



# Authorisation Scheme Service Specifications

## Home Support Services Services for Older People - Community Operations

**Note:** *These Service Specifications have been developed to meet current service requirements and may be subject to minor amendment should the need arise. All interested parties will be advised of any such amendment forming part of an updated version of this document.*

V1. August 2023

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<b>Glossary of Terms</b> <i>(as used in this document)</i>	
<b>Authorised officer</b>	Person authorised by the Contracting Authority to sign the Service Level Agreement with the Service Provider.
<b>Care Needs Assessment</b>	Identifies a Service Users dependencies and care needs in order to ensure that appropriate care is provided in an appropriate setting. This assessment will be carried out by appropriate Contracting Authority healthcare professionals.
<b>Common Summary Assessment Report</b>	Combines assessment information from various sources, creating a single, permanent and transferable report of the information relevant to a decision on an individual's care needs at a given point in time.
<b>Consumer Directed Home Support (CDHS)</b>	Consumer Directed Home Support relates to an approach to service delivery where the client has more say in the choice of Home Support provider, and in the days and times of service delivery. Clinical needs identified in the HSE Care Needs Assessment must be addressed in the first instance in the Home Support Care Plan/Schedule of Services within an integrated Home Support Care Plan as agreed between the client and provider. The term CDHS is used as it encompasses the name by which the former home help service and HCP scheme are titled since 1 <sup>st</sup> January 2018 i.e. Home Support.
<b>Contracting Authority</b>	The Health Service Executive (HSE)
<b>Data Protection Law</b>	The Data Protection Act, where applicable, as amended from time to time and any regulations or enactments there under, together with any guidelines issued by the Data Protection Commissioner, any relevant EU regulations, directives, decisions or guidelines on data protection or data privacy.
<b>Abuse</b>	Any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general well-being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.
<b>Freedom of Information Law</b>	The Freedom of Information Act 2014, where applicable, as amended from time to time and any regulations or enactments there under, together with any guidelines issued by the Information Commissioner and any other relevant EU regulations, directives, decisions or guidelines.
<b>Home Support Care Plan</b>	Plan developed between the Service User/family/informal carers and the delegated officer of the Contracting Authority to provide appropriate Home Care support based on the Care Needs Assessment. It includes formal/informal care provision for deficits in the Service User's ability to undertake essential activities of daily living and includes a Risk Assessment. May also be known as Home Care Plan or Home Support Care Plan.
<b>Home Care Package Manager/Home Support Manager</b>	The Contracting Authority person responsible for arranging the Care Needs Assessment, developing and co-ordinating the Service User's Care Plan and for monitoring its progress and for staying in regular contact with the Service User and/or their representatives and all other relevant stakeholders. As HSE streamlines its Home Support Service the titles of such staff may be amended.

<b>Home Support Worker</b>	A person who works for the Service Provider which provides Home Care services to people who live at home.
<b>Home Support Service for Older People</b>	The term Home Support Service for Older People encompasses personal care services and essential household tasks related to the Service User's assessed needs, which were funded & delivered through the Home Care Package Scheme (HCP) and Home Help Service until they were amalgamated in 2018 by the HSE to form the single funded <b>Home Support Service for Older People</b> . These requirements also relate to Home Support Services provided as part of an Intensive Home Care Support Package funded separately by the HSE.
<b>interRAI</b>	interRAI is a Single Assessment Tool to support the comprehensive assessment of older people in Ireland. All of the relevant health and wellbeing information about the person is gathered from one assessment process, rather than through a series of individual assessments.
<b>Respite Service</b>	Services provided to support older persons at home and to support the carer.
<b>Personal care</b>	Includes assistance with activities of daily living such as assistance with washing, dressing etc. and essential household tasks as relevant to the Care Needs Assessment of the individual Home Support client.
<b>Policy</b>	A written operational statement of intent which helps staff make sound decisions and take actions that are legal, consistent with the aims of the Service Provider and the Minimum Required Specifications, and in the best interests of Service Users.
<b>Procedure</b>	The steps taken to fulfil a policy.
<b>Representative</b>	A person/nominated contact acting on behalf of a Service User, who may be a relative or a friend.
<b>Risk</b>	The likelihood of an adverse event or outcome. For Service Providers this may relate to the health and wellbeing of Service Users, staff and visitors.
<b>Service Provider</b>	The entity providing and managing the provision of Home Support Services on a daily basis and is an approved Contracting Authority provider.
<b>Service User</b>	Person who is receiving the Home Support Service.
<b>Service User's Service Guide</b>	Sets out the Service Provider's aims and objectives and the range of services it offers.
<b>Timesheet</b>	A record of staff attendance in the Service User's home in order to ensure service has been provided. Timesheets can be either manual which requires a staff signature or in electronic form where staff clock in and out of the Service User's home using tele-monitoring systems. This record is submitted with invoicing.

## Introduction

The Health Information and Quality Authority (HIQA) introduced the National Standards for Safer Better Healthcare in June 2012. The standards apply to all health care services provided or funded by the HSE. "The Authority has developed these National Standards to set out the key principles of quality and safety that would be applied in any health care service setting. The primary obligation will be on Service Providers to meet the National Standards and demonstrate this to Service Users and the public".<sup>1</sup>

For the purposes of the Authorisation Scheme (AS) 2023 process, the HSE is using a revised version of the Tender 2018 Service Specifications that each applicant organisation must demonstrate they can reach in order to be successful in this procurement process. To assist organisations, the HSE Authorisation Scheme Service Specifications have been arranged under the general themes of the National Standards for Safer Better Healthcare.

Within this revised edition of the Authorisation Scheme Service Specifications, there have been a number of changes since Tender 2018, mainly relating to the following:

- Principles in Service Delivery
- Communication
- Complaints
- Consent
- Care Needs Assessment
- Safeguarding & Protection of Service User
- Home Support Care Plan
- Medication Management
- Financial Procedures
- Training and Development
- Supervision of Staff
- Health & Safety
- Key Performance Indicators

Attention is drawn to these changes to ensure full compliance. Attention is also drawn to the clarification provided on **Specification 14.1** on page 25. Changes are referenced in the summary tables on pages 6, 7 & 8. Minor changes e.g. typos, dates, syntax, and appropriate changes to reference "Home Support", in place of Home Care, Home Care Package, HCP and/or Home Help are not referenced in the summary.

## Home Support Reform Programme

A joint programme of work between the Department of Health and the HSE is underway for the design and development of the new Statutory Home Support Scheme and Regulation, with the Department of Health leading out on the detailed process to determine the future model of service delivery in Ireland to reform how we provide Home Support to adults (over-18). HIQA are also developing for publication the National Standards for Homecare and Support Services.

All Home Care/Home Support Service Providers will be subject to compliance with any relevant legislation enacted and associated regulations and standards.

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<sup>1</sup> Health Information and Quality Authority, National Standards for Safer Better Healthcare, June 2012

The outcome of this process and the arrangements & agreements arising from it are subject to any superseding legislation that may impact on Home Support Services in Ireland, even where this arises within the planned timelines of this process and emerging agreements.

The HSE is committed to quality service improvement and it is in this context with regulation of the Home Care sector currently underway as referenced above, the HSE would encourage all staff working on HSE Contracts to have achieved an appropriate qualification equivalent to QQI Level 5 or higher.

**Note:** The term Home Support Services for Older People encompasses personal care services and essential household tasks related to the Service User's assessed needs, which are funded and delivered through Home Support Services for Older People. These requirements also relate to Home Support Services provide as part of Intensive Home Care Support Package and Complex Case Home Support Services funded separately by the HSE.

## Home Support Services

### Summary of Changes to Tender 2018 Service Specifications

Please note all changes below, and read in conjunction with the Service Specification in full, with regards to each relevant section of this document. Minor changes such as dates, syntax and typos are not referenced. Appropriate changes to reference “Home Support”, in place of Home Care, Home Care Package, HCP and/or Home Help, are not listed below.

Service Specification	Updates to Tender 2018 Service Specifications
<b>Within “Glossary” Section</b>	Addition of definitions relating to interRAI
<b>Specification 1.6: Principles in Service Delivery</b>	<i>“representatives” removed from 1.6</i>
<b>Specification 3.2: Communication</b>	Addition of <i>“Where possible efforts should be made to facilitate clients to receive a service in their own first language.”</i>
<b>Specification 4.3: Complaints</b>	Addition of <i>“to include the process for appeals.”</i>
<b>Specification 5.1: Consent</b>	Updated text to reflect the HSE National Consent Policy published in March 2022 and accompanying links to documents.
<b>Specification 5.6: Consent</b>	Addition of additional point 5.6 <i>“Assisted Decision Making (Capacity) ADM Act 2015”</i> and accompanying link.
<b>Specification 6.6: Care Needs Assessment</b>	Updated text to the following: <i>“Pending implementation and rollout of interRAI as the Standard National Care Needs Assessment Tool in their area, the Contracting Authority’s staff will continue to use existing assessment tools such as the Common Summary Assessment Report (CSAR) to contribute to the completion of the Care Needs Assessment.”</i>
<b>Specification 7.1: Home Support Care Plan</b>	Addition of <i>“This may be subject to review and amendment if there is a change to risks/environment, when indicated. “</i>
<b>Specification 7.7: Home Support Care Plan</b>	New addition: <i>“In the event of the agreed Home Support Care Plan being altered or not delivered (e.g. missed calls, unforeseen absences) the Service Provider must provide a statement of all missed calls and related reasons when submitting monthly invoices for payment.”</i>
<b>Specification 10.4: Safeguarding and Protection of Service User</b>	Addition of requirements in relation to Incident Management and Open Disclosure
<b>Specification 12.1: Medication Management</b>	Addition of definitions of prompting and inclusion of the requirements relating to these tasks.
<b>Specification 14.1 (26.07.23)</b>	New addition– Explanatory note providing clarification on Standard 2.4 under Theme 2 of HIQA Standards for Safer Better Healthcare.

<b>Specification 15.4 Financial Procedures</b>	New addition: <i>“Invoices submitted should detail actual service provision to include, Date of call, Duration of call, Applicable rate(s).”</i>
<b>Specification 17: Training &amp; Development</b>	Inclusion of additional text regarding access to the HSE’s national online learning and development portal HSeLand.
<b>Specification 17.1.1: Training &amp; Development</b>	Amendment from <i>“5 hours shadowing”</i> to <i>“8 hours shadowing.”</i>
<b>Specification 17.3.2: Training &amp; Development</b>	Additional requirement: <i>“Certification in Infection Prevention &amp; Control, either as core module of relevant QQI Level 5 Major Award or other certification such as via HSeLand”</i>
<b>Specification 17.3.4: Training &amp; Development</b>	Addition of <i>“within three years of appointment (new staff).”</i>
<b>Specification 17.5: Training &amp; Development</b>	Addition of <i>“Staff must be available to undertake training with HSE Health Care Support Assistants (HCSAs) if deemed necessary in the home of the Service User. This may involve training with members of the MDT teams if specific equipment is required to meet the care needs of the Service User”.</i>
<b>Specification 17.6: Training &amp; Development</b>	Addition of <i>“The Service Provider shall ensure that all Home Support Workers who provide care to Service Users with dementia have successfully completed a recognised education programme specific to dementia care.”</i>
<b>Specification 18.1: Supervision of Staff</b>	Amendment from <i>“first 5 hours”</i> to <i>“first 8 hours”</i> – <i>“All new Home Support Staff must be supervised on a one to one basis for the first 8 hours of their HSE assignments. Ideally this supervision will cover more than one Service User.”</i>
<b>Specification 18.7: Supervision of Staff</b>	Addition of <i>“Contingency arrangements should be agreed and documented in each Service User’s Home Support Care Plan to include Service User priority rating and Service Provider emergency contact details.”</i>
<b>Specification 19.4: Health &amp; Safety</b>	Word change inserted: from <i>“personal protective clothing”</i> to <i>“personal protective equipment (PPE).”</i>
<b>Appendix 2:</b>	Rewording: <i>“Recruitment Policy to include reference checks, Garda Vetting/Police Clearance, minimum qualifications, copies of Employee Contract &amp; Job Descriptions.”</i>
<b>Appendix 2:</b>	Additional Policies and Procedures added: <ul style="list-style-type: none"> <li>- <i>HR Policies to include Grievance &amp; and Disciplinary Policies</i></li> <li>- <i>Risk Management</i></li> <li>- <i>Managing Service User Private Property/Cash Handling</i></li> <li>- <i>Infection Prevention and Control including COVID-19 related Policies &amp; Procedures</i></li> <li>- <i>Manual Handling and People Handling</i></li> </ul>



	- <i>Lone Worker Policy</i>
<b>Appendix 3 – Key Performance Indicators</b>	<p>Addition of three additional KPIs</p> <ul style="list-style-type: none"> <li>- <i>Garda Vetting/Police Clearance</i></li> <li>- <i>Carer Competency</i></li> <li>- <i>Complaints Management</i></li> </ul>
<b>Appendix 4 – Induction Training</b>	Additional requirements in relation to Incident Management & Open Disclosures policies and procedures
<b>Appendix 5 – Alternative Relevant Qualifications</b>	<p>Addition of – “<i>In the case of General Nursing primary degree students, who have completed Year 1 of BSc. General Nursing, may be recruited as Home Support workers, subject to confirmation from the individuals’ University that Year 1 of the undergraduate degree programme has been successfully completed.</i>”</p>
<b>Appendix 6 – National Carer Competency Assessment</b>	Updated layout of the National Carer Competency Assessment.

## Home Support Services

### Summary of Changes in V1. August 2023 Authorisation Scheme Service Specifications

Service Specification	Updates to Tender 2022 Service Specifications*
<b>Specification 5 - Consent</b>	Previous Content relating to Consent 5.1 to 5.6 replaced in full to reflect the enactment of the <b><i>Assisted Decision-Making (Capacity) Act 2015</i></b> and the Decision Support Service' Codes of Practice.
<b>Specification 14.1 – Governance and Accountability</b>	New addition – <i>Explanatory note providing clarification on Standard 2.4 under Theme 2 of HIQA Standards for Safer Better Healthcare.</i>
<b>Appendix 7</b>	New Addition - <i>Guiding Principles of the Assisted Decision Making (Capacity) Act 2015</i>

\* As posted to eTenders 1<sup>st</sup> September 2022

## HIQA Safer Better Healthcare Standards



### Theme 1

#### HIQA National Standards for Safer Better Healthcare

##### *Person Centred Care and Support*

##### **Standard 1.1**

The planning, design and delivery of services are informed by Service Users' identified needs and preferences.

##### **Standard 1.2**

Service Users have equitable access to healthcare services based on their assessed needs.

##### **Standard 1.3**

Service Users experience healthcare which respects their diversity and protects their rights.

##### **Standard 1.4**

Service Users are enabled to participate in making informed decisions about their care.

**Standard 1.5**

Service Users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

**Standard 1.6**

Service Users' dignity, privacy and autonomy are respected and promoted.

**Standard 1.7**

Service Providers promote a culture of kindness, consideration and respect.

**Standard 1.8**

Service Users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

**Standard 1.9**

Service Users are supported in maintaining and improving their own health and wellbeing.

## Theme 1: Person-Centred Care and Support

*The following specifications fall under HIQA National Standards for Safer Better Healthcare*

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### Specification 1: Principles of Service Delivery

It shall be the duty of the Service Provider to provide services to the Minimum Required Specifications outlined below, to the satisfaction of the authorised officer or other designated person.

- 1.1 The provision of person centred care is fundamental to the ethos of the Service Provider.
- 1.2 The views, values and preferences of Service Users are actively sought and respected. These are taken into account in the provision of their care, and guided by the service users' assessed care needs.
- 1.3 Service Users receive care based on need, which is respectful of their age, gender, sexual orientation, disability, marital status, social class, family status, race, religious belief, and membership of the Traveller Community (not an exhaustive list).
- 1.4 Service Users are treated with consideration and respect.
- 1.5 Service Users' dignity, privacy and autonomy are respected and protected.
- 1.6 Service Users are assisted to make their decisions and are supported in maintaining their independence.
- 1.7 Service Providers openly and actively communicate with Service Users.
- 1.8 Service Users are actively supported to maintain and improve their own health and wellbeing. (Better Health and Wellbeing 13.1)
- 1.9 Complaints and concerns are promptly, effectively and fairly received, addressed and acted upon by the Service Provider. Service Users are communicated with and supported throughout the process. Individual complaints should be recorded and reported to the HSE.
- 1.10 Service Users' personal information is handled appropriately and their personal confidences are respected.

### Specification 2: Information

The Service Providers must provide Service Users with accessible, clear and relevant information about the services and how Service Providers interact with Service Users. It must include, but is not limited to the following:

- 2.1 A Service User's Service Guide setting out its aims and objectives, the range of services it offers, the client group it services, contact details of Service Provider, complaints' management, information on service delivery policies such as entry to the home, key holding, cover arrangements for leave, supplies and equipment provided to Service Users and / or their representative, circumstances when service may be cancelled or withdrawn including where there is temporary cancellation by the Service User. Service Providers are responsible for ensuring that its contractual obligations to the client and the HSE are met and that it is able to cover all staff planned / unplanned leave. Any withdrawal or temporary cancellation should only be done in full collaboration with the HSE and with appropriate notice.

### Specification 3: Communication

- 3.1 All staff must communicate with Service Users and their families in a respectful and appropriate manner.
- 3.2 English is the language of choice unless otherwise specified by the Service User/carer. Where possible in Gaeltacht areas, Irish speakers should be provided where requested. Where possible efforts should be made to facilitate clients to receive a service in their own first language.
- 3.3 The Service Provider must ensure that all staff are competent to communicate effectively with Service Users.

### Specification 4: Complaints

Service Providers will give a written commitment to the following and produce evidence where appropriate:

- 4.1 The Service Provider will act in accordance with Part 9 of the Health Act 2004, and Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006).
- 4.2 The Service Provider will at all times adhere to its policy and procedures regarding the management of complaints including the stages and timescales for dealing with any complaint.
- 4.3 The Service Provider must provide a written complaints policy to every Service User that includes relevant contact details and procedures to follow in order to make a complaint to include the process for appeals.
- 4.4 Service Users must be informed of the Contracting Authority's policy Your Service Your Say.
- 4.5 All complaints received, must be managed, documented and retained in a complaints log by the Service Provider for inspection by the Contracting Authority. The Service Provider shall have a system in place to analyse and identify any patterns of complaints.
- 4.6 Complaints which pose a risk to the wellbeing of the Service User or the Contracting Authority must be reported immediately to the authorised officer and managed in close consultation between all parties.

### Specification 5: Consent

The Service User is presumed to have decision making capacity and their **will and preference** should be respected and supported at all times.

The Service Provider shall have a policy that outlines the procedure for seeking consent. The policy must address situations where:

- (a) The Service User and/or his or her representative(s) acting on the authority of the Service User ("his or her representative(s)") indicate that he or she does not wish to consent to the proposed intervention and
- (b) The Service User is deemed to lack the functional decision making capacity to consent.

Please note that if a person is unable to consent it does not mean that their past or present will and preference is ignored.

While the policy must be consistent with current practice as set out in the Health Service Executive National Consent Policy published in March 2022 and any guidance issued by professional regulatory bodies, the policy will now be required to be amended following;

- (a) The change in the law brought about when the Assisted Decision-Making (Capacity) Act 2015 (as amended) and
- (b); The Codes of Practice issued by the Decision Support Service.

An updated policy will be required to be furnished to the Contracting Authority reflecting recent changes in the legislation.

HSE National Consent Policy is available at <https://www.hse.ie/nationalconsentpolicy/>

- 5.1 Capacity is issue and decision specific and the Service User's capacity or lack of capacity to give informed consent on one occasion is not assumed to hold true on another occasion.
- 5.2 The information provided to the Service User and/or his or her representative(s), for the purpose of informing choices, is given at the earliest opportunity and in a manner that he/she and/or his or her representative(s) can understand in order to ensure, as far as possible, that he/she and/or his or her representative(s) has sufficient time to consider the information given and to weigh up his/her options and make an informed choice.
- 5.3 Where the Service Provider or any individual Home Support Worker has reasonable grounds to suspect or believe that the Service User may not have the requisite capacity to make informed decisions, they must bring this to the attention of the Contracting Authority without delay. The Service Provider or any individual Home Support Worker must not make any decisions on behalf of a Service User who they reasonably believe or suspect to lack the requisite capacity to make informed decisions, unless this has been discussed with the Contracting Authority except in respect of emergency circumstances.
- 5.4 Where written consent is required, forms are maintained within individual case records.
- 5.5 Please refer to Assisted Decision Making (Capacity) Act 2015<sup>2</sup>, which has been signed into law. <https://www.oireachtas.ie/en/bills/bill/2022/59/>
- 5.6 See **Appendix 7** for details of the Guiding Principles of the Assisted Decision Making (Capacity) Act 2015.

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<sup>2</sup> House of the Oireachtas website, accessed 26th July, 2023

**Theme 2****HIQA National Standards for Safer Better Healthcare*****Effective Care and Support*****Standard 2.1**

Healthcare reflects national and international evidence of what is known to achieve best outcomes for Service Users.

**Standard 2.2**

Care is planned and delivered to meet the individual Service User's initial and on-going assessed healthcare needs, while taking account of the needs of other Service Users.

**Standard 2.3**

Service Users receive integrated care which is coordinated effectively within and between services.

**Standard 2.4**

An identified healthcare professional has overall responsibility and accountability for a Service User's care during an episode of care.

**Standard 2.5**

All information necessary to support the provision of effective care, including information provided by the Service User is available at the point of clinical decision making.

**Standard 2.6**

Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare.

**Standard 2.7**

Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of Service Users.

**Standard 2.8**

The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.



## Theme 2: Effective Care and Support

*The following specifications fall under HIQA National Standards for Safer Better Healthcare*

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### Specification 6: Care Needs Assessment

- 6.1 The Care Needs Assessment will be completed by the Contracting Authority in consultation with the Service User and where appropriate with their family/representative. A Home Support Care Plan will be developed on the basis of the Service Users' Care Needs Assessment undertaken by the Contracting Authority.
- 6.2 Provision and access to HSE funded services will be determined by decision of the Contracting Authority only, in line with available resources.
- 6.3 The relevant Contracting Authority health professional will initiate a Care Needs Assessment on receipt of a referral.
- 6.4 Informed consent must be obtained from the Service User or their representative prior to undertaking a Care Needs Assessment.
- 6.5 A Care Needs Assessment for services will be undertaken by health care professionals as determined by the Contracting Authority.
- 6.6 Pending implementation and rollout of interRAI as the Standard National Care Needs Assessment Tool in their area, the Contracting Authority's staff will continue to use existing assessment tools such as the Common Summary Assessment Report (CSAR) to contribute to the completion of the Care Needs Assessment.

### Specification 7: Home Support Care Plan\*

*\*Home Support Care Plan may be referred to locally as Home Care Plan / Home Support Care Plan / Home Support Care Plan*

- 7.1 The Home Support Care Plan will be developed by the Contracting Authority in consultation with the Service User and where appropriate with their family/representative, and based on the delivery requirements of the Contracting Authority. Where a client applies and is approved for the consumer directed approach, the specific guidance in relation to Consumer Directed Home Support (CDHS) will apply. The Service Provider will deliver the service as per the Home Support Care Plan. National Guidelines on the operation of Consumer Directed Home Support as an additional approach to service delivery will be available separately. Key features of the approach are set out in **Appendix 1**.
  - The Service Provider must ensure that a home environmental Risk Assessment is undertaken prior to the delivery of service and a Risk Management Plan put in place. This may be subject to review and amendment if there is a change to risks/environment, when indicated.
  - The Home Support Care Plan and Schedule of Services are provided to the Service User and Service Provider and a copy is kept in the Service User's home. Where services are not required to be time specific the provider and Service User (and/or representative) will agree on times of attendance to suit the Service User's needs & preferences. Based on the Home Support Care Plan and Schedule of Services the Home Support Worker (or workers in the

case of double-up calls) completes and signs the Service Provider's Record of Service Delivery at the end of every period worked. A copy of the Service Provider's Record of Service Delivery shall be kept in the Service User's home and be available for monitoring and inspection.

- All Home Support Services will be subject to regular reviews by the relevant healthcare professional in accordance with the 2018 National Guidelines & Procedures for the Standardised Implementation of the Home Support Service (HSS Guidelines).
- Each plan must have a review date and changes to the plan can only take place in context of a review.

- 7.2** The Contracting Authority reserves the right to review a client and the services being provided as appropriate.
- 7.3** Any assessment of the hourly needs/quantum of service of any Service User is a decision to be made, at its sole discretion, by the Contracting Authority. If the Service Provider or any individual Home Support Workers is of the view that a Service User requires an alteration to their hourly needs, they must solely bring this to the attention of the Contracting Authority without delay.
- 7.4** In the event that the circumstances/needs of the Service User change, the Service Provider will report the details to the appropriate Contracting Authority health professional who will arrange a review per HSS Guidelines.
- 7.5** The Service Provider must make available appropriate staff to participate/attend/contribute in reviewing of Home Support Care Plans as requested by the Contracting Authority as part of the contract.
- 7.6** The Service Provider must provide clear contact details to enable the Service User / their family to contact the Service Provider in the event of the Home Support Worker not turning up for work or due to any other unforeseen circumstance.
- 7.7** In the event of the agreed Home Support Care Plan being altered or not delivered (e.g. missed calls, unforeseen absences) the Service Provider must provide a statement of all missed calls and related reasons when submitting monthly invoices for payment.

## Specification 8: Policies and Procedures

- 8.1** The Service Provider implements a clear set of current policies and procedures to support practice and meet the requirements of legislation, which are dated and monitored as part of the quality assurance process. The policies and procedures are reviewed and amended at a minimum of two years or less if required. See **Appendix 2** for list of policies.
- 8.2** The Service Provider must ensure staff are trained and are familiar with current policies, procedures and codes of practice. In addition Service Users and or their representative have access to relevant information on the policies and procedures as appropriate.
- 8.3** The Contracting Authority reserves the right to request and inspect all relevant policies and procedures in the power, procurement and/or control of the Service Provider in relation to the services.

## Specification 9: Quality Control

- 9.1** The Service Provider shall have satisfactory controls in place to ensure that services specified in the Home Support Care Plans of individual Service Users, are delivered. If a client refuses the allocated Home Support Service or suspends service delivery prior to completion of the episode of Home Support, the Home Support Worker must immediately inform the Service Provider who in turn must inform the HSE.

- 9.2** There is an effective system for continuous quality improvement based on the outcomes for Service Users, in which guidelines and indicators to be achieved are clearly defined and monitored on a continuous basis by Home Support Workers and their line managers.
- 9.3** The Service Provider must provide details of all quality programmes including quality audits to the Contracting Authority on an annual basis.
- 9.4** There is a process and a procedure for consulting with Service Users and/or their representatives about the Home Support Service on an annual basis to include:
- Visits to Service Users undertaken by a supervisor or manager and combined, where appropriate, with a review of the Home Support Care Plan or monitoring the performance of the Home Support Worker.
  - Feedback is actively sought from the Service User and/or their representatives on an on-going basis on the services provided. The Service Provider shall clearly demonstrate how the impact of the Service User's and/or their representative feedback, informs reviews and future planning.
- 9.5** The Service Provider shall co-operate with the Contracting Authority on organisational reviews/service evaluation that the Contracting Authority may be required to undertake.
- 9.6** The Service Provider will ensure that their staff's attendance is recorded accurately. Proof of such attendance and records of staff's attendance must be available to the Contracting Authority, if required, for a period of no less than the statutory requirements in relation to record keeping.
- 9.7** The Service Provider will give a commitment that, wherever possible, services to individual Service Users will routinely be delivered by the same worker; alternative workers may provide services when the assigned worker is sick or on leave. In such cases, the Service Provider Manager will notify the Service User with regards to the change of new worker in an appropriate and timely manner, and the Service Provider must provide evidence of a policy outlining circumstances where a worker might be changed.
- 9.8** The Contracting Authority shall reserve the right to review a Service User and services being provided at any stage.
- 9.9** The Service Provider shall appoint a person to be the Manager responsible for the overall management and satisfactory delivery of contracted services and shall inform the Contracting Authority of the identity of any person so authorised.
- 9.10** The Service Provider shall inform the designated officer in the Contracting Authority promptly of any unresolved problem(s) concerning the provision of the services.

**Theme 3****HIQA National Standards for Safer Better Healthcare*****Safe Care and Support*****Standard 3.1**

Service Providers protect Service Users from the risk of harm associated with the design and delivery of healthcare services.

**Standard 3.2**

Service Providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally.

**Standard 3.3**

Service Providers effectively identify, manage, respond to and report on patient safety incidents.

**Standard 3.4**

Service Providers ensure all reasonable measures are taken to protect Service Users from abuse.

**Standard 3.5**

Service Providers fully and openly inform and support Service Users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed.

**Standard 3.6**

Service Providers actively support and promote the safety of Service Users as part of a wider culture of quality and safety.

**Standard 3.7**

Service Providers implement, evaluate and publicly report on a structured patient safety improvement programme.

## Theme 3:

### Safe Care and Support

*The following specifications fall under HIQA National Standards for Safer Better Healthcare*

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#### Specification 10: Safeguarding and Protection of Service User

It is the responsibility of all Service Providers to ensure that Service Users are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse.

A core governance responsibility of all Service Providers is to ensure that safeguarding policies and procedures and associated practices are in place and appropriate to the services provided.

- 10.1** Service Providers shall take all steps necessary to eliminate the risk to Service Users of abuse from Service Providers, other Service Users and others, including physical or psychological ill-treatment, theft, misuse or misappropriation of money or property, sexual abuse, neglect and acts of omission which cause harm or place at risk of harm, while receiving care.
- The Service Provider must ensure that employees understand the concept of safeguarding. The Service Provider must have in place policies and procedures which conform to the HSE's **Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures**. Available at the web-link, hereunder:  
<https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>
  - All such policies and procedures must promote welfare, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding.
  - Where there are concerns of abuse and/or neglect of vulnerable adults, the agencies' written procedures must conform to the procedures outlined in the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy.
- 10.2** The Service Provider must have policies in place to ensure the safeguarding of vulnerable persons and staff in the home which include the following:
- Safeguarding training programmes are included in induction and training programmes.
  - Service Providers shall not withdraw services from a Service User without prior consultation with the appropriate Contracting Authority staff.
  - Service Providers shall cooperate with Contracting Authority legal advisers in any legal proceedings that arise from allegations of abuse to Service Users.
- 10.3** The Service Provider must have in place and implement policies, procedures and practices which are consistent with Children First National Guidance for the Protection and Welfare of Children including:
- All staff should be aware of their responsibilities under Children First.
  - Ensure that staff members are aware of how to recognise signs of child abuse or neglect.
  - Develop a Child Protection and Welfare Policy and Procedures for staff who may have reasonable grounds for concern about the safety and welfare of children involved with the organisation. These procedures should not deviate from the current Children First–National Guidance for the Protection and Welfare of Children 2017.

- Identify a designated liaison person to act as a liaison with outside agencies and a resource person to any staff member who has a child protection or welfare concern.
- The Service Provider must also comply with the requirements of the Children First Act 2015.

**10.4** It is the responsibility of all Service Providers to ensure effective governance arrangements are in place for incident management. The Service Provider must have an effective, person-centred incident management and open disclosure framework/policy, processes and procedures which support staff to practice safely, including identifying and reporting incidents and managing and improving Service User safety in analysis and facilitate the sharing of learning. Particular emphasis should be placed on supporting the needs of Service Users, families and staff in the aftermath of an incident.

- Service Providers must ensure that employees understand that they are legally and professionally obliged to report all adverse events promptly and the Service Provider must have in place policies and procedures that conform to the HSE's Incident Management Framework (2020) and the HSE's Open Disclosure Policy (2019), available at the following links;
  - <https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/incident-management/hse-2020-incident-management-framework-guidance.pdf>
  - <https://www.hse.ie/eng/about/who/tobaccocontrol/tobaccoproductdirective/hse-open-disclosure-policy.pdf>
- Service Providers are responsible for having in place systems and processes for the governance of information arising from Incident Management Processes, Notification of Category 1 incidents to the Contracting Authority within 24 hours of occurrence in order to gain assurance on immediate actions taken and to convene a meeting of the Serious Incident Management Team (SIMT).
- Incident Management Training programmes must be included in induction and training programmes.
- Service Providers must conform to the HSE's Open Disclosure Policy and the mandatory Open Disclosure of serious incidents to those who have been harmed by them; a legislative requirement under the Patient Safety (Notifiable Patient Safety Incidents) Bill 2019.
- The Patient Safety Bill also provides for reportable incidents to be notified to the Regulators (MHC, HIQA, HSA, TUSLA, HPRA, etc.).

**10.5** The Service Provider must ensure that the quality of services and the safety of Service Users is at the centre of their governance structures and are required to establish a Quality and Safety Board Committee, (further details available at: [http://www.hse.ie/eng/about/Who/qualityandpatientsafety/Clinical\\_Governance/CG\\_docs/Quality\\_and\\_Safety\\_Committees.html](http://www.hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Governance/CG_docs/Quality_and_Safety_Committees.html))

## Specification 11: Security of the Home

**11.1** Home Support Workers shall ensure the security and safety of the home and the Service User at all times when providing a Home Support Service.

**11.2** The Service Provider must have clear procedures in place in relation to:

- Entering the homes of Service Users and key holding.
- Being unable to gain access and dealing with emergencies.

**11.3** Identity cards must be provided for all Home Support Workers entering the home of Service Users. The cards must display:

- Photograph of the Home Support Worker.
- The name of the Home Support Worker and employing Service Provider.
- Date of issue and an expiry date which must not exceed 24 months from the date of issue.
- The HSE logo cannot be used by any Service Provider at any time.

**11.4** The identity cards must be:

- Laminated or otherwise tamper proof.
- Retrieved, renewed and replaced within at least 24 months from the date of issue.
- Returned to the Service Provider when employment ceases.
- For people with special communication requirements, there are clear and agreed ways of identifying Home Support Workers from the Service Provider.

## **Specification 12: Medication Management**

- 12.1** The Service Provider shall ensure that they have a clear and up to date written policy on Medicines Management which is adhered to by all staff. It should identify the parameters and circumstances for assisting with medicines in the client's home. The policy is supported by training. Training is updated as required in response to legislation and Service Users' requirements.

The policy will include the following:

**Procedures:**

- For obtaining prescriptions.
- For obtaining prescribed medicines.
- For recording information on the Schedule of Services maintained in the client's file.

Home Support Workers may only provide assistance with prompting the Service User to take medicines and must record all prompts in the Schedule of Services / Home Support Care Plan record.

The dictionary definition of '*prompting*' is: 'the action of saying something to persuade, encourage or remind someone to do or say something'. In medicines management, prompting is encouraging or reminding the individual to administer their medicines. These tasks include;

- Bringing medicines to a person to allow that person to take the medication.
- Opening blister pack at the request of the person who is to take the medication.
- Ensuring the individual has a drink to take with their medication.

- 12.2** Assistance with prompting to take medicines is only performed with the informed consent and authorisation of the Service User and or / their representative as per the Home Support Care Plan agreed with the Contracting Authority & the Service Provider.

## Theme 4

### HIQA National Standards for Safer Better Healthcare

#### *Better Health and Wellbeing*

#### **Standard 4.1**

The health and wellbeing of services users are promoted, protected and improved.

## **Theme 4: Better Health and Wellbeing**

*The following specifications fall under HIQA National Standards for Safer Better Healthcare*

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### **Specification 13: Better Health & Well Being**

- 13.1** Service Users are actively supported to maintain and improve their own health and well-being.  
*(1.8 Person-Centred Care and Support)*



## Theme 5

### HIQA National Standards for Safer Better Healthcare

#### *Leadership, Governance and Management*

**Standard 5.1**

Service Providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.

**Standard 5.2**

Service Providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.

**Standard 5.3**

Service Providers maintain a publicly available Statement of Purpose that accurately describes the services provided, including how and where they are provided.

**Standard 5.4**

Service Providers set clear objectives and develop a clear plan for delivering high quality, safe and reliable healthcare services.

**Standard 5.5**

Service Providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.

**Standard 5.6**

Leaders at all levels promote and strengthen a culture of quality and safety throughout the service.

**Standard 5.7**

Members of the workforce at all levels are enabled to exercise their personal and professional responsibility for the quality and safety of services provided.

**Standard 5.8**

Service Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

**Standard 5.9**

The quality and safety of services provided on behalf of healthcare Service Providers are monitored through formalised agreements.

**Standard 5.10**

The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.

**Standard 5.11**

Service Providers act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

## Theme 5: Leadership, Governance and Management

*The following specifications fall under HIQA National Standards for Safer Better Healthcare*

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### Specification 14: Governance and Accountability

- 14.1 The Service Provider must ensure that there is a management structure and clinical governance oversight\* in place, including clear lines of accountability, which enables the Service Provider to deliver services effectively on a 24hr / 7day week basis. This information including contact details is communicated to all relevant parties; client, Provider staff and HSE.
- 14.2 The Service Provider must ensure that there is a named person responsible for the day to day management (Service Manager) who will liaise with the Contracting Authority. The Service Provider must provide copies of two references, up to date Garda Clearance and Health Fitness Statement for this person. In the event that person is replaced then the Service Provider must notify the Contracting Authority within 7 working days and furnish the Contracting Authority at local level with the same information for the replacement person.
- 14.3 As outlined in Specification 17, the Service Manager shall ensure that all staff receive training in and are familiar with all current policies and procedures in the delivery of care in the home setting and that having completed Carer Competency Assessment, that all up-skilling required is addressed promptly. Clear evidence in this regard shall be made available to the Contracting Authority if required or requested.
- 14.4 The Service Manager must ensure that applicable legislation, regulatory requirements, e.g. Organisation of Working Time Act 1997, best practice and relevant codes of practice are met.
- 14.5 The Service Provider must ensure that services are effectively planned, managed and delivered to maintain the quality and safety of care when demand, service requirements, resources or capabilities change. Information should be provided to the Service User on commencement of service, of arrangements for cover in the event of planned and unplanned leave.
- 14.6 Service Providers must operate within their stated scope and purpose of care and proposed changes are communicated to relevant stakeholders and necessary approval is sought, where applicable.
- 14.7 The Service Provider must ensure that there is evidence of a Human Resource Policy in place including Grievance and Disciplinary Procedures.
- 14.8 The Service Provider must provide key performance indicators as detailed in **Appendix 3** and these will be included within any Service Agreement signed by the HSE.
- 14.9 The Provider will be required to comply with the minimum governance requirements of the National Standard Service Arrangement available on;

<https://www.hse.ie/eng/about/non-statutory-sector/>

**\*Specification 14.1** – As circulated as part of the suite of documents as part of the Authorisation Scheme Contract Notice, as published on [www.etenders.gov.ie](http://www.etenders.gov.ie) on 01 September, 2022 / OJEU Notice Number 2022/S 169--479913 - The requirement to have clinical governance oversight in place is linked to Standard 2.4 of the HIQA National Standards for Safer Better Healthcare i.e. “an identified Healthcare Professional has overall responsibility and accountability for a Service User’s care during an episode of care”. The term “healthcare professional” relates to a registered clinically qualified person such as a Doctor, Nurse, Occupational Therapist and Physiotherapist.

**Specification 15: Financial Procedures**

- 15.1** Systems are in place so that accurate calculation can be made of the charges for the service delivered, to submit invoices regularly and to identify and follow up on late payment.
- 15.2** Monthly returns of all work carried out on behalf of the Contracting Authority with a breakdown e.g. of type of work, hours, which will be submitted on a monthly basis or as agreed locally.
- 15.3** Timesheets must be signed by the Home Support Worker and Service User/representative to verify service provision. Where alternative mechanisms are in place and accepted at CHO level as appropriate and effective verification of service provision, they may continue to be utilised.
- 15.4** Invoices submitted should detail actual service provision to include:
- Date of call.
  - Duration of call.
  - Applicable rate(s).

**Theme 6****HIQA National Standards for Safer Better Healthcare*****Workforce*****Standard 6.1**

Service Providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.

**Standard 6.2**

Service Providers recruit people with the required competencies to provide high quality, safe and reliable healthcare.

**Standard 6.3**

Service Providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.

**Standard 6.4**

Service Providers support their workforce in delivering high quality, safe and reliable healthcare.

## Theme 6: Workforce

*The following specifications fall under HIQA National Standards for Safer Better Healthcare*

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### Specification 16: Recruitment

- 16.1** Each Provider must have in place robust plan for recruitment and retention of staff.
- 16.2** Best practice would indicate that all posts are filled following an open competition for the purposes of obtaining the best candidate for the post. As part of the recruitment process the following key aspects need to be fulfilled and documented:
- The persons providing care must have undergone a face to face interview which includes a thorough assessment of the candidate's career history (to include any gaps in employment), credentials.
  - Two written references must be provided, one of which must come from the most recent employer, and is followed up by a telephone call prior to appointment.
  - Verification of identity.
  - Garda Vetting/International Police Clearance Certificate.
  - All staff must furnish a Medical Certificate of Fitness from a registered medical practitioner. Any medical examination of any member of the provider's staff required by the provision of the contract shall be arranged and paid for by the provider.
  - Verification of qualifications and training claimed and ability to communicate effectively in English language.
  - Each employee must have a written job description and written job specification.
  - Work permit if required.
  - The Service Provider must have formal Contract of Employment which includes a probationary period with each of their employees.
  - Driving licence, car tax and car insurance must be provided to the Service Provider if appropriate.
  - Appropriate HR practices and policies are followed during the full course of employment.
- 16.3** Employees must not be assigned to provide paid care to a member of their immediate family.
- 16.4** The Service Provider must ensure that its staff; maintains acceptable levels of personal hygiene and there is an appropriate dress code including footwear in place for all employees. Any motif or badge on a uniform provided must only show the Service Provider's name and / or logo.

## Specification 17: Training and Development

Service Providers should make arrangements for Home Support workers to access the HSE's national online learning and development portal, HSeLanD (<https://www.hseland.ie/>). Home Support staff may access online resources and certification in Safeguarding, Children First, Infection Prevention & Control, Manual Handling & People Handling e-learning theory modules etc.

**17.1 Induction:** The Home Support Worker must receive care skills induction training on commencement of employment and prior to starting their first assignment. The induction training must meet the objectives as laid out in **Appendix 4**. Induction training must be at a minimum of 20 hours including 5 hours practical application of theory in a classroom / skills laboratory setting.

**17.1.1 Shadowing:** A new member of staff must be supervised and shadowed during the first 8 hours of direct Service User contact prior to working alone with Service Users for the first time; ideally this supervision will cover more than one Service User.

**17.2 Qualifications:** The HSE recommended level of qualification for working on HSE contracts is a relevant QQI approved major award at Level 5 or higher. Relevant major awards at QQI Level 5 include:

Code	Level	Title	Type
<a href="#">5M3782</a>	5	Health Service Skills	Major
<a href="#">5M2786</a>	5	Community Care	Major
<a href="#">5M4339</a>	5	Healthcare Support	Major
<a href="#">5M4349</a>	5	Nursing Studies	Major

Or, a qualification equivalent to, or at a higher level than those above. (For further clarification please see **Appendix 5**).

Formal qualifications must include the **following modules** as relevant to the role of Home Care Support Worker, and are listed hereunder;

- Care Skills (mandatory)
- Care of the Older Person (mandatory)

**17.3** The Service Provider must have on file for **all staff working on HSE Contracts** for inspection by Contracting Authority, if required or requested:

**17.3.1** Verified copies of qualifications including statutory requirements (e.g. Manual Handling and People Handling) – see below for additional information on qualifications and experience.

**17.3.2** Certification in Infection Prevention & Control, either as core module of relevant QQI Level 5 Major Award or other certification such as via HSeLanD.

**17.3.3** National Carers Competency Assessment (**Appendix 6**) satisfactorily completed annually - The Assessor must have a qualification higher than QQI Level 5 and suitable experience appropriate for the assessment. **Where Competency Assessment demonstrates that a staff member is currently not skilled / competent to undertake the work of the HSE contract, the Service Provider will not assign this**

**staff member to HSE clients.**

**17.3.4** An up to date training plan (reviewed at least annually but more regularly having regard to competency assessment and legislative requirements) which demonstrates:

- a) Action plan to achieve the full QQI 5 Level Major Award or other relevant (equivalent or higher) award within three years of appointment (new staff).
- b) Action plan to ensure that Home Support Worker maintains competencies & and skills in order to fulfil role in meeting the needs of clients.
- c) Plan to ensure that minimum mandatory training requirements for Home Support Worker are met and updated on an on-going basis.
- d) Record of all successfully completed staff training and development modules.

**17.4** The HSE requires the following **as a minimum** in relation to qualifications and experience in order to work on **this HSE contract**:

**17.4.1 Qualified Existing Home Support Staff**

- Staff with verifiable paid Home Care industry experience of more than 1 year in the last 3 years.
- Hold a recognised qualification at a minimum, including 2 core modules QQI Level 5 Modules as listed at 17.2 above, or a qualification equivalent to, or at a higher level than those listed.
- Hold an up to date Manual Handling and People Handling Certificate including hoist training, and,
- Certification in Infection Prevention & Control, either as core module of relevant QQI Level 5 Major Award or other certification such as via HSeLand.

**17.4.2 New Entrants to Home Care Industry and Staff with < 1yr Experience:**

All new entrants to the Home Care industry & those with less than one year of paid Home Care industry experience in the last 3 years must, **prior to working on this HSE Contract**, have the following **as a minimum**:

- Obtained at a minimum QQI Level 5 qualification in Healthcare Support, to include the 2 core modules as listed at 17.2 above.
- Received appropriate Induction/Shadowing as stated in 17.1 and **Appendix 4**.
- Hold an up to date Manual Handling and People Handling Certificate including hoist training.
- Certification in Infection Prevention & Control, either as core module of relevant QQI Level 5 Major Award or other certification such as via HSeLand, and,
- National Carer Competency Assessment satisfactorily completed and on file (**Appendix 6**) with training plan to address any training needs identified (to be updated annually thereafter).

### 17.4.3 Unqualified Existing Home Support Staff:

All staff with paid Home Care industry experience of more than 1 year in the last 3 years, who do not hold a recognised relevant qualification, must **prior to working on this HSE Contract**, have the following as a minimum;

- Received appropriate Induction/Shadowing as stated in 17.1 and **Appendix 4**
- An up to date Manual Handling and People Handling Certificate including hoist training,
- Certification in Infection Prevention & Control, either as core module of relevant QQI Level 5 Major Award or other certification such as via HSeLand
- Committed to obtaining at a minimum QQI Level 5 Modules - Care Skills, Care of the Older Person, within 11 months of first working on this HSE contract, and,
- National Carer Competency Assessment satisfactorily completed and on file (**Appendix 6**) with training plan to address any training needs identified.

**17.5** Staff must be available to undertake training with HSE Health Care Support Assistants (HCSAs) if deemed necessary in the home of the Service User. This may involve training with members of the MDT teams if specific equipment is required to meet the care needs of the Service User

**17.6** It is recommended that Home Support Staff would have an understanding of person centred dementia care and have attended dementia awareness programmes e.g. Understanding Dementia Home Care Education Programme.

The Service Provider shall ensure that all Home Support Workers who provide care to Service Users with dementia have successfully completed a recognised education programme specific to dementia care.

### Specification 18: Supervision of Staff

**18.1** All new Home Support staff must be supervised on a one to one basis for the first 8 hours of their HSE assignments. Ideally this supervision will cover more than one Service User.

**18.2** Home Support Worker must have access to line managers during out of hours and this must be demonstrated by the Service Provider.

**18.3** Home Support Worker must receive supervision from an appropriate relevant/designated person as required or deemed necessary.

**18.4** Service Providers must have policies and procedures in compliance with statutory regulations and relevant employment legislation.

**18.5** The Service Provider's staff is not permitted any visitors nor allowed to bring anyone else with them to the Service User's home while on duty, with the exception of mentoring / supervisory / management staff from the agency.

**18.6** The Service Provider shall prohibit staff from smoking/vaping in Service Users' homes or consuming alcohol, at any time while on duty and shall not permit any member of staff who is under the influence of alcohol or other state altering substances, or otherwise has diminished capacity to work or attempt to work on behalf of the Contracting Authority.

**18.7** The Service Provider must have contingency plans in place in the event that a worker does not turn up for work in a Service User's home. Contingency arrangements should be agreed and documented in each Service User's Home Support Care Plan to include Service User priority rating and Service Provider emergency contact details.



**Specification 19: Health and Safety**

- 19.1** Health and Safety Policies and Procedures and Safety Statement must be submitted with the Service Provider's Response documentation.
- 19.2** The Service Provider shall ensure that their staff acts in full accordance with the Health and Safety at Work Act 2005 and any other relevant legislation whilst on the Service User's premises or engaged in the provision of the services on behalf of the contracting authority.
- 19.3** The Service Provider shall ensure that there is a current Infection Control Policy in place with appropriate procedures in place for implementation in line with national public health guidance and international guidance. All staff caring for or interacting with Service Users should be trained in the principles of standard precautions (including hand hygiene) and transmission based precautions. COVID-19 Infection Prevention and Control (IPC) Guidance and associated policies and procedures must be in place. Service Providers must ensure that IPC guidance is updated as required in line with public health guidance. Reference: [www.hpsc.ie](http://www.hpsc.ie)
- 19.4** The Service Provider in accordance with relevant legislation, promotes healthy and safe working practices through the provision of information, training, supervision and monitoring staff under the following broad headings which is not exhaustive:
- Infection control including personal protective equipment (PPE) where appropriate
  - Moving and handling
  - Falls prevention
  - Food safety
  - Responsibility for notification to relevant Contracting Authority staff regarding maintenance of equipment and machinery, where relevant.
- 19.5** The Service Provider ensures that all serious and significant events including accidents, injuries, dangerous occurrences and incidents of fire are recorded and are notified to relevant Contracting Authority staff.
- 19.6** The Service Provider must outline the range of personal protective equipment (PPE) they will provide to the Service Provider's staff, in line with HPSC guidance.
- 19.7** Service Providers must ensure that, as far as it is reasonable, working conditions and practices secure the health, safety and welfare of their Home Support Worker whilst at work, including the provision of appropriate PPE.
- 19.8** The attention of Service Users, family members and representatives of Service Users, must be drawn to any potential risk to the Home Support Worker and to their general duty to provide a safe working environment.
- 19.9** Where a Home Support Worker will be required to work in a Service User's home, Service Providers must carry out a Health & Safety Risk Assessment. The Risk Assessment must be discussed with the Home Support Worker before they are required to attend the Service User's home.
- 19.10** Service Provider must have an appropriate Lone Working Policy for Lone Workers.

**Specification 20: Non-Discrimination**

- 20.1** The Service Provider must not discriminate unlawfully against a Home Support Worker, people applying for positions as a Home Support Worker, Service Users, their families or representatives, on the grounds of their age, gender, sexual orientation, disability, marital status, social class, family status, race, religious belief, or membership of the Traveller Community (not an exhaustive list).

## Theme 7

### HIQA National Standards for Safer Better Healthcare

#### *Use of Resources*

##### **Standard 7.1**

Service Providers plan and manage the use of resources to deliver high quality, safe and reliable healthcare efficiently and sustainably.

##### **Standard 7.2**

Service Providers have arrangements in place to achieve best possible quality and safety outcomes for Service Users for the money and resources used.

## Theme 7: Use of Resources

*The following specifications fall under HIQA National Standards for Safer Better Healthcare*

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### **Specification 21: Resources**

- 21.1** Service Providers must ensure HSE funding is used as per the client Home Support Care Plan and is in compliance with the agreed signed Service Agreement.

## Theme 8

### HIQA National Standards for Safer Better Healthcare

#### *Use of information*

##### **Standard 8.1**

Service Providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.

##### **Standard 8.2**

Service Providers have effective arrangements in place for information governance.

##### **Standard 8.3**

Service Providers have effective arrangements for the management of healthcare records.

## Theme 8: Use of Information

*The following specifications fall under HIQA National Standards for Safer Better Healthcare*

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### **Specification 22: Records**

- 22.1** All personal health information must be maintained securely, must be up to date and in good order and must be constructed, maintained and used in accordance with Data Protection Law and Freedom of Information Law and any other relevant legislation, regulatory and/or registration requirements.
- 22.2** Service Providers must have a clear policy on data protection and retention which is in compliance with Data Protection Law. All Home Support Workers must be trained in, familiar with and adhere to these policies.
- 22.3** Personal health information must be maintained for a period of time in compliance with the Service Provider's Policy on Data Protection and Retention and in compliance with Data Protection Law and, in any case, for a minimum period of eight years from the date of last contact with the Service User. At the end of this period, records should be permanently anonymised or securely destroyed.
- 22.4** Service Providers should take reasonable steps to protect the personal health information they hold from misuse and loss and from unauthorised access, modification or disclosure. These measures should be in compliance with Data Protection Law.
- 22.5** Service Providers must ensure that their Policy on Data Protection and Retention includes provision for the transfer of personal health information to another Service Provider and/or to the Contracting Authority in the event of the Service Provider ceasing to provide services under the Framework Agreement for any reason.
- 22.6** A copy of the Home Support Care Plan must be maintained at the Service User's home, updated as required, and must be made available, subject to the informed consent of the Service User, to all health care professionals involved in the Service User's care and to the Contracting Authority.

**Specification 23: Confidentiality**

- 23.1** All staff must treat information given by the Contracting Authority and Service Users or their representatives in confidence, subject to the consent of the Service User and exceptions provided for under Irish law. They must handle information about Service Users in line with Contracting Authority Policy and in accordance with Data Protection Law and the Service Providers written policies and procedures to ensure the best interests of the Service User are maintained.
- 23.2** Confidentiality Policy and Procedures for sharing of information must be made available to all Service Users and representatives.
- 23.3** The Service Provider maintains all the records required for the protection of Service Users and the efficient running of the business in accordance with Specification 17 and in accordance with Irish law.

# APPENDICES

## Appendix 1 – Key Features of Consumer Directed Home Support

A consumer directed approach to Home Support Service delivery is based on empowering people by giving them greater choice and control over their personal care. It is a mechanism of service delivery in addition to existing approaches.

The key features of the approach are

- Client will apply for Home Support and may apply for CDHS, if HSE direct services are not available
- Care Needs Assessment undertaken by HSE
- If Home Support is approved and client is suitable for CDHS approach to service delivery, a monetary value of Home Support per week will be approved with indicative hours of Home Support having regard for complexity of care and subject to HSE value for money controls and the outcome of the pilot project generally
- Client chooses provider from Approved Provider List and makes arrangements for service delivery taking account of HSE clinical requirements
- Care Plan and Schedule of Services finalised in consultation with HSE
- Care delivered
- Provider invoices the HSE through normal processes and supplies evidence of service delivered
- HSE monitors and reviews client
- Client may opt out or CDHS may become unsuitable over time

## Appendix 2 – Policies & Procedures

The following list of policies and procedures in accordance with the Minimum Required Standards should be in place (list not exhaustive):

- Mission Statement outlining ethos of organisation
- Service User's Service Guide
- Confidentiality and Data Protection
- Complaints Process and Management
- Safeguarding Vulnerable Persons at Risk of Abuse
- Protection of Children
- Financial Abuse
- Security of the Home
- Consent
- Autonomy Guidance (HIQA)
- Home Environment Risk Assessment
- Delivery of the Home Support Care Plan
- Dealing with Challenging Behaviour
- Medication Management
- Recruitment Policy to include reference checks, Garda Vetting/Police Clearance, minimum qualifications, copies of Employee Contract & Job Descriptions
- HR Policies to include Grievance and Disciplinary Policies
- Staff Development and Training
- Induction
- Mandatory Training
- Supervision of Staff
- Health and Safety
- Record Keeping
- Quality Controls
- Risk Management
- Incident Management and Open Disclosure
- Managing Service User Private Property/Cash Handling
- Infection Prevention and Control including COVID-19 related Policies & Procedures
- Manual Handling and People Handling
- Lone Worker Policy

## Appendix 3 – Key Performance Indicators – Home Support Authorisation Scheme (Tender 2023)

The HSE will operate **7 Key Performance Indicators (KPIs)** in the contract management of any service arrangements/contracts in respect of Approved Providers appointed to the Authorisation Scheme

The KPIs have been developed with reference to the **Quality Standards** set out in the Home Support Tender Specification included in the Invitation to Tender suite of documents.

Successful Service Providers will be required to complete a self-declaration on a quarterly basis to accompany their monthly invoice submitted to the HSE for payment. The HSE paying authority must sign the declaration and file as part of its payment & quality assurance systems.

**The HSE reserves the right to audit & and quality assure the self-declarations returns at any time.**

The 7 KPIs are as follows:

### 1. Training /Qualifications

This KPI refers to the qualifications standard required by the HSE in relation to the Home Support Worker providing Home Support Services to HSE clients and has two parts.

***New Entrants to Home Care Industry & Staff with < 1yr Experience:***

*All new entrants to the Home Care industry and those with less than one year of paid Home Care industry experience in the last 3 years must, **prior to working on this HSE Contract**, have as a minimum;*

- *Obtained at a minimum QQI Level 5 Modules - Care Skills and Care of the Older Person and certification in Infection Prevention & Control **and***

***Unqualified Existing Home Care Staff:***

*All staff with paid Home Care industry experience of more than 1 year in the last 3 years, who do not hold a recognised relevant qualification, must **prior to working on this HSE Contract**, have as a minimum;*

- *Committed to obtaining at a minimum QQI Level 5 Modules - Care Skills and Care of the Older Person within 11 months of first working on this HSE contract (irrespective of employer) and*

**KPI Detail:** Service Providers must self-declare the % of their staff working on HSE contracts that have successfully completed the 2 modules - Care Skills and Care of the Older Person modules in the required timescales.

- a) % of ***New Entrants to Home Care Industry & Staff with < 1yr experience*** this quarter who have completed the two modules prior to commencement on HSE contract

- Denominator – total number of new entrants employed for first time on HSE contract this quarter
- Numerator – total number of new entrants this quarter who had obtained the required modules prior to commencement on HSE contract
- Calculation - Numerator divided by Denominator multiplied by 100
- Target 100% at any time



b) % of **Unqualified Existing Home Care Staff** who are compliant with commitment on commencement on HSE contract this quarter and have not exceeded timeline of 11 months for obtaining the 2 required QQI modules

- Denominator – total number of unqualified staff employed this quarter on HSE contract who committed to qualification requirement
- Numerator – total number of unqualified staff employed on HSE contract remaining within the terms of their agreement i.e. have not exceeded time commitment (11 months) for qualification requirement
- Calculation - Numerator divided by Denominator multiplied by 100
- Target 100% at any time i.e. all unqualified staff members who committed to 2 modules within 11 months of commencement of employment remain compliant at the end of reporting quarter

Service Provider's records must be available for data validation for 12 months following conclusion of this contract.

## 2. Carer Competency Assessment

This KPI refers to the requirement that all new Home Support Staff providing Home Support Services to HSE Service Users must have a fully completed National Carer Competency Assessment following his/her initial appointment to their role. The Service Provider will carry out the Carer Competency Assessment on all new employees to satisfy the Service Provider and Contracting Authority that the new staff member has the required and necessary skills to deliver care.

**KPI will be as follows:**

**(a) New Staff** - The HSE will require the Service Provider to self-declare the % number of new staff who have completed the National Carer Competency Assessment. This helps the HSE to ensure that Service Providers are recruiting appropriately skilled staff to deliver care as specified.

- Denominator – total number of staff newly recruited this quarter – each episode counted once.
- Numerator – total number of staff with completed Carer Competency Assessment (each episode counted only once) this quarter.
- Calculation - Numerator divided by Denominator multiplied by 100. This will provide % of "staff with completed Carer Competency Assessment" e.g. 0% so insert 100% on template to report % of all newly appointed staff with completed Carer Competency Assessment.
- Target 100% at any time i.e. all newly appointed staff with completed Carer Competency Assessment.

**(b) Existing Staff** - The HSE will require the Service Provider to self-declare the % number of existing staff who have completed an updated National Carer Competency Assessment following each year of complete service. This helps the HSE to ensure that Service Providers are recruiting appropriately skilled staff to deliver care as specified.

- Denominator – total number of existing staff who require an annual Carer Competency Assessment review this quarter – each episode counted once.
- Numerator – total number of existing staff with completed annual Carer Competency Assessment review (each episode counted only once) this quarter.

- Calculation - Numerator divided by Denominator multiplied by 100. This will provide % of “existing staff with completed annual Carer Competency Assessment review” e.g. 0% so insert 100% on template to report % of existing staff with completed annual Carer Competency Assessment review.
- Target 100% at any time i.e. all existing staff with completed annual Carer Competency Assessment review.

### 3. Garda Vetting/Police Clearance

This KPI refers to the requirement that all new Home Support Staff providing Home Support Services to HSE Service Users have completed an up to date Garda Vetting and/or Police Clearance at the time of appointment. The Service Provider will carry out Garda Vetting/Police Clearance on all new employees to satisfy the Service Provider and Contracting Authority that such an appointment does not pose a risk to Service Users and employees.

#### **KPI will be as follows:**

The HSE will require the Service Provider to self-declare the % number of staff who are in possession of an up to date Garda Vetting/Police Clearance. This helps the HSE to ensure that Service Providers are recruiting appropriate staff to deliver care as specified.

- Denominator – total number of staff newly recruited this quarter – each episode counted once.
- Numerator – total number of staff with up to date Garda Vetting/Police Clearance (each episode counted only once) this quarter.
- Calculation - Numerator divided by Denominator multiplied by 100. This will provide % of “Staff with Garda Vetting/Police Clearance” e.g. 2% so insert 98% on template to report % of staff who have Garda Vetting/Police Clearance.
- Target 100% at any time i.e. all newly appointed staff in the quarter with up to date Garda Vetting/Police Clearance.

### 4. Home Support Care Plans – Service Delivery in accordance with Plan – “No Show”

This KPI is a quality assurance measure related to delivery of care in accordance with the clients Home Support Care Plan. The metric for the attendance KPI is ‘NO SHOW’ as follows & is an indicator of reliability and an important quality indicator of service provision:

***No show by provider care staff - as per the quality standards the provider must ensure that the Home Support hours accepted by the provider are delivered as agreed at the specified time.***

#### **KPI will be as follows:**

The HSE will require the provider to self-declare the number of episodes of staff not showing up for an episode of Home Support or showing up late. This helps the HSE to ensure that Providers are delivering care as specified.

- Denominator – total number of episodes of care this quarter – each episode counted once
- Numerator – total number of episodes of staff not showing up for an episode of Home Support or showing up late (each episode counted only once) this quarter
- Calculation - Numerator divided by Denominator multiplied by 100. This will provide % of “No Shows” e.g. 2% so insert 98% on template to report % of clients whose services are delivered on time.

- Target 100% at any time i.e. all episodes of care should be delivered as specified

This KPI must be accompanied with a statement detailing missed calls to include number of incidences, number of associated hours of service and reasons for same.

## 5. Home Support Care Plans – Service Delivery in accordance with Plan – Timely acceptance of work and delivery to Plan

This KPI refers to the Service Provider's acceptance or rejection of offers of work promptly, and to delivery of the required Home Support in line with the client's plan following acceptance of the offer of work. The metric is an indicator of responsiveness and an important quality indicator of service provision:

**KPI will be as follows:**

- a) **Response to Offer of Hours** The HSE will require the Service Provider to self-declare its timely responses to HSE requests and is based on the number of offers responded to (whether accepting or refusing offer of work is not relevant to this KPI) within the time scale determined by the HSE Service Manager. This helps the HSE to ensure that Service Providers accept or reject offers of work in a timely manner so as to enable HSE to arrange care for its clients without undue delays.

Time scale for response following request for Service is determined by the HSE Service Manager.

- Denominator – total number of offers of business this quarter – each client counted once.
- Numerator – total number of offers (each client counted only once), that were responded to (accepted or rejected) within HSE determined timeline this quarter.
- Calculation - Numerator divided by Denominator multiplied by 100.
- Target 100% at any time i.e. all offers of hours should be accepted or rejected within HSE requirements.

- b) **Response time to deliver services when work has been accepted by Provider:** The HSE will require the provider to self-declare its ability to deliver service following acceptance of the work, and is based on the number of offers accepted by the Service Provider that have been delivered within the time scale determined by the HSE Service Manager.

- Denominator – total number of offers of hours accepted this quarter – each client counted once.
- Numerator – total number of offers (each client counted only once) where service was delivered within HSE timeline this quarter.
- Calculation - Numerator divided by Denominator multiplied by 100.
- Target 100% at any time i.e. all offers of hours accepted should be delivered within HSE timelines.

## 6. Complaints Management

This KPI refers to the quality assurance measure related to Service Provider's Complaints Management policies and procedures. The metric is an indicator of responsiveness and an important quality indicator of service provision and compliance with Tendered requirements.

#### KPI will be as follows:

The HSE will require the provider to self-declare the number of episodes of complaints received this quarter, and the number of complaints resolved within 30 days, as set out in the HSE Your Service Your Say - The Management of Service User Feedback for Comments, Compliments and Complaints (2017). This helps the HSE to ensure that Providers are delivering care as specified.

- Denominator – total number of complaints received this quarter – each episode counted once
- Numerator – total number of complaints resolved within 30 days – each episode counted only once, this quarter
- Calculation - Numerator divided by Denominator multiplied by 100. This will provide % of compliance, on template to report % of clients whose complaints were resolved on time.
- Target 100% at any time i.e. all complaints should be resolved on time.

### 7. Quantum of Service Delivered

This KPI refers to the Service Provider's overall capacity to deliver HSE offers of work. The metric is an indicator of responsiveness and an important quality indicator of service provision and compliance with Tendered requirement to deliver capacity across the CHO.

#### KPI will be as follows:

The HSE will require the Service Provider to self-declare its non-acceptance/non-response or refusals of services offered by the HSE, and is based on the number of offers not-accepted/not-responded to or refused by the Service Provider. The KPI only considers offers and refusals as outlined below.

**Records of refusals and non-responses will be also be retained by HSE to validate self-declarations and to support any decision relating to KPIs.**

#### Number of Offers of Services Refused Include;

1. Refusals of offers based on client choice, and,
2. Offers not responded to (where HSE has not advised that service has been allocated to an Approved Provider i.e. no provider responded in timeline), and,
3. Where an offer was accepted but not implemented by Service Provider (due to Service Provider issues i.e. excludes services not implemented for client or HSE reasons e.g. client deceased or admitted to long stay care).

*Each such refusal 1, 2 and 3, will count as 1 refusal.*

- Denominator – total number of offers (new and/or additional) this quarter defined relating to (1) (2) and (3) above.
- Numerator – total number of offers (new and/or additional) this quarter as defined above that were refused.
- Calculation - Numerator divided by Denominator multiplied by 100.
- Target less than 30% of offers in the above categories were refused in the reporting quarter.

**See Reporting Template Page 45**

**Please note:** Key Performance Indicators, in accordance with the required services, have been identified and will be included in the Contract. These will include penalties for non-performance or under-performance in relation to **the Service Specifications**. These penalties will escalate according to the severity of the non-compliance, and include, but not be limited to:

1. Suspension from the agreement for a defined period of time (one / three / six months) for new packages.
2. Removal of existing packages due to non-responsiveness to requests for services under the Tender Framework, failing to meet response times, failure to deliver the required services, duty of care concerns.
3. Termination of the Agreement.

Reporting Template – SELF-DECLARATION BY PROVIDER - QUARTERLY				
KEY PERFORMANCE INDICATORS - Home Support Tender 2023				
Company:			Quarter Under Review	
Total Hours Delivered & Invoiced this quarter			No. of Clients	
			No. of Client Attendances	
Metric	Measure	Target %	Performance % Compliance	Commentary
<b>1(a) Training</b> (QQI Level 5 - 2 Modules)  New Entrants to Home Care Industry % Staff with < 1yr experience: All new entrants to the Home Care industry & those with less than one year of paid Home Care industry experience in the last 3 years must, prior to working on this HSE Contract, have as a minimum; <b>• Obtained at a minimum QQI Level 5 Modules- Care Skills and Care of the Older Person</b>	Quality	100%		<i>a) Providers must self-declare the % of their "new entrant" staff working on HSE contracts that have successfully completed the 2 modules - Care Skills &amp; Care of the Older Person modules before taking up duty.</i>
<b>1(b) Training</b> (QQI Level 5 - 2 Modules)  Unqualified Existing Home Care Staff -: All staff with paid Home Care industry experience of more than 1 year in the last 3 years, who do not hold a recognised relevant qualification, must prior to working on this HSE Contract, have as a minimum; <b>• Committed to obtaining at a minimum QQI Level 5 Modules - Care Skills and Care of the Older Person within 11 months of first working on this HSE contract</b>	Quality	100%		<i>b) % of Unqualified Existing Home Care Staff who are compliant with commitment on commencement on HSE contract this quarter and have not exceeded timeline of 11 months for obtaining the 2 required QQI modules</i>
<b>2(a) Carer Competency Assessment – <u>Newly recruited staff</u></b> with completed National Carer Competency Assessment	Quality	100%		<i>Provider recorded 100% of newly recruited staff in the reporting period had completed the National Carer Competency Assessment</i>
<b>2(b) Carer Competency Assessment – <u>Existing staff with updated</u></b> National Carer Competency Assessment (annually)	Quality	100%		<i>Provider recorded 100% of existing staff in the reporting period had completed an annual review</i>

<b>3. Garda Vetting/Police Clearance</b> - Newly recruited staff with completed up to date Garda Vetting / Police Clearance at time of Appointment	Quality	100%		<i>Provider recorded 100% of newly recruited staff in the reporting period had completed Garda Vetting/Police Clearance.</i>
<b>4. Care Plans</b> – Service Delivery in accordance with Plan “ <b>No Show</b> ” — Care delivered on time	Quality	100%		<i>Provider recorded 2% of planned Client Attendances that were “no show” so 98% were on time.</i>
<b>5. Care Plans</b> – Service Delivery in accordance with Plan – Timely acceptance of work and delivery to Care Plan  <b>(a) Response Time to Offer of Hours.</b> Time scale for <u>response following request</u> for Service is determined by the HSE Service Manager.	Quality	100%		<i>Provider responded outside of the specified time from HSE Service Manager (turnaround to a request for service) 5% of the time.</i>
<b>(b) Response time</b> to <u>deliver services</u> when hours have been accepted by Service Provider	Quality	100%		<i>Provider responded outside of the specified time from HSE Service Manager (turnaround to a request for service) 5% of the time.</i>
<b>6. Complaints Management</b> – Number of complaints received and resolved	Quality	100%		<i>Provider resolved complaints received within 30 days of receipt.</i>
<b>7. Quantum of Services Delivered</b> - Number of Offers of Home Support not accepted / refused or not responded to.	Service Capacity	<30% refusal rate		
<b>Commentary :</b>				
<b>Declaration</b>				
<b>Provider</b>				
<b>Signature</b>				
<b>HSE Home Support Service Manager Sign Off</b>				
<b>Date</b>				



## Appendix 4 – Induction Training

### Introduction

- Home Support Worker must receive induction training on commencement of employment and prior to starting any care assignment. Induction training must be at a minimum of 20 hours including 5 hours practical application of theory in a classroom/skills laboratory setting.
- Trainers should have access to appropriate equipment to support the training. Home Support Worker must be trained in the areas set out below and should have their Patient Moving and Handling Certificate prior to commencing their first assignment within Home Care Support.
- Prior to working alone with Service Users for the first time, a new member of staff must be supervised and shadowed during the first 8 hours of direct client contact. Ideally this supervision will cover more than one client.

**On completion of the Induction Programme, it is anticipated that the Home Support Worker will achieve the following objectives:**

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- Understand the role and associated duties of a Home Support Worker.
- Be aware of reporting structures, to include out of hours arrangements.
- Develop an understanding of the standard of care that the Home Support Worker should provide to clients in their care.
- Be aware of the aims, objectives and values of the service in which the Home Support Worker is employed within.
- Identify and be aware of the risks they may be exposed to working within clients' homes.
- Be aware of how to keep records up to date, complete, accurate and legible.
- Understand why it is important to work in partnership with carers, families, advocates and *others* who are significant to an *individual*.
- Be aware of how and whom to report to if they become aware that agreed procedures have not been followed.
- Know how to establish an individual's communication and language needs, wishes and preferences.
- Understand a range of *communication methods* and styles that could help meet an individual's communication needs, wishes and preferences.
- Understand what confidentiality means in their work role.
- Be aware of ways to maintain confidentiality in day to day communication.
- Be aware of situations where information normally considered to be confidential, might need to be passed on.
- Explain how duty of care contributes to the safeguarding or protection of individuals
- Be aware of Incident Reporting and Open Disclosure policies and procedures
- Be aware of any existing comments and complaints procedures in accordance with agreed ways of working.





- Know how to recognise and report adverse events, incidents, errors and near misses that are likely to affect the wellbeing of *individuals*.
- Know the actions they must take and who to contact if they suspect an individual is being harmed or abused.
- Understand how to put person-centred values into practice in their day to day work.
- Understand how to promote dignity in their day to day work with the individuals they support.
- Know why it is important to assess health and safety risks posed by the work setting/situation or by particular activities.
- Understand how and when to report health and safety risks that they have identified.
- Understand the principles of effective hand hygiene.
- Understand ways in which their own health or hygiene might pose a risk to the individuals they support, or to other people at work.
- Be aware of common types of personal protective equipment and procedures and how and when to use them.
- Understand the importance of food safety, including hygiene, in the preparation and handling of food.
- Understand importance of good nutrition and hydration in maintaining wellbeing.
- Have the necessary knowledge and skills to attend to a person's care needs, to include attending to their personal hygiene needs, toileting and mobility requirements.

## Content of Individual Sessions

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### Principles of Care (10 hours)

Introduction to the role of the Home Support Worker, policies and procedures, code of conduct, key duties and responsibilities, confidentiality, person centred care, advocacy, client rights, and elder abuse, communication, dementia.

### Skills Laboratory (5 hours)

Personal hygiene, toileting, nutrition, medication management, food hygiene, infection control.

### Application of Practical Skills (5 hours)

#### Teaching Methods:

Lectures, discussions, seminars, presentations.



## Appendix 5 – Alternative Relevant Qualifications

Staff members who have completed a primary degree in *Allied Therapy* disciplines such as nursing, physiotherapy, occupational therapy, speech and language and podiatry are not required to obtain the QQI Level 5 Award.

In the case of General Nursing primary degree students, who have completed Year 1 of BSc. General Nursing, may be recruited as Home Support Workers, subject to confirmation from the individuals' University that Year 1 of the undergraduate degree programme has been successfully completed.

Staff members with *Social Work / Social Studies* degrees must undertake "Care Skills" & "Care of Older Persons" modules if they are not covered by their degree but they are not expected to complete 8 modules to obtain the QQI Level 5 Award.

However if statutory mandatory training required in the Tender is not covered in their degree courses (Allied Therapy disciplines or Social Work / Social Studies) the successful Approved Provider must ensure that these staff complete the required training.

The HSE will recognise healthcare qualifications from outside of Ireland that are relevant to Home Care provided they have comparable modules of an equivalent standard.

## National Carer Competency Assessment

### Candidate Details

**Candidate's Name & Address:**

**Organisation/Company's Name:**

**Care Assessor:** *(Print Name & Sign)*

**Clinical Assessor:** *(Print Name & Sign)*

**Date Assessment Completed:**

Please insert a tick (✓) in the text box when each skill is observed. Insert Yes or No in Column 2 if observed task was/was not to required standard. If not to required standard insert actions required in Assessors Comments section.  
Care Assessor must have suitable training and appropriate qualifications to assess candidates.

### 1. Skills Assessment - Client Safety

Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
Recognising a change or deterioration of client and report accordingly				
Moving and handling including hoist positioning, bed care				
Falls prevention including mobility aids				
Health & Safety including hazards & awareness of personal and client safety				
Personal & Environmental Infection Prevention & Control to include PPE, hand washing, priority cleaning and disposal of bodily fluids				
Safeguarding of vulnerable adults				
Reporting risks and serious reportable events as they arise to the organisations agreed pathways				
Reporting concerns and complaints raised to relevant supervisors				

### 2. Skills Assessment - Communications

Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
Feedback on the agreed Care Plan				
Record keeping which meets local and national policies				
Appropriate communication with clients and relatives and in challenging situations				
Maintaining confidentiality and data protection				

Assisting client to understand and access their Home Care File				
Promotes empowerment, advocacy and independence				
Obtaining client consent in accordance with the HSE National Consent Policy				
Communication methods: effective interpersonal skills, courteous, appropriate, respects and maintains confidentiality				
<b>3. Skills Assessment – Effective Team Member</b>				
<b>Demonstrated Carer Ability</b>	<b>Pass Yes/No</b>	<b>Assessors Comments if Required</b>	<b>Assessors Signature</b>	<b>Date Observed</b>
Adheres by individualised client Care Plan and works within the parameters of plan				
Being accountable for your actions				
Ensuring equality and diversity				
Understanding the importance of continuity of care for clients				
Professional behaviours e.g. treating all clients, co-workers, other team members with respect and dignity				
Timely liaison with other team members, supervisor, line manager				
<b>4. Skills Assessment – Personal Hygiene</b>				
<b>Demonstrated Carer Ability</b>	<b>Pass Yes/No</b>	<b>Assessors Comments if Required</b>	<b>Assessors Signature</b>	<b>Date Observed</b>
Assisting with all personal care				
Providing oral hygiene including teeth/denture care				
Care of hair, nails and feet (not cutting of toe nails)				
Assisting with dressing and undressing				
<b>5. Skills Assessment – Promoting Continence</b>				
<b>Demonstrated Carer Ability</b>	<b>Pass Yes/No</b>	<b>Assessors Comments if Required</b>	<b>Assessors Signature</b>	<b>Date Observed</b>
- Assist Clients to the toilet				
- Managing incontinence and appropriate continence wear				
- Promoting Continence				
Use of a commode				
Catheter care if required				
Emptying urinary devices				
<b>6. Skills Assessment - Nutrition</b>				
<b>Demonstrated Carer Ability</b>	<b>Pass Yes/No</b>	<b>Assessors Comments if Required</b>	<b>Assessors Signature</b>	<b>Date Observed</b>
Assist with eating and drinking per agreed Care Plan				
Promote choice				

Promote independence				
Record food and fluid input/output if required by the agreed Care Plan				
Knowledge of food hygiene / preparation and food storage				
<b>7. Skills Assessment - Social, Emotional &amp; Cultural Care</b>				
<b>Demonstrated Carer Ability</b>	<b>Pass Yes/No</b>	<b>Assessors Comments if Required</b>	<b>Assessors Signature</b>	<b>Date Observed</b>
Awareness of social, emotional, spiritual and cultural wellbeing				
Awareness and sensitivity to individual choice				
<b>8. Skills Assessment - General Professional Ethos</b>				
<b>Demonstrated Carer Ability</b>	<b>Pass Yes/No</b>	<b>Assessors Comments if Required</b>	<b>Assessors Signature</b>	<b>Date Observed</b>
Understanding relationships with other disciplines				
Understanding relationship with Supervisor				
Understanding relationships with colleagues				
Understanding relationship with clients				
Understanding relationship with client supportive persons				
Understanding <del>their</del> role as a carer				
Knowledge of company policies and procedures				
<b>9. Skills Assessment - Pressure Area Care</b>				
<b>Demonstrated Carer Ability</b>	<b>Pass Yes/No</b>	<b>Assessors Comments if Required</b>	<b>Assessors Signature</b>	<b>Date Observed</b>
Inspection of pressure points and alert if required				
Knowledge of different grades of pressure ulcers				
- Pressure ulcer prevention - Awareness of position change - Provision of safe skin care				
Catheter and Stoma Care				
Appropriate use of equipment/ Reporting of faulty equipment to relevant person / line manager				

## Appendix 7 - Guiding Principles of the Assisted Decision Making (Capacity) Act 2015 <sup>3</sup>

**Electronic Irish Statute Book** - Source Location - <https://www.irishstatutebook.ie/eli/2015/act/64/section/8/enacted/en/html>

### Guiding principles

8. (1) The principles set out in *subsections (2) to (10)* shall apply for the purposes of an intervention in respect of a relevant person, and the intervener shall give effect to those principles accordingly.
- (2) It shall be presumed that a relevant person who falls within *paragraph (a)* of the definition of “relevant person” in *section 2(1)* has capacity in respect of the matter concerned unless the contrary is shown in accordance with the provisions of this Act.
- (3) A relevant person who falls within *paragraph (a)* of the definition of “relevant person” in *section 2 (1)* shall not be considered as unable to make a decision in respect of the matter concerned unless all practicable steps have been taken, without success, to help him or her to do so.
- (4) A relevant person who falls within *paragraph (a)* of the definition of “relevant person” in *section 2 (1)* shall not be considered as unable to make a decision in respect of the matter concerned merely by reason of making, having made, or being likely to make, an unwise decision.
- (5) There shall be no intervention in respect of a relevant person unless it is necessary to do so having regard to the individual circumstances of the relevant person.
- (6) An intervention in respect of a relevant person shall—
  - (a) be made in a manner that minimises—
    - (i) the restriction of the relevant person’s rights, and
    - (ii) the restriction of the relevant person’s freedom of action,

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<sup>3</sup> Irish Statute Book, electronic Irish Statute Book website, accessed 26<sup>th</sup> July, 2023

- (b) have due regard to the need to respect the right of the relevant person to dignity, bodily integrity, privacy, autonomy and control over his or her financial affairs and property,
  - (c) be proportionate to the significance and urgency of the matter the subject of the intervention, and
  - (d) be as limited in duration in so far as is practicable after taking into account the particular circumstances of the matter the subject of the intervention.
- (7) The intervener, in making an intervention in respect of a relevant person, shall—
- (a) permit, encourage and facilitate, in so far as is practicable, the relevant person to participate, or to improve his or her ability to participate, as fully as possible, in the intervention,
  - (b) give effect, in so far as is practicable, to the past and present will and preferences of the relevant person, in so far as that will and those preferences are reasonably ascertainable,
  - (c) take into account—
    - (i) the beliefs and values of the relevant person (in particular those expressed in writing), in so far as those beliefs and values are reasonably ascertainable, and
    - (ii) any other factors which the relevant person would be likely to consider if he or she were able to do so, in so far as those other factors are reasonably ascertainable,
  - (d) unless the intervener reasonably considers that it is not appropriate or practicable to do so, consider the views of—
    - (i) any person named by the relevant person as a person to be consulted on the matter concerned or any similar matter, and
    - (ii) any decision-making assistant, co-decision-maker, decision-making representative or attorney for the relevant person,
  - (e) act at all times in good faith and for the benefit of the relevant person, and
  - (f) consider all other circumstances of which he or she is aware and which it would be reasonable to regard as relevant.

- (8) The intervener, in making an intervention in respect of a relevant person, may consider the views of—
  - (a) any person engaged in caring for the relevant person,
  - (b) any person who has a bona fide interest in the welfare of the relevant person, or
  - (c) healthcare professionals.
- (9) In the case of an intervention in respect of a person who lacks capacity, regard shall be had to—
  - (a) the likelihood of the recovery of the relevant person's capacity in respect of the matter concerned, and
  - (b) the urgency of making the intervention prior to such recovery.
- (10) The intervener, in making an intervention in respect of a relevant person—
  - (a) shall not attempt to obtain relevant information that is not reasonably required for making a relevant decision,
  - (b) shall not use relevant information for a purpose other than in relation to a relevant decision, and
  - (c) shall take reasonable steps to ensure that relevant information—
    - (i) is kept secure from unauthorised access, use or disclosure, and
    - (ii) is safely disposed of when he or she believes it is no longer required.

Sage Advocacy<sup>4</sup> has a Quick Reference Guide to the Guiding Principles of ADM (Capacity) Act on their website at the following location:

[https://www.sageadvocacy.ie/media/1470/guiding-principles-easy-reference\\_14012019.pdf](https://www.sageadvocacy.ie/media/1470/guiding-principles-easy-reference_14012019.pdf)

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<sup>4</sup> Sage Advocacy, Sage Advocacy Website, accessed 26<sup>th</sup> of July, 2023