17 The registered person and the registered manager undertake training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6).
- 8.18 The agency has systems in place for confirming that any medical device or equipment used by staff in a service user's home, has been maintained and checked in accordance with the manufacturer's and installer's guidance and records kept of the confirmation received.
- 8.19 There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice.
- 8.20 There are appropriate mechanisms to support staff in reporting concerns about poor practice.
- 8.21 The registered person has arrangements in place to ensure that:
- all necessary pre-employment checks are carried out;
  - criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from AccessNI;<sup>4</sup> and
  - all appropriate referrals necessary are made in order to safeguard children and vulnerable adults<sup>5</sup>.

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<sup>4</sup> **Note:** AccessNI is unable to obtain overseas criminal records or other relevant information as part of its disclosure service - only details of offences committed in the UK will be provided. A person who has recently moved to the UK may not appear on any of the records searched by AccessNI. Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard. More information about AccessNI can be found at: <http://www.accessni.gov.uk/index.htm>

8.22 For the independent sector, insurance cover is held to limits commensurate with the level and extent of activities undertaken by the agency or to the minimum required by the Regulation and Quality Improvement Authority, for employer's liability, public and third party liabilities, business interruption costs, including loss of earnings and costs to providers of meeting contract liabilities.

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<sup>5</sup> Guidance to the Protection of Children (NI) Service and Guidance to the Protection of Vulnerable Adults (NI) Service can be accessed through:  
[http://www.dhsspsni.gov.uk/index/hss/child\\_care/child\\_protection/child\\_protection\\_guidance.htm](http://www.dhsspsni.gov.uk/index/hss/child_care/child_protection/child_protection_guidance.htm)

## **Policies and procedures**

**Standard 9: There are policies and procedures in place that direct the quality of care and services.**

### **Criteria**

- 9.1 Policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.
- 9.2 There are arrangements to ensure that policies and procedures are developed with input from staff and service users and/or their carers/representatives.
- 9.3 Policies and procedures are centrally indexed and compiled into a policy manual.
- 9.4 Policies and procedures are dated when issued, reviewed or revised.
- 9.5 Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.

## **Management of records**

**Standard 10: Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

### **Criteria**

- 10.1 Service users have access to their records in accordance with the Data Protection Act 1998 and where relevant the Freedom of Information Act 2000.
- 10.2 The policy and procedures for the management of records detail the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.
- 10.3 Records required under The HPSS (Quality, Improvement and Regulation) (NI) Order 2003 (Regulations) are available in the agency for inspection at all times.
- 10.4 The information held on record is accurate, up-to-date and necessary.
- 10.5 Staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.
- 10.6 Records are held securely for the period of time as specified in the regulations and disposed of in accordance with legislation.

## Recruitment of staff

**Standard 11: Staff are recruited and employed in accordance with relevant statutory employment legislation.**

### Criteria

- 11.1 The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.
- 11.2 Before making an offer of employment:
- the applicant's identity is confirmed;
  - two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
  - any gaps in an employment record are explored and explanations recorded;
  - criminal history disclosure information, at the enhanced disclosure level, is sought from AccessNI for the preferred candidate; (**Note:** Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);
  - professional and vocational qualifications are confirmed;
  - registration status with relevant regulatory bodies is confirmed;
  - a pre employment health assessment is obtained
  - where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and
  - current status of work permit/employment visa is confirmed.
- 11.3 Records of all the documentation relating to the recruitment process are kept in compliance with the principles of the Data Protection Act 1998, and with AccessNI's Code of Practice<sup>6</sup>.

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<sup>6</sup> AccessNI's Code of Practice is available at <http://www.accessni.gov.uk/code-of-practice.pdf>

- 11.4 Staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.
- 11.5 Job descriptions are issued to staff on appointment.
- 11.6 Records are kept of all staff that includes names, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.

## **Staff training and development**

### **Standard 12: Staff are trained for their roles and responsibilities.**

#### **Criteria**

- 12.1 Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care<sup>7</sup>, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.
- 12.2 The registered manager requires newly appointed staff to provide evidence of training most recently undertaken that fulfils mandatory training requirements.
- 12.3 Mandatory training requirements are met.
- 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.
- 12.5 The registered manager is aware of DHSSPS strategic targets for the training of, and attainment of NVQ qualifications by, care workers.
- 12.6 Arrangements are in place to ensure that care workers are able to maintain their registration with the appropriate professional regulatory body.
- 12.7 A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes:
- the names and signatures of those attending the training event;
  - the date(s) of the training;

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<sup>7</sup> Information about NISCC's Induction Standards can be accessed at: [http://www.niscc.info/induction\\_standards-109.aspx](http://www.niscc.info/induction_standards-109.aspx)

- the name and qualification of the trainer or the training agency; and
- content of the training programme.

12.8 There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the agency.

12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.

## Staff supervision and appraisal

**Standard 13: Staff are supervised and their performance appraised to promote the delivery of quality care and services.**

### Criteria

- 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.
- 13.2 The policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.
- 13.3 Staff have recorded formal supervision meetings in accordance with the procedures.
- 13.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.
- 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.
- 13.6 Supervision and appraisal of care workers is undertaken by an appropriately qualified or experienced person.<sup>8</sup>

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<sup>8</sup> This is an individual in a supervisory position and holding a minimum qualification in Health and Social Care at NVQ Level 3. Existing supervisors of care workers who do not hold a NVQ Level 3 in Health and Social Care may continue to supervise at this level. Agencies are encouraged to support these staff in pursuing the appropriate qualification.

## Protection of vulnerable adults and safeguarding children

### Standard 14: Service users are protected from abuse.

#### Criteria

- 14.1 The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols<sup>9</sup> and local processes issued by Health and Social Services Boards and HSC Trusts.
- 14.2 Where the agency provides a service to children there are written procedures for safeguarding children and young people consistent with legislation, DHSSPS guidance and the Area Child Protection Committees' (ACPC) Regional Policy and Procedures.<sup>10</sup>
- 14.3 The procedures for protecting vulnerable adults and for safeguarding children and young people are included in the induction programme for staff.
- 14.4 Staff have completed training on and can demonstrate knowledge of:
- protection from abuse;
  - indicators of abuse;
  - responding appropriately to suspected, alleged or actual abuse; and
  - reporting suspected, alleged or actual abuse.
- 14.5 All suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with the procedures.
- 14.6 All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with the procedures.
- 14.7 Written records are kept of suspected, alleged or actual incidents of abuse and include details of the

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<sup>9</sup> 'Safeguarding Vulnerable Adults', the Regional Adult Protection and Procedural Guidance (September 2006) can be accessed at:

[http://www.dhsspsni.gov.uk/ssi/safeguarding\\_vulnerable\\_adults.pdf](http://www.dhsspsni.gov.uk/ssi/safeguarding_vulnerable_adults.pdf)

<sup>10</sup> Information about child protection matters can be accessed at:

[http://www.dhsspsni.gov.uk/index/hss/child\\_care/child\\_protection/child\\_protection\\_guidance.htm](http://www.dhsspsni.gov.uk/index/hss/child_care/child_protection/child_protection_guidance.htm)

investigation, the outcome and action taken by the agency.

14.8 All relevant persons and agencies are notified of the outcome of any investigations undertaken by the agency.

14.9 Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place.

14.10 Training on the protection of children and vulnerable adults for staff is updated at least every 2 years.

## Complaints

**Standard 15: All complaints are taken seriously and dealt with promptly and effectively.**

### Criteria

- 15.1 Agencies should operate a complaints procedure that meets the requirements of the HPSS Complaints Procedure and is in accordance with the relevant legislation and DHSSPS guidance.
- 15.2 Arrangements for dealing with complaints should be publicised.
- 15.3 A copy of the complaints procedure is provided to service users and their carers/representatives and this is available in a range of formats if required.
- 15.4 The complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of the Regulation and Quality Improvement Authority in dealing with complaints relating to the agency and contact details for the Authority.
- 15.5 Agency staff know how to receive and deal initially with complaints.
- 15.6 Advice is provided to service users on how to make a complaint and who to contact if they remain dissatisfied or require support services, including independent advocacy.
- 15.7 Service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system.
- 15.8 Staff directly involved in the management and investigation of complaints are trained and supervised in the application of the complaints procedure.

- 15.9 Complaints are investigated and responded to within 28 days and when this is not possible, complainants are kept informed of any delays.
- 15.10 Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.
- 15.11 The registered provider co-operates with any complaints investigation carried out by the HSC Trust, the Regulation and Quality Improvement Authority or the NI Commissioner for Complaints.
- 15.12 Where a complaint relates to a registered provider's failure to comply with the statutory regulations, then that complaint should be referred directly to the Regulation and Quality Improvement Authority for consideration.
- 15.13 Where a complaint relates to abuse, exploitation or neglect of a child, immediate action is taken by the agency to safeguard the child, and the ACPCs' Regional Policy and Procedures<sup>11</sup> should be activated (Standard 14).
- 15.14 Where a complaint relates to abuse, exploitation or neglect of a vulnerable adult, immediate action is taken by the agency to safeguard the vulnerable adult and the agency should ensure these incidents are reported to the relevant persons and agencies in accordance with procedures for protecting vulnerable adults (Standard 14).
- 15.15 When required, a summary of all complaints, outcomes and actions taken is made available to the Regulation and Quality Improvement Authority.
- 15.16 Information from complaints is used to improve the quality of services.

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<sup>11</sup> The ACPCs' Regional Policy and Procedures (April 2005) can be accessed at:  
<http://www.dhsspsni.gov.uk/acpcregionalstrategy.pdf>  
A Short Guide to Regional Policy and Procedures can be accessed at:  
<http://www.dhsspsni.gov.uk/acpcregionalstrategyshortguide.pdf>

- 15.17 The complainant must be advised of their right to approach the NI Commissioner of Complaints if they remain dissatisfied with the outcome of the relevant complaints procedure.
- 15.18 The policy and procedure for dealing with complaints from children complies with The Representations Procedure (Children) Regulations (Northern Ireland) 1996.<sup>12</sup>

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<sup>12</sup> The Representations Procedure (Children) Regulations (Northern Ireland) 1996 can be accessed at: [http://www.opsi.gov.uk/sr/sr1996/Nisr\\_19960451\\_en\\_1.htm](http://www.opsi.gov.uk/sr/sr1996/Nisr_19960451_en_1.htm)

## Safe and healthy working practices

**Standard 16: The agency has systems that ensure safe and healthy working practices.**

### Criteria

- 16.1 The Health and Safety procedures comply with legislation and cover:
- the maintenance of equipment;
  - the maintenance of a safe and healthy working environment;
  - a safe and healthy place of work with safe access to it and egress from it; and
  - working practices that are safe and without risk to health or well-being.
- 16.2 There are arrangements in place to ensure staff receive relevant information to fulfil their health and safety responsibilities.
- 16.3 The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:
- accident prevention;
  - a safe and healthy work environment and safe systems of work;
  - Control of Substances Hazardous to Health (COSHH);
  - fire safety awareness;
  - infection control;
  - food hygiene (as appropriate to the agency's services);
  - maintenance and use of all equipment; and
  - moving and handling.
- 16.4 There is a designated member of staff to receive and act on health and safety information and information from the Northern Ireland Adverse Incident Centre

(NIAIC).<sup>13</sup> Adverse incidents involving medical devices and equipment are reported to the NIAIC and any required action is managed appropriately.

- 16.5 Staff are provided with appropriate protective clothing and equipment suitable for the job, to prevent risk of harm, injury or infection to themselves or others.
- 16.6 Decontamination of reusable medical devices is carried out in line with current best practice and standards, and related records kept.
- 16.7 The agency has arrangements in place to provide staff with access to occupational health services when necessary.

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<sup>13</sup> Information about NIAIC can be accessed at:  
<http://www.dhsspsni.gov.uk/index/hea/niaic.htm>

## **SECTION 2**

# **REQUIREMENTS FOR REGISTRATION**

## **Requirements for registration**

This section sets out the requirements that must be met by a Domiciliary Care Agency to obtain registration. Articles 12 to 22 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003, deal with registration and should be read in conjunction with this section.

The statement of purpose defines what services and facilities the agency will provide whilst the operational policy describes how they will be provided.

An individual who intends to carry on an agency must be registered and is referred to as the registered person. An organisation that intends to carry on an agency is required to nominate one person to be registered on behalf of the organisation, who is referred to as the registered person.

The manager of the agency must be registered and is referred to as the registered manager. The registered person may also be the registered manager. Those applying for registration as the registered person and/or the registered manager must meet the relevant criteria for fitness of these positions.

There must be evidence that the following requirements are met prior to agencies and persons being registered.

## Statement of purpose

The written statement of purpose for the agency includes the following information:

### Part 1:

- details of the person or organisation with overall responsibility for the agency;
- the status and constitution of the agency;
- the organisational structure of the agency;
- the aims and objectives of the agency;
- the philosophy of care of the agency; and
- the services provided by the agency.

### Part 2:

- the operational policy for the agency, which includes:
  - the arrangements in place to ensure the fitness of care staff;
  - the staffing arrangements;
  - referral arrangements, including the service user's guide;
  - the arrangements for safeguarding and promoting the health and well-being of people using the service;
  - the arrangements for the training and development of staff;
  - the arrangements for the management and control of the agency;
  - the accounting and financial control arrangements for the agency;
  - the insurance arrangements;
  - the arrangements for the keeping of documents and records;
  - the arrangements for the notification of reportable events;
  - the arrangements for dealing with complaints and the steps for publicising these arrangements;
  - the arrangements for the management of medicines in the service user's home; and
  - the policies and procedures listed in Appendix 1.

## **Fitness of the registered person**

To determine the fitness of the person applying for registration the following are required:

- two satisfactory written references;
- a pre-employment health assessment;
- satisfactory criminal history disclosure information, at enhanced disclosure level;
- evidence of qualifications (if any) and registration with professional regulatory bodies;
- confirmation of identity;
- financial/business plan; and
- adequate insurance arrangements (independent sector only).

In addition, the Regulation and Quality Improvement Authority is assured through the registration process that the person:

- has knowledge and understanding of his or her legal responsibilities;
- intends to carry on the agency in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional regulatory bodies and standard setting organisations;
- intends to undertake up-date training to ensure he or she has the necessary knowledge and skills; and
- will adhere to the Northern Ireland Social Care Council (NISCC) Code of Practice for Employers of Social Care Workers and support staff in meeting their relevant codes of practice and take appropriate action when staff do not meet expected standards of conduct.

## Fitness of the registered manager

To determine the fitness of the person applying for registration as the manager, the Regulation and Quality Improvement Authority is assured through the registration process that the person has:

1. the appropriate qualification and registration, as follows:
  - (a) a professional social work qualification and registered on the appropriate part of the NISCC register, without condition; **or**
  - (b) a first level registered nurse on the appropriate part of the Nursing and Midwifery Council register; **or**
  - (c) NVQ Level 4 in Health and Social Care and registered with the appropriate regulatory body; **and**
2. a minimum of four years work experience in health and/or social services as specified below:
  - (a) at least two years practice experience in any health and social care setting with one or more of the client groups supported by the agency; **and**
  - (b) at least two years relevant experience in an operational management capacity<sup>14</sup> in a health and social care setting.

The following are also required:

- confirmation of the applicant's identity;
- two satisfactory written references linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
- a full employment history, including history of management experience within health and social care, together with a written explanation of any gaps in employment;
- satisfactory criminal history disclosure information, at enhanced disclosure level (**Note:** Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard - see Standard 11.2);
- documentary evidence of relevant professional or vocational qualifications and any management qualification;

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<sup>14</sup> Relevant management experience may include: a management post in a health or social care team/service; staff supervision; caseload management; care management; resource management; student supervision/mentoring; project management.

- confirmation of registration status with relevant professional regulatory body;<sup>15</sup>
- a pre-employment health assessment;
- confirmation of current status of work permit/employment visa.

In addition, the Regulation and Quality Improvement Authority is assured through the registration process that the person:

- has knowledge and understanding of the current legal responsibilities of the post and standards for the service, including the need for the management and delivery of person-centred services;
- has knowledge of current health and social services available in the area for the service user categories served by the agency;
- will maintain registration with the appropriate professional regulatory body; and
- intends to manage the agency in accordance with relevant legislation and DHSSPS standards.

### **Transitional arrangements for existing managers who do not hold an appropriate qualification or registration**

Existing managers of domiciliary care agencies who do not hold an appropriate qualification or registration but who are registered with the Regulation and Quality Improvement Authority at the date of publication of these standards, retain their registered status whilst they continue to work within the domiciliary care sector. Registered owners are encouraged to support these managers in pursuing the appropriate qualifications. All existing managers should be encouraged to seek registration with an appropriate professional regulatory body.

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<sup>15</sup> The relevant regulatory body for social workers and social care workers is the Northern Ireland Council for Social Care - <http://www.niscc.info/>  
The relevant regulatory body for first level registered nurses is the Nursing and Midwifery Council - <http://www.nmc-uk.org/aDefault.aspx>

## **Suitability of the agency premises**

The design of the premises complies with current legislation and good practice guidance notes.

The premises are fully commissioned and operational and suitably equipped for the day-to-day operation and management of the service.

## **APPENDIX 1: Policies and procedures**

**The following policies and procedures are associated with the minimum standards and are required to be in place in a domiciliary care agency.**

Absence of the manager  
Access to records  
Accidents - preventing, reporting, recording, notification  
Accounting and financial control arrangements  
Assessment of risks in the service user's home  
Assessment, Care Planning and Review  
Changing a worker  
Communications with carers and representatives  
Complaints  
Confidentiality  
Continence promotion  
COSHH  
Dealing with dying and death  
Decontamination of reusable medical devices  
Disposal of clinical waste  
Equality issues  
Fire precautions  
First aid  
General communication arrangements  
Gifts to staff and donations to the agency  
Infection prevention and control  
Inspections of the agency  
Insurance arrangements  
Listening and responding to service user's views  
Maintenance of equipment, plant, premises and grounds  
Management of keys  
Management of keys for a service user's home  
Management of medicines in the service user's home, including administering or assisting with medication  
Management of records  
Management of risks associated with care of individual service users  
Management, control and monitoring of the agency  
Managing aggression  
Moving and handling  
Occupational health arrangements  
Operational policy  
Protection of vulnerable adults and safeguarding children  
Quality improvement

Recording and reporting care practices  
Referral arrangements  
Referrals to health and social care professionals  
Reporting adverse incidents  
Responding to service users' behaviours  
Restraint  
Safe and healthy working practices  
Safe handling of food  
Safeguarding and protecting service users' money and valuables  
Security of the service user's home  
Service user agreement  
Service user's guide  
Skin care  
Smoking  
Staff acting as a keyworker  
Staff clothing  
Staff discipline  
Staff grievance  
Staff handovers  
Staff induction  
Staff meetings  
Staff records  
Staff recruitment  
Staff supervision and appraisal  
Staff training and development  
Staffing arrangements  
Untoward incidents  
Whistle blowing.

## **Appendix 2 Glossary of terms – Domiciliary Care**

### **Access NI**

Access NI helps organisations in Northern Ireland to make more informed recruitment decisions. It does this by providing criminal history information about anyone seeking paid or unpaid work in defined areas, such as working with children or vulnerable adults.

### **Abuse**

Single or repeated act or lack of appropriate action occurring where there is an expectation of trust, which causes harm or distress, including physical, together with inappropriate restraint, sexual, psychological, emotional, verbal, financial or material, neglect and acts of omission, institutional, discriminatory and abuse through inappropriate use of medication.

### **Agreement**

Written agreement between the service user and the domiciliary care provider, setting out the terms and conditions, and rights and responsibilities of both parties, including the individual care plan.

### **Care assessment**

A process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated, undertaken with the individual, his/her carer and relevant professionals.

### **Care manager**

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

### **Care plan**

A written statement, regularly updated, and agreed by all parties, setting out the health and social care and other support that a service user requires in achieving specific outcomes and meeting the particular needs of each service user.

### **Carer**

A person who, without payment, provides help and support to a family member or friend who may not be able to manage at home without this help because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people under 18 who care for another family

member. It excludes paid care workers and volunteers from voluntary organisations.

### **Main carer**

A main carer is the individual who takes primary responsibility for providing help and support to a person who may not be able to manage at home without this help because of frailty, illness or disability.

### **Care worker**

A person who is paid to deliver care to an individual (the term “support worker” is also sometimes used particularly for individuals working in a supported accommodation service).

### **Direct payments**

Money paid by HSC Trusts that allows individuals to arrange for themselves the social care services required to meet their needs as assessed.

### **Domiciliary care agency**

An undertaking which consists of or includes arranging the provision of services in their homes for persons who by reason of illness, infirmity, disability or family circumstances are unable to provide any such service for themselves without assistance.

### **Intentional communities**

Intentional communities are those that are operated by a voluntary organisation and are based on a philosophical or religious belief. Many intentional communities have chosen to be accredited with the Housing Executive as supporting people services and where personal care is an aspect of their service provision, intentional communities are required to register as domiciliary care agencies under the Order.

However, given the day-to-day nature and way of life of such services, aspects of the standards would not always be relevant to these care situations. By way of example, the requirement for staff, who might live in the same house as service users, to carry some form of identification would be superfluous. Such matters need to be considered by the inspecting authority when evaluating these services against the standards.

### **Mandatory training**

Training required by a piece of legislation.

**Medication administration**

Involvement of the care or support worker in any of the following:

- helping the service user to identify the medication to be taken or applied;
- preparing the medication dose; and/or
- giving or applying the medication dose to the service user.

**Medication assistance**

The act whereby a care or support worker reminds the service user to take or apply his or her medication.

**Agency premises**

The administrative centre for the agency.

**Personal care**

The provision of appropriate assistance in counteracting or alleviating the effects of old age and infirmity, disablement, past or present dependence on alcohol or drugs, or, past or present mental disorder and includes action taken to promote rehabilitation, assistance with physical or social needs and counselling.

**Policy**

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

**Procedure**

The steps taken to fulfill a policy.

**Referral agent**

The HSC Trust representative who commissions services from a domiciliary care agency on behalf of a service user, usually a care manager.

**Referral form**

A document that details the information required by an agency about the person referred. This might be in the form of a checklist of information required from the referral agent or a more specific questionnaire that is completed and available to the agency before a service commences.

**Referring HSC Trust**

The HSC Trust responsible for referring the service user to an agency.

**Representative**

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

**Service user**

A person who is receiving or is eligible to receive social care services. They may be individuals staying in their own homes, living in residential care or nursing homes, or being cared for in hospital.

**Self-referred service users**

Those who purchase (or have purchased on their behalf) a service directly from a domiciliary care agency and who have not been referred through care management or other statutory arrangements.

**Supported accommodation services**

Supported accommodation services are those accredited by the Northern Ireland Housing Executive under “Supporting People” arrangements and covers services, which provide support, advice or counselling to someone with particular needs with a view to enabling that person to live independently in the community. However, supporting people does not cover the provision of personal care, which is defined by the Housing Executive as:

“Care which includes physical help with bodily functions where such assistance is required. Physical help includes the provision of appropriate assistance in countering or alleviating the effects of disability through action taken, for example, by promoting rehabilitation, assisting with physical or social needs and therapeutic counselling. These services are not funded through supporting people” (Housing Executive 2003).

Where services, accredited as supporting people services, do provide personal care in addition to housing support services, they are required to register as domiciliary care agencies under the Order.

