



**Home Support
Services**

Services for Older People Authorisation Scheme Service Specifications

The Home Support Authorisation Scheme Service Specifications have been developed to meet current service requirements and may be subject to minor amendment should the need arise.

This document should be read in conjunction with the Standard Operating Procedures for the Home Support Authorisation Scheme Services for Older People [Version 4].

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Summary of Updates to Service Specifications – Version 1, August 2023 and Version 2, September 2025

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.

Summary of Updates	
Service Specification	Updates to Tender Service Specifications (V1-2023, V2.3 2025)
Within “Glossary” Section	Addition of definitions relating to Evidence, interRAI, Home Support, Activities of Daily Living, Instrumental Activities of Daily Living, Health and Social Care Professional, Home Support Needs Assessment, and Certified Copy. Removal of the definition of Authorised Officer as the role of the Authorised Officer is defined by their function as opposed to a singular Authorised Officer within the HSE.
Specification 1.3: Principles in Service Delivery	Addition of <i>“The Service Provider will ensure that all Staff and Service Users are aware of the need for mutual respect.”</i>
Specification 3.2: Communication	Addition of <i>“and in accordance with the requirements of the Irish Language Act 2003.”</i>
Specification 4.4: Complaints	Addition of <i>“If appropriate Service users should be provided with contact details of advocacy services to help them make a complaint and support them through the process.”</i>
Specification 7.1: Home Support Care Plan	Addition of <i>“or in the event of risk not being addressed, it may not be feasible to deliver home support.”</i>
Specification 8.1: Policies and Procedures	Addition of <i>“The HSE expects a policy to be dated, signed, have a named policy owner, monitored and reviewed every two years or sooner as required.”</i> Amendment of <i>“reviewed every two years or sooner as required”</i> to <i>“reviewed every three years or sooner as required.”</i>
Specification 10.1: Safeguarding and Protection of Service User	Addition of <i>“harm and discriminatory abuse such as ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment, while receiving care.”</i>
Specification 10.3: Safeguarding and Protection of Service User	Update to section 10.3

Specification 10.4: Safeguarding and Protection of Service User	Addition of <i>“Open Disclosure Training programmes.”</i>
Specification 10.4: Safeguarding and Protection of Service User	Amendment of <i>“Patient Safety Incidents Bill 2019”</i> to <i>“Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 (the Patient Safety Act).”</i>
Specification 11.3: Security of the Home	Addition of <i>“The ID card should be on their person at all times and should be used to identify themselves when meeting the Service User.”</i>
Specification 14.1: Governance and Accountability	Addition of <i>“Clinical governance oversight ensures that Health Care Assistants are sufficiently competent to deliver high quality, safe care and support to Service Users to whom they are assigned. It encompasses assurance that the National Clinical Care Assessment is completed annually, that induction is undertaken and that training plans are in place for Health Care Assistant Staff.”</i> Update to recruitment requirements for person providing clinical governance now includes updates to the sourcing of employment references and copies of driver licences.
Specification 14.2: Governance and Accountability	Update to recruitment requirements for the named person responsible for the day to day management (Service Manager) who will liaise with the HSE.
Specification 15: Financial Procedures	Update to Financial Procedures.
Specification 16: Recruitment	Update to the processes for recruitment and retention of staff.
Specification 17.3.3 Training and Development	Amendment of <i>“Commit to complete QQI level 5 Major Award qualification in Healthcare Support within 2 years to include the 2 core modules (as listed at 17.2 above) within 2 years. The 2 core modules must be completed within the first 11 months of first working on this HSE contract”</i> to <i>“Be currently undertaking a relevant QQI level 5 Major Award qualification in Healthcare Support with a commitment to complete within 2 years of taking up post, to include the 2 core modules (QQI Level 5 Major Award Modules as listed at 17.2 above). The 2 core modules must be completed within the first 11 months of first working on this HSE contract”</i>
Specification 18.1: Supervision of Staff	Amendment of <i>All new Home Support staff must be supervised on a one to one basis for the first 5 hours of their HSE assignments. Ideally this supervision will cover more than one Service User. This may form part of the Induction Training”</i> to <i>“All new Home Support staff must be supervised on a one to one basis for the first 8 hours of their HSE</i>

	<i>assignments. Ideally this supervision will cover more than one Service User."</i>
Specification 18.3: Supervision of Staff	Amendment from <i>"Home Support Worker must receive supervision from an appropriate relevant/designated person as required or deemed necessary."</i> to <i>"Home Support Worker must receive regular supervision from an appropriate relevant/designated person."</i> Addition of <i>"who is employed as a Supervisor and/or recognised as a Supervisor. The Supervisor must have relevant experience and/or qualification. Frequency of supervision is relevant to the experience, service user profile and training of the staff member."</i>
Specification 19.4 Health and Safety	Addition of Fire Safety Awareness Training and Manual Handling and People Handling
Appendix 2:	Additional Policies and Procedures added: • Provision of Personal Care • Communication
Appendix 3 – Key Performance Indicators	Update in line with the 'Services for Older People Authorisation Scheme Standard Operating Procedures (Home Support)' (V4-2025). Removal of KPI 3.2 (c) in this Service Specification, KPI 2.3.1(c) in SOP V4.
Appendix 4 – Induction Training	Additional requirements in relation to the Assisted Decision Making (Capacity) Act 2015. Amendment of <i>"Prior to working alone with Service Users for the first time, a new member of staff must be supervised and shadowed during the first 5 hours of direct Service User contact. Ideally this supervision will cover more than one Service User. This may form part of the Induction Training"</i> to <i>"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 Service User contact. Ideally this supervision will cover more than one Service User"</i> Removal of service user detail in the Application of Practical Skills section. Addition of <i>"Have the necessary knowledge and skills to assist service users with the activities of daily living (ADLs) and instrumental activities of daily living (IADLs)"</i>
Appendix 6 – National Carer Competency Assessment	Removal of Clinical Assessor and Care Assessor. Addition of "Assessor". Addition of <i>"Higher than QQI Level 5"</i> and

	Addition of "Awareness of skin integrity with respect to continence wear."
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Glossary of Terms

For the purposes of these Service Specifications, the term 'Authorisation Scheme', refers to the Older Persons Home Support Authorisation Scheme.

Glossary of Terms	
Abuse	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.
Activities of Daily Living (ADL)	ADL means the essential tasks involved in caring for oneself. They include, but are not limited to, mobility, personal hygiene, nutrition, hydration, and toileting and incontinence management.
Certified Copy	A certified copy is a copy (often a photocopy) of a primary document that has on it an endorsement or certificate that it is a true copy of the primary document.
Common Summary Assessment Report	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.
Consumer Directed Home Support (CDHS)	Consumer Directed Home Support (CDHS) relates to an approach to service delivery where the Service User 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 Home Support 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 Service User and provider.
Data Protection Law	The Data Protection Act, where applicable, as amended from time to time and any regulations or enactments thereunder, together with any guidelines issued by the Data Protection Commissioner, any relevant EU regulations, directives, decisions or guidelines on data protection or data privacy.

Evidence	Evidence refers to the facts, information or documents that support the truth of a statement or belief. For the purposes of the Older Persons Home Support Authorisation Scheme, this evidence may be in hard or soft copy.
Freedom of Information Law	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.
Health and Social Care Professional	A health or social care profession is any profession in which a person exercises skill or judgment relating to any of the following health or social care activities:(a) the preservation or improvement of the health or wellbeing of others;(b) the diagnosis, treatment or care of those who are injured, sick, disabled or infirm;(c) the resolution, through guidance, counselling or otherwise, of personal, social or psychological problems;(d) the care of those in need of protection, guidance or support (Health and Social Care Professionals Act 2005). The term “health and social care professional” relates to a registered clinically qualified person such as a Doctor, Nurse, Occupational Therapist and Physiotherapist.
Home Support Care Plan	Plan developed between the Service User/family/informal carers and the delegated officer of the HSE to provide appropriate Home Support Services based on the Home Support Needs Assessment. It includes formal/informal care provision for deficits in the Service Users’ 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 or Personal Support Plan.
Home Support Needs Assessment	Identifies a Service Users dependencies and Home Support Service needs in order to ensure that appropriate care is provided in an appropriate setting. This assessment will be carried out by appropriate HSE healthcare professionals.
Home Support Service	Means providing in the home, a service with an enabling approach, (i) personal care and/or (ii) assistance to an adult who by reason of illness, frailty or disability is in need of such care and assistance. (Ref Draft National Standards for Home Support Services Nov 2024)
Home Support Service for Older People	The term <i>Home Support Service for Older People</i> encompasses personal care services and essential household tasks related to the Service Users’ assessed needs, which are 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 Home Support Service for Older People. These requirements also relate to Home Support Services provided as part of Complex Home Support formerly known as Intensive Home Care Support Package, funded separately by the HSE.
Home Care Package Manager/Home	The HSE staff member responsible for arranging the Home Support Needs Assessment, developing and coordinating the Service Users’ Home Support Care Plan and for monitoring its progress and for staying

Support Resource Manager	in regular contact with the Service User and/or their representatives and all other relevant stakeholders. As the HSE streamlines its Home Support Service, the titles of such staff may be amended.
Home Support Worker	A person who works for the Service Provider which provides Home Support Services to people who live at home.
Instrumental Activities of Daily Living (IADL)	IADL means the tasks related to independent living in the community and includes but is not limited to preparing meals, shopping, housework, using a telephone, and medication support.
interRAI	interRAI is the trademark name for an international suite of clinical care needs assessments that inform clinical and service decision-making and care planning. The interRAI Home Care assessment is an in-depth assessment focused on supporting people at home and has been selected by the HSE as the comprehensive needs assessment tool to be implemented for Home Support Services.
Medication Support	Medication Support means assistance provided by the home support worker that relates to the medication needs of the service user.
Personal care	Personal care means (a) supporting a person with the activities of daily living (ADLs) and instrumental activities of daily living (IADLs) and / or (b) the prompting or supervision of these activities where a person is unable to perform them effectively without such prompting or supervision.
Policy	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. The HSE expects a policy to be dated, signed, have a named policy owner, reviewed every three years or sooner as required.
Procedure	The steps taken to fulfil a policy.
Representative	A person/nominated contact acting on behalf of a Service User, who may be a relative or a friend, or a person where a formal decision support arrangement is in place under the Assisted Decision Making Capacity Act (Amended) 2022.
Respite Service	Services provided to support older persons at home and to support the family carer.
Risk	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.
Service Provider	The entity providing and managing the provision of Home Support Services on a daily basis and is an approved HSE Home Support Provider under the Services for Older People Home Support Authorisation Scheme.

Service User	Person who is receiving the Home Support Service.
Service Users' Service Guide	Sets out the Service Provider's aims and objectives and the range of services it offers.

Introduction

The Health Information and Quality Authority (HIQA) introduced the National Standards for Safer Better Healthcare in June 2012, (updated in 2024). ¹

The Standards apply to all health care Service Providers, which includes healthcare 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*”. These Standards have been applied to the HSE Services for Older People Home Support, Authorisation Scheme Service Specification.

To assist organisations, the Authorisation Scheme Service Specifications have been arranged under the general themes of the National Standards for Safer Better Healthcare.

This, Version 2.3 (V2.3-2025) of the Authorisation Scheme Service Specification, will apply from September 2025 and supersedes previous versions, as of that date. Each Home Support Approved Provider appointed to the Authorisation Scheme is required to meet these Service Specifications. The HSE reserves the right to audit compliance with these Service Specifications.

Throughout this document the HSE is recognised as the Contracting Authority for Home Support Services for Approved Providers under the Authorisation Scheme

Within this revised edition of the Authorisation Scheme Service Specifications, there have been a number of edits to previous versions, mainly relating to the following:

- Principles in Service Delivery
- Communication
- Complaints
- Consent
- Home Support Care Plan
- Policies and Procedures
- Safeguarding and Protection of Service User
- Security of the Home
- Governance and Accountability
- Financial Procedures
- Recruitment
- Training and Development
- Supervision of Staff
- Key Performance Indicators

Attention is drawn to these edits/changes to ensure full compliance. Changes are referenced in the **Summary of Updates** table at the beginning of this document. 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.

¹ Health Information and Quality Authority, National Standards for Safer Better Healthcare, June 2012, (updated in 2024).

Home Support Reform Programme

The Department of Health is currently progressing a regulatory framework and licencing system for Home Support Providers. All Providers of Home Support will be required to be compliant with this legal framework and have a licence to provide Home Support Services from the date of enactment/commencement.

All Home Care/Home Support Service Providers will be subject to compliance with any relevant Legislation enacted and associated Regulations/Standards. Changes to the provision of HSS and associated funding provided may result from the implementation of any new policy and/or Legislation as may be decided by the Department of Health and Government generally. Consequently, the Services for Older People Home Support Authorisation Scheme Service Arrangements are subject to any superseding Legislation and/or Regulation that may impact on Home Support Services in Ireland, (save where the Service Arrangements imposes a higher standard, obligation or minimum terms on the Provider, and in such case that higher standard obligation or minimum terms set out in the Arrangement will continue to apply), even where this arises in the course of the duration of the Service Arrangements.

A programme of work is underway for the design and development of a 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 Home Support Services are provided to adults aged over-18. HIQA are also developing for publication the National Standards for Home Support Services. In tandem, and as part of its 'Reform of Home Support Services and Establishment of Statutory Home Support Scheme Programme', the HSE is in the process of developing a future model of Home Support Services delivery to adults aged over-18. This new operating model will see all HSE Home Support Services amalgamate under a single, standardised national system. Accordingly, any procedures relating to Home Support Services may be amended, or added to, over time.

Themes for Quality and Safety



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

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 HSE.

The provision of person centred care is fundamental to the ethos of the Service Provider.

- 1.1. The views, values, will and preference 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.
- 1.2. Service Users receive care based on their assessed needs, 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).
- 1.3. The Service Provider will ensure that all staff and Service Users are aware of the need for mutual respect.
- 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

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

- 2.1 A Service Users' Service Guide setting out its aims and objectives, the range of services it offers, the Service Users it provides services to, contact details of the 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 their 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 Service User and the HSE are met and that it is able to cover all staff planned and 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 assigned where requested and in accordance with the requirements of the Irish Language Act 2003. Where possible, efforts should be made to facilitate Service Users 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 which includes the Service Providers' process for appeals.
- 4.4** If appropriate, Service Users should be provided with contact details of advocacy services to help them make a complaint and support them through the process.
- 4.5** Service Users must be informed of the HSE's policy, 'Your Service Your Say.'
- 4.6** All complaints received, must be managed, documented and retained in a complaints log by the Service Provider for inspection by the HSE. The Service Provider shall have a system in place to analyse and identify any patterns of complaints.
- 4.7** Complaints which pose a risk to the wellbeing of the Service User or the HSE must be reported immediately to the HSE nominated point of contact 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 their representative(s), acting on the authority of the Service User ("their representative(s)"), indicate that the Service User 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 HSE National Consent Policy and any guidance issued by professional regulatory bodies, the policy will now be required to be amended to the following;

- a) The change in the law brought about when the Assisted Decision-Making (Capacity) Act 2015 (as amended) / the Assisted Decision Making (Capacity) (Amendment) Act 2022 and
- b) The Codes of Practice issued by the Decision Support Service.

An updated policy will be required to be furnished to the HSE 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 Users' 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 the Service User and/or their representative(s), can understand in order to ensure, insofar as possible, that the Service User and/or their representative(s), has sufficient time to consider the information given and to weigh up their 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 HSE 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 HSE, with the exception of emergency circumstances.
- 5.4** Where written consent is required, forms are kept and maintained within individual case records.
- 5.5** Please refer to Assisted Decision Making (Capacity) Act 2015 and the Assisted Decision Making (Capacity) (Amendment) Act 2022, 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.

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 Users' 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 Users' 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

Specification 6: Care Needs Assessment

- 6.1** The Home Support Needs Assessment will be completed by the HSE 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' Home Support Needs Assessment undertaken by the HSE.
- 6.2** Provision and access to HSE funded services will be determined by decision of the HSE only, in line with available resources.
- 6.3** The relevant HSE health professional will initiate a Home Support 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 Home Support Needs Assessment.
- 6.5** A Home Support Needs Assessment for services will be undertaken by health and social care professionals as determined by the HSE.
- 6.6** Pending completion of the rollout and implementation of interRAI as the Standard National Home Support Needs Assessment Tool in their area, the HSE staff will continue to use existing assessment tools such as the Common Summary Assessment Report (CSAR) to contribute to the completion of the Home Support 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 / Personal Support Plan.*

- 7.1** The Home Support Care Plan will be developed by the HSE in consultation with the Service User and where appropriate with their family/representative and based on the delivery requirements of the HSE. Where a Service User 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. In the event of risk not being addressed, it may not be feasible to deliver home support.
 - The Home Support Care Plan and Schedule of Services are provided to the Service User and Service Provider, and a copy is accessible in the Service Users' home. Where services are not required to be time specific the provider and Service User (and/or representative) will agree on times of attendance tailored to the Service Users' needs and preferences. Based on the Home Support Care Plan and Schedule of Services, Service delivery must be supported by clear evidence that documents a record of arrival and departure times for each service user call. A copy of the Service Provider's Record of Service Delivery shall

be accessible in the Service Users' 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 and Procedures for the Standardised Implementation of 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 HSE reserves the right to review a Service User 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 the sole discretion of the HSE. If the Service Provider or any individual Home Support Worker is of the view that a Service User requires an alteration to their schedule of service, they must solely bring this to the attention of the HSE 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 HSE health professional who will arrange a review as per the Home Support Services Guidelines, detail of which can be found at the following link;
<https://www.hse.ie/eng/services/list/4/olderpeople/service-arrangement-documents.html>
- 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 HSE, as part of the contract.
- 7.6** The Service Provider must provide clear contact details, to enable the Service User and/or their family to make contact with the Service Provider in the event of the Home Support Worker not attending 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 current, dated, signed, reviewed and monitored as part of the quality assurance process. See Appendix 2 for list of policies. The HSE expects a policy to be dated, signed, have a named policy owner, monitored and reviewed every three years or sooner as required.
- 8.2** The Service Provider must ensure that staff are trained and are familiar with current policies, procedures and codes of practice. In addition, Service Users and/or their representative to be provided with access to relevant information on the policies and procedures as appropriate.
- 8.3** The HSE 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 the services specified in the Home Support Care Plans of individual Service Users, are delivered. If a Service User refuses or suspends service delivery prior to completion of the service call, 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 HSE 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 Users' and/or their representative feedback, informs reviews and future planning.
- 9.5** The Service Provider shall co-operate with the HSE on organisational reviews/service evaluations/audits that the HSE 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 HSE, 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 HSE 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 governance and satisfactory delivery of contracted services and shall inform the HSE of the identity of any person so authorised.
- 9.10** The Service Provider shall inform the designated officer in the HSE 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

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 and discriminatory abuse such as ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment, while receiving care.

- The Service Provider must ensure that employees have Safeguarding training. 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 following link:

<https://www.hse.ie/eng/services/publications/corporate/>

- 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 HSE staff.
- Service Providers shall cooperate with HSE 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 the Children First Act 2015 and 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. All staff must complete the HSE "An Introduction to Children First" e-learning Module which is available through HSeLand (www.hseland.ie), every three (3) years.
- Develop 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 must align with the key principles and procedures of the HSE Child Protection and Welfare Policy, available at the following link:

<https://www.hse.ie/eng/services/publications/>

- 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.
- Complete the Children First Implementation and Compliance Self-Audit Checklist annually. Available at the following link:

<https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/compliance-self-audit-checklist/>

- Ensure full compliance with the Children First Act 2015, where any staff and/or staff of any sub-contractor carry out any work or activity, a necessary and regular part of which consists mainly of having access to or contact with children and as such are regarded as a 'relevant service' under Schedule 1 of the Children's 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. This should include identifying and reporting incidents and managing and improving Service User safety through analysis of incidents and 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://www2.healthservice.hse.ie/organisation/qps-incident-management/incident-management/>

<https://www2.healthservice.hse.ie/organisation/qps-incident-management/open-disclosure/>

- 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 HSE 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 and Open Disclosure 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 Incidents and Open Disclosure) Act 2023 (the Patient Safety Act).
- The Patient Safety Act 2023 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 are at the centre of their governance structures and are required to establish a Quality and Safety Board Committee. Further information is available at the following link:

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/key boxes and codes, only if required.
 - Being unable to gain access and dealing with emergencies.
- 11.3** Identity cards (ID) must be provided for all Home Support Workers entering the home of Service Users. The ID card should be on their person at all times and should be used to identify themselves when meeting the Service User. The ID 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 on the ID badges.
- 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 enhanced 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 Service Users' 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 Service Users' 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 HSE and 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

Specification 13: Better Health & Well Being

- 13.1** Service Users are actively supported to maintain and improve their own health, well-being and independence.

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

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; the Service User, Service Provider staff and HSE.

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 Users’ care during an episode of care”. The term “health and social care professional” relates to a registered clinically qualified person such as a Doctor, Nurse, Occupational Therapist and Physiotherapist.

Clinical governance oversight ensures that Health Care Assistants are sufficiently competent to deliver high quality, safe care and support to Service Users to whom they are assigned. It encompasses assurance that the National Clinical Care Assessment is completed annually, that induction is undertaken and that training plans are in place for Health Care Assistant Staff.

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: Specification 16 refers.

- 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.
- Evidence comprising of a certified copy of the individual's professional registration with their professional body.
- Two written references must be provided. References should be from current and previous employers. In the instance where a reference from a current or previous employer is unattainable, educational institutions or any other organisations with which the person has been associated may be accepted. References must be dated and signed by a suitable senior manager and followed up by a telephone call prior to appointment.
- Verification of identity.
- Garda Vetting and/or International Police Clearance Certificate. The HSE reserve the right to check the documentation with the source provider.
- The HSE requires that anyone who has lived abroad for 6 months or more after their 16th birthday must provide security clearance for each country they have lived in. The date of the security clearance must be after they left the country and cover the entire period of their residence.
- All staff must furnish a Medical Certificate of Fitness from a registered medical practitioner.

- 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 a formal Contract of Employment which includes a probationary period with each of their employees. The Contract of Employment must be signed and dated by both employer and employee.
- Copies of driving licence, car tax and car insurance must be provided to the Service Provider where a staff member uses their vehicle for the purpose of their employment.

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 HSE. In the event that a person is replaced then the Service Provider must notify the HSE within 7 working days and furnish the HSE at local level with the same information for the replacement staff member.

As part of the recruitment process the following key aspects need to be fulfilled and documented: Specification 16 refers;

- 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.
- Evidence comprising of a certified copy of the individual's professional registration with their professional body (if appropriate).
- Two written references must be provided. References should be from current and previous employers. In the instance where a reference from a current or previous employer is unattainable, educational institutions or any other organisations with which the person has been associated may be accepted. References must be dated and signed by a suitable senior manager and followed up by a telephone call prior to appointment.
- Verification of identity.
- Garda Vetting and/or International Police Clearance Certificate. The HSE reserve the right to check the documentation with the source provider.
- The HSE requires that anyone who has lived abroad for 6 months or more after their 16th birthday must provide security clearance for each country they have lived in. The date of the security clearance must be after they left the country and cover the entire period of their residence.
- All staff must furnish a Medical Certificate of Fitness from a registered medical practitioner.
- 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 a formal Contract of Employment which includes a probationary period with each of their employees. The Contract of Employment must be signed and dated by both employer and employee.
- Copies of driving licence, car tax and car insurance must be provided to the Service

Provider where a staff member uses their vehicle for the purpose of their employment.

- 14.3** As outlined in Specification 17 below, 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 HSE 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 Human Resource policies in place including Grievance and Disciplinary procedures and all other relevant policies, procedures and guidelines.
- 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 Service Provider will be required to comply with the minimum governance requirements of the National Standard Service Arrangement.

Specification 15: Financial Procedures

- 15.1** Robust systems shall be in place to ensure the accurate calculation of charges for services delivered, the monthly submission of invoices, and the effective identification and follow-up of late payments. All these processes should ensure compliance with the National Financial Regulations and applicable financial standards.

<https://www.hse.ie/eng/about/who/finance/nfr/>

- 15.2** Invoices submitted should verify actual service provision, missed calls and cancelled calls to include:

- Date of call.
- Duration of call.
- Applicable rate(s).
- List of Cancelled Calls with notes explaining reasons for cancellations, dates and associated rates itemised to show the cancelled calls attracting 50% Payment (8 hours' notice provided) and those where no payment is due.
- List of Missed Calls with notes explaining reasons, dates and associated rates.

- 15.3** Monthly returns of all work carried out on behalf of the HSE with a breakdown e.g. hours delivered, which will be submitted on a monthly basis or as agreed locally, in accordance with Section 3 and Appendix 8 of the Home Support Authorisation Scheme Standard Operating Procedure.

- 15.4** Service delivery must be supported by clear evidence that documents a record of arrival and departure times for each service user call. Where a Home Support Provider has an alternative mechanisms in place that are accepted at Integrated Health Area / Health Region level they may continue to be utilised as appropriate and effective verification of service provision.

- 15.5** A record of service delivery must be held and made available for audit purposes.

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

Specification 16: Recruitment

- 16.1** Each Provider must have in place a robust plan for recruitment and retention of staff. Selection and recruitment of home support workers is in accordance with relevant and European legislation and informed by evidence based human resource practices.

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. References should be from current and previous employers. In the instance where a reference from a current or previous employer is unattainable, educational institutions or any other organisations with which the person has been associated may be accepted. References must be dated and signed by a suitable senior manager, and followed up by a telephone call prior to appointment.
- Verification of identity.
- Garda Vetting and/or International Police Clearance Certificate. The HSE reserve the right to check the documentation with the source provider.
- The HSE requires that anyone who has lived abroad for 6 months or more after their 16th birthday must provide security clearance for each country they have lived in. The date of the security clearance must be after they left the country and cover the entire period of their residence.
- All staff must furnish a Medical Certificate of Fitness from a registered medical practitioner prior to appointment.
- 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 a formal Contract of Employment which includes a probationary period with each of their employees. The contract of employment must be signed and dated by both employer and employee.
- Copies of driving licence, car tax and car insurance must be provided to the Service Provider where a staff member uses their vehicle for the purpose of their employment.

- 16.2** Employees must not be assigned to provide paid care to a member of their immediate family.

- 16.3** 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 are responsible for ensuring their staff are appropriately trained to deliver quality services, aligning with the Health Service Executive (HSE)'s core values: Care, Compassion, Trust, and Learning. 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 and Control, Manual Handling and 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. Induction training must be documented and signed off by both Supervisor and Home Support Worker. Evidence of induction training to be available to HSE as required.
- 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. Shadowing must be documented and signed off by both Supervisor and Home Support Worker. Evidence of shadowing to be available to HSE as required.
- 17.2** Qualifications: The HSE recommended level of qualification for Home Support Workers assigned to work on HSE contracts is as follows:-
- 1) a relevant* health skills QQI Level 5 Major Award qualification (formerly FETAC) on the National Framework of Qualifications (NFQ), OR
 - 2) an equivalent relevant** healthcare qualification or a comparable healthcare qualification not less than QQI Level 5 Major Award on the National Framework for Qualifications (NFQ), OR
 - 3) currently undertaking a relevant health skills QQI Level 5 Major Award qualification on the NFQ with a commitment to complete that QQI Level 5 Major Award qualification within 2-years of first working on this HSE contract, OR
 - 4) hold an equivalent qualification from another jurisdiction.

Relevant major awards at QQI Level 5* include:

Code	QQI Level	Course Title	Type
5M3782	5	Health Service Skills	Major Award
5M2786	5	Community Care	Major Award
5M4339	5	Healthcare Support	Major Award
5M4349	5	Nursing Studies	Major Award
5M4468	5	Community Health Services	Major Award

**A full QQI Level 5 Major Award requires a minimum of 120 credits/8 modules*

***Note: A relevant Healthcare qualification at not less than QQI Level 5 Major Award on the NFQ is considered to be a qualification with applied patient care modules/placements typically but not limited to qualifications in Social Care Work, Nursing, and Therapy Professions etc.*

For further clarification please see Appendix 5 with reference to Alternative Relevant Qualifications

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)

Should further modules become available appropriate to Home Support, Services for Older People, the Service Provider would be encouraged to request Home Support workers to complete same.

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

17.3.1 Qualified Existing Home Support Staff:

- Hold a recognised qualification at a minimum, including 2 core modules (QQI Level 5 Major Award 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.
- Hold up to date certification in Safeguarding and Children First training.
- Certification in Infection Prevention & Control, either as core module of relevant QQI Level 5 Major Award or other certification such as via HSeLanD.
- 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).

17.3.2 Unqualified New Entrants to Home Care Industry with relevant experience:

All new entrants to the Home Care industry with relevant experience as a Healthcare Assistant, Multi-task Attendant, or in a comparable role for at least 2 years, who do not have a relevant QQI Level 5 Major award must:

- Commit to complete QQI level 5 Major Award qualification in Healthcare Support within 2 years to include the 2 core modules (as listed at 17.2 above) within 2 years. The 2 core modules must be completed within the first 11 months of first working on this HSE contract.
- Receive appropriate Induction/Shadowing as stated in 17.1, 17.1.1 and Appendix 4 of this document.
- Hold an up to date Manual Handling and People Handling Certificate including hoist training.
- Hold up to date certification in Safeguarding and Children First training.
- Certification in Infection Prevention & Control, either as core module of relevant QQI Level 5 Major Award or other certification such as via HSeLanD.
- 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).

17.3.3 Unqualified New Entrants to Home Care Industry with no relevant experience:

All new entrants to the Home Care industry with no relevant experience as list in 17.3.2 above and with no relevant QQI Level 5 Major Award must:

- Be currently undertaking a relevant QQI level 5 Major Award qualification in Healthcare Support with a commitment to complete within 2 years of taking up post, to include the 2 core modules (QQI Level 5 Major Award Modules as listed at 17.2 above). The 2 core modules must be completed within the first 11 months of first working on this HSE contract.
- Receive appropriate Induction/Shadowing as stated in 17.1, 17.1.1 and Appendix 4 of this document.
- Hold an up to date Manual Handling and People Handling Certificate including hoist training.
- Hold up to date certification in Safeguarding and Children First 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 Major Award Modules - Care Skills, and Care of the Older Person, within 11 months of first working on this HSE contract, and are encouraged to obtain a full QQI Level 5 Major Award.
- National Carer Competency Assessment*** satisfactorily completed and on file (Appendix 6) with training plan to address any training needs identified.

17.3.4 Unqualified Existing Home Support Staff:

All staff with paid Home Care industry experience of more than 3 year in the last 5 years, who do not hold a recognised relevant qualification, must prior to working on this HSE Contract, have the following as a minimum;

- Receive appropriate Induction/Shadowing as stated in 17.1, 17.1.1 and Appendix 4 of this document.
- Hold an up to date Manual Handling and People Handling Certificate including hoist training.
- Hold up to date certification in Safeguarding and Children First 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 Major Award Modules - Care Skills, and Care of the Older Person, within 11 months of first working on this HSE contract, and are encouraged to obtain a full QQI Level 5 Major Award.
- National Carer Competency Assessment*** satisfactorily completed and on file (Appendix 6) with training plan to address any training needs identified

****Note: Training and Qualifications are separate to the Carer Competency Assessment (see below). Competency assessment is not a substitute for having the required training and qualifications.*

- 17.4** The Service Provider must have on file for all staff working on HSE Contracts for inspection by HSE, if required or requested:
- 17.4.1** Verified copies of qualifications including statutory requirements (e.g. Manual Handling and People Handling, Safeguarding, Children First).
 - 17.4.2** Certification in Infection Prevention & Control, either as core module of relevant QQI Level 5 Major Award or other certification such as via HSeLanD.
 - 17.4.3** National Carers Competency Assessment (Appendix 6) satisfactorily completed annually. The Assessor must have a qualification higher than QQI Level 5 Major Award 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 Service User.

- 17.5** Each Home Support Worker must have:

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 Level 5 Major Award or other relevant (equivalent or higher) award as applicable and/or the two core modules (as specified at 17.2) where applicable.
 - b) Action plan to ensure that Home Support Worker maintains competencies and skills to fulfil role in meeting the needs of Service Users.
 - c) Plan to ensure that minimum mandatory training requirements for Home Support Workers are met and updated on an on-going basis.
 - d) Record of all successfully completed staff training and development modules.
- 17.6** Staff must be available to undertake training with HSE staff if deemed necessary, this may take place in the home of the Service User or another location. This may involve training with members of the multi-disciplinary teams (MDT) teams if specific equipment/techniques are required to meet the care needs of the Service User.
- 17.7** 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/Dementia Care QQI Level 5 module.
- 17.8** 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 regular supervision from an appropriate relevant/designated person who is employed as a Supervisor and/or recognised as a

Supervisor. The Supervisor must have relevant experience and/or qualification. Frequency of supervision is relevant to the experience, service user profile and training of the staff member.

- 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 Users' 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 HSE.
- 18.7** The Service Provider must have contingency plans in place in the event that a worker does not attend for work in a Service Users' home. Contingency arrangements should be agreed and documented in each Service Users' 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 Users' property or engaged in the provision of the services on behalf of the HSE.
- 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 from the Health Protection and Surveillance Centre (HPSC). Reference: <https://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.
 - Fire Safety Awareness Training
 - Manual Handling and People Handling.
 - Falls prevention.
 - Food safety.
 - Responsibility for notification to relevant HSE 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 HSE 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 personal protective equipment (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 Users' home, Service Providers must carry out a Health and Safety Risk Assessment. The Risk Assessment must be discussed with the Home Support Worker before they are required to attend the Service Users' 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

Specification 21: Resources

- 21.1** Service Providers must ensure HSE funding is used as per the Service User Home Support Care Plan, and is in compliance with the agreed signed Service Arrangement and associated Home Support Standard Operating Procedure.

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

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, be 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 HSE 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 Users' home, updated as required, and must be made available, subject to the informed consent of the Service User and/or their representative, to all health care professionals involved in the Service Users' care and to the HSE.

Specification 23: Confidentiality

- 23.1** All staff must treat information given by the HSE 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 HSE 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;

- Service User will apply for Home Support and may apply for CDHS, if HSE direct services are not available.
- Home Support Needs Assessment undertaken by HSE.
- If Home Support is approved and Service User 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.
- Service User chooses their preferred provider from their local Approved Provider List and makes arrangements for service delivery, taking account of HSE clinical requirements.
- Home Support Care Plan and Schedule of Services finalised in consultation with HSE.
- Home Support service commences between the Service User and the Approved Provider.
- Provider submits their monthly invoices to the HSE through normal processes and supplies evidence of service delivered.
- HSE monitors the service delivery and reviews the needs of the Service User periodically.
- Service User 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):

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

Appendix 3: Key Performance Indicators – Home Support Authorisation Scheme

The HSE will operate **Key Performance Indicators (KPIs)** in the management of the Service Arrangements.

The KPIs have been developed with reference to the Quality Standards set out in the Services for Older People Home Support AS Service Specifications. Approved Providers will be required to complete a self-declaration on a quarterly basis and submit it to the Home Support Service Manager/Head of Older Persons' Services/Designated Officer. The HSE must consider the performance reported to ensure that it reflects the HSE experience (as determined from complaints received, GPS records if available from Providers, evidence of service delivery, spot checks, Audits, Service User reviews etc.). The declaration must be counter signed by the relevant Home Support Service Manager/Head of Older Persons' Services/Designated Officer and retained for monitoring purposes as part of their quality assurance system.

Financial penalties in terms of a deduction from invoices will not apply to under performance in relation to these KPIs. However, if performance remains unsatisfactory, the penalties provided for in the SA may be applied.

The KPIs are as follows:

3.1 Training /Qualifications

This KPI refers to the qualifications standard required by the HSE in relation to the Home Support Worker providing home support to HSE Service Users, and has three parts.

- a) The HSE recommended level of qualification for Home Support Workers assigned to work on contracts associated with the HS AS is:-

A relevant health skills QQI Level 5 Major Award Qualification (formerly FETAC) on the National Framework of Qualifications (NFQ) OR an equivalent relevant healthcare Qualification or a comparable healthcare Qualification not less than QQI Level 5 Major Award on the National Framework of Qualifications (NFQ). Formal Qualifications must include the following core Modules as relevant to the role of Home Support Worker:

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

KPI Detail: Providers must self-declare the % of their staff working on contracts associated with the HS AS that have a QQI Level 5 Major Award Qualification (or comparable healthcare Qualification)

Denominator - Total number of Home Support Workers employed on the last day of the quarter

Numerator – Total number of Home Support Workers with a QQI Level 5 Major Award Qualification (or comparable healthcare qualification) on the last day of the quarter

Calculation – Numerator divided by Denominator multiplied by 100

- b) Mandatory Modules comprehended in the QQI Level 5 Major Award Qualification as relevant to the role of Home Support Worker include Care Skills and Care of the Older Person.

KPI Detail: Providers must self-declare the % of their unqualified staff working on contracts associated with the HS AS that have successfully completed the 2 mandatory core Modules – Care Skills & Care of the Older Person. Unqualified staff are those staff who have not obtained a full QQI level 5 Major Award

Denominator -Total number of unqualified Home Support Workers employed on the last day of the quarter

Numerator -Total number of unqualified Home Support Workers who have obtained the required Modules on the last day of the quarter

Calculation – Numerator divided by Denominator multiplied by 100

Target – 100%

3.2 Carer Competency Assessment

This KPI refers to the requirement that all Home Support Staff providing home support to HSE Service Users must have a fully completed National Carer Competency Assessment.

The Approved Provider will carry out the Carer Competency Assessment on all new employees at the time of appointment and annually for all Home Support staff to satisfy the Approved Provider and the HSE that each staff member has the required and necessary skills to deliver care.

KPI will be as follows:

- (a) **New Staff** - The HSE will require the Approved Provider to self-declare the % of new staff who have completed the National Carer Competency Assessment. This helps the HSE to ensure that Approved 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 new 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 “new staff with completed Carer Competency Assessment”. Insert this % value 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 Approved Provider to self-declare the % 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 Approved Providers have 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”. Insert this % value 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.

3.3 Garda Vetting and/or Police Clearance

This KPI refers to the requirement that all new Home Support Staff providing home support to HSE Service Users have completed an up to date Garda Vetting and/or Police Clearance at the time of appointment. The Approved Provider will carry out Garda Vetting and/or Police Clearance on all new employees to satisfy the Approved 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 Approved Provider to self-declare the % number of staff who are in possession of an up to date Garda Vetting and/or Police Clearance at the time of appointment. This helps the HSE to ensure that Approved Providers are recruiting appropriate staff to deliver care as specified.

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

3.4 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 Service Users Home Support Care Plan. The metric for the attendance KPI is ‘NO SHOW’ as follows and is an indicator of reliability and an important quality indicator of service provision:

No show by Provider home support 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 a scheduled Home Support attendance 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 occurrences of staff not showing up for an episode of Home Support or showing up late (each occurrence 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 Service Users whose services are delivered on time.
- **Target** 100% at any time i.e. all episodes of care should be delivered as specified.

Important:

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.

“In the event of the agreed Home Support Care Plan – Schedule of Service not being delivered (e.g. missed calls, unforeseen absences) the Approved Provider must provide a statement of all missed calls and related reasons when submitting monthly invoices for payment.

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

This KPI refers to the Approved Provider's acceptance or rejection of offers of work promptly, and to the delivery of the required Home Support in line with the Service User's Home Support Care 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 Approved Provider to self-declare its timely responses to HSE requests and is based on the number of offers responded to (whether accepting or refusing the offer(s) 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 Approved Providers accept or reject offers of work in a timely manner so as to enable HSE to arrange care for its Service Users 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 Service User counted once.
 - **Numerator** – total number of offers (each Service User 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 the service following acceptance of the work, and is based on the number of offers accepted by the Approved 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 Service User counted once.
- **Numerator** – total number of offers (each Service User 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.

3.6 Complaints Management

These KPIs refers to quality assurance measures related to Approved Provider's Complaints Management policies and procedures. The metrics are an indicator of responsiveness and an important quality indicator of service provision and compliance with AS requirements.

KPI will be as follows:

The HSE will require the Provider to self-declare the number 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 complaint counted once.
- **Numerator** – total number of complaints resolved within 30 days – each complaint counted only once, this quarter.
- **Calculation** - Numerator divided by Denominator multiplied by 100. This will provide % of compliance, on template to report % of Service Users whose complaints were resolved on time.
- **Target** 75% in line with HSE target.

See 6.2.4 of HSE Your Service Your Say Policy at the following link <https://www.hse.ie/eng/about/who/complaints/>

Important:

Your Service Your Say – The Target for “% of complaints where an Action Plan is identified as necessary, is in place and progressing” is set at 65%.

3.7 Quantum of Service Delivered

This KPI refers to the Approved 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 AS requirement to deliver capacity across the IHA.

KPI will be as follows:

The HSE will require the Approved 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 Approved Provider. The KPI only considers offers and refusals as outlined below.

Important:

Records of refusals and non-responses will 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 Service User choice, and
- 2) Offers not responded to (where the HSE has not advised that service has been allocated to an approved Provider i.e. No Provider responded in timeline), and
- 3) Where offer was accepted but not implemented by Approved Provider (due to Approved Provider issues i.e. excludes services not implemented for Service User or HSE reasons i.e. Service User 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.

Measures to Address Non-Compliance

In the event of Providers failing to meet the required performance in relation to these quality standards and, in circumstances where the Provider has not addressed the performance issues/non-compliance to the satisfaction of the HSE, the HSE may:-

- (a) cease to provide instructions with regard to new Service Users to the Provider for a specified period or until the Executive is satisfied that the Services will in future be provided by the Provider in accordance with the terms of the Arrangements; and/or
- (b) remove existing Service Users from the Provider

Important:

Where an Approved Provider is part of a Consortium, then any action imposed by the HSE may apply to all members of that Consortium.

Each IHA will have arrangements in place to;

- 1) Receive KPI reports from Providers.
- 2) Review and consider same.
- 3) Raise issues with Approved Providers regarding performance and determine appropriate actions if any.
- 4) Each IHA will submit KPI reports to the National Office, Services for Older People, Access & Integration, as required.

Reporting Template – SELF-DECLARATION BY PROVIDER – QUARTERLY				
KEY PERFORMANCE INDICATORS - Home Support AS 2025				
Company:			Quarter Under Review	
Total Hours Delivered & Invoiced this quarter			No. of Service Users	
			No. of Service User Attendances	
Metric	Measure	Target %	Performance % Compliance	Commentary
1(a) Qualification (QQI Level 5 Major Award Qualification) HSE recommended level of qualification for Home Support Workers assigned to work on contracts associated with the HS AS is a relevant health skills QQI Level 5 Major Award Qualification (formerly FETAC) on the National Framework of Qualifications (NFQ) OR an equivalent relevant healthcare Qualification or a comparable healthcare Qualification not less than QQI Level 5 Major Award on the National Framework of Qualifications (NFQ) *Obtained QQI Level 5 Major Award Qualification – the award to include mandatory core Modules a) Care Skills and b) Care of the Older Person	Quality	N/A		<i>a) Providers must self-declare the % of their staff working on contracts associated with the HS AS that have a QQI Level 5 Major Award Qualification (or comparable healthcare Qualification)</i>
1(b) Qualification (QQI Level 5 Mandatory Modules) All Staff Mandatory Core Modules comprehended in the QQI Level 5 Major Award Qualification as relevant to the Role of Home Support Worker are:- - Care Skills (mandatory) - Care of the Older Person (mandatory) *Obtained QQI level 5 Mandatory Core Modules – Care Skills and Care of the Older Person	Quality	100%		<i>b) Providers must self-declare the % of their unqualified staff working on contracts associated with the HS AS that have successfully completed the 2 mandatory core Modules – Care Skills & Care of the Older Person (to include staff at 1(a) above).</i>
2(a) Carer Competency Assessment – <u>Newly recruited staff</u> 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>
2(b) Carer Competency Assessment – <u>Existing staff with updated</u> National Carer Competency Assessment (annually)	Quality	100%		<i>Provider recorded 100% of existing staff in the reporting period had completed an annual review</i>

3. Garda Vetting and/or Police Clearance - Newly recruited staff with completed up to date Garda Vetting and/or Police Clearance at time of Appointment	Quality	100%		<i>Provider recorded 100% of newly recruited staff in the reporting period had completed Garda Vetting and/or Police Clearance.</i>
4. Care Plans – Service Delivery in accordance with Plan “ No Show ” - Care delivered on time	Quality	100%		<i>Provider recorded 2% of planned Service User Attendances that were “no show” so 98% were on time.</i>
5. Care Plans – Service Delivery in accordance with Plan – Timely acceptance of work and delivery to Care Plan (a) Response Time to Offer of Hours. 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) Response time to deliver services when hours have been accepted by Approved 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>
6. Complaints Management – Number of complaints received and resolved	Quality	75%		<i>Provider resolved complaints received within 30 days of receipt.</i>
7. Quantum of Services Delivered - Number of Offers of Home Support not accepted / refused or not responded to.	Service Capacity	<30% refusal rate		
Commentary				
Declaration				
Service Provider				
Signature				
HSE Home Support Service Manager Sign Off				
Date				

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 Service User contact. Ideally this supervision will cover more than one Service User.

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

- Understand the role and associated duties of a Home Support Worker.
- Have the necessary knowledge and skills to assist service users with the activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
- 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.
- Knowledge of pressure area care and prevention.
- Understand importance of good nutrition and hydration in maintaining wellbeing.
- Understand the importance of food safety, including hygiene, in the preparation and handling of food.
- 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.
- Understand how to promote dignity and respect in their day to day work with the individuals they support.
- Understand why it is important to work in partnership with carers, families, advocates and *others* who are significant to an *individual*.
- Understand how to put person-centred values into practice in their day to day work.
- Develop an understanding of the standard of care that the Home Support Worker should provide to Service Users in their care.

- 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.
- Know the actions they must take and who to contact if they suspect an individual is being harmed or abused.
- Be aware of reporting structures, to include out of hours arrangements.
- Be aware of the aims, objectives and values of the service in which the Home Support Worker is employed within.
- Be aware of how to keep records up to date, complete, accurate and legible.
- Be aware of the Assisted Decision Making (Capacity) Act 2015.
- Be aware of how and whom to report to if they become aware that agreed procedures have not been followed.
- Explain how duty of care contributes to the safeguarding or protection of individuals.
- Be aware of Incident Reporting and Open Disclosure policies and procedures.
- Identify and be aware of the risks they may be exposed to working within Service Users' homes.
- Know how to recognise and report adverse events, incidents, errors and near misses that are likely to affect the wellbeing of *individuals*.
- Be aware of any existing comments and complaints procedures in accordance with agreed ways of working.
- 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.

Content of Individual Sessions

Principles of Care (10 hours)

Introduction to the role of the Home Support Worker, policies and procedures, code of conduct, key duties and responsibilities including provision of/assistance with personal care, confidentiality, person centred care, advocacy, Service User rights, elder abuse, communication, and dementia.

Skills Laboratory (5 hours)

- Personal hygiene, toileting, nutrition, medication management, food hygiene, infection control. Knowledge of pressure area care and prevention

Application of Practical Skills (5 hours)

Teaching Methods:

- Lectures, discussions, seminars, presentations, practical skills including Skills Laboratory.

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 recognised on QQI framework 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 Authorisation Scheme 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.

Appendix 6: HSE Home Support Tender 2025 - National Carer Competency Assessment

National Carer Competency Assessment

Candidate Details				
Candidate's Name & Address:				
Organisation/Company's Name:				
Assessor: <i>(Print Name & Sign)</i>				
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. Assessor must have suitable training and appropriate qualifications to assess candidates.(Higher than QQI level 5 Major Award)				
1. Skills Assessment - Service User Safety				
Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
Recognising a change or deterioration of Service User and report accordingly				
Moving and handling including hoist positioning, bed care				
Falls prevention including mobility aids				
Health & Safety including hazards & awareness of personal and Service User 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 Service Users and relatives and in challenging situations				
Maintaining confidentiality and data protection				
Assisting Service User to understand and access their Home Care File				
Promotes empowerment, advocacy and independence				
Obtaining Service User consent in accordance with the HSE National Consent Policy				
Communication methods: effective interpersonal skills, courteous, appropriate, respects and maintains confidentiality				
3. Skills Assessment – Effective Team Member				
Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
Adheres to individualised Service User 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 Service Users				

Professional behaviours e.g. treating all Service Users, co-workers, other team members with respect and dignity				
Timely liaison with other team members, supervisor, line manager				
4. Skills Assessment – Personal Hygiene				
Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
Assisting with all personal care				
Providing oral hygiene including teeth/denture care				
Care of hair, nails and feet (not cutting of toenails)				
Assisting with dressing and undressing				
5. Skills Assessment – Promoting Continence				
Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
- Assist Service Users to the toilet - Managing incontinence and appropriate continence wear - Promoting Continence				
Use of a commode				
Catheter care if required				
Emptying urinary devices				
Awareness of skin integrity with respect to continence wear				
6. Skills Assessment - Nutrition				
Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
Assist with eating and drinking per agreed Care Plan				
Promote choice				

Promote independence				
Record food and fluid intake if required by the agreed Care Plan				
Knowledge of food hygiene / preparation and food storage				
7. Skills Assessment - Social, Emotional & Cultural Care				
Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
Awareness of social, emotional, spiritual and cultural wellbeing				
Awareness and sensitivity to individual will and preference				
8. Skills Assessment - General Professional Ethos				
Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
Understanding relationships with other disciplines				
Understanding relationship with Supervisor				
Understanding relationships with colleagues				
Understanding relationship with Service Users				
Understanding relationship with Service User supportive persons				
Understanding role as a carer				
Knowledge of company policies and procedures				
9. Skills Assessment - Pressure Area Care				
Demonstrated Carer Ability	Pass Yes/No	Assessors Comments if Required	Assessors Signature	Date Observed
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 as appropriate				
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 ²

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,

² Irish Statute Book, electronic Irish Statute Book website, accessed 26th 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 Advocacy³ has a Quick Reference Guide to the Guiding Principles of ADM (Capacity) Act on their website at the following location:

<https://sageadvocacy.ie/guiding-principles-of-adm-capacity-act-2015/>

³ Sage Advocacy, Sage Advocacy Website, accessed 1st May, 2025