ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

# ASF Health Standards Version 11

## Standard 24: Home Care

Core standard · applicability by facility type shown for each criterion

| | |
|---|---|
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### APPROVAL

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Chair, Public Health Institute of Georgia

**Date:** 11 November 2026

Complete on its own, without internet access. References are listed in section 11. The current revision is at france-asf.fr.

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# 1 Introduction

This document is Standard 24 of ASF Health Standards. It sets out how a service provides home care safely and with respect: the client's control of their home, rights, caregiver screening and supervision, home safety, medicines in the home, caregiver support and continuity, migration-informed care and equal treatment of caregivers and clients whatever their legal status.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

**Purpose of this document.** Standard 24 makes sure that clients stay in control of their own home, that they are safe with the people who come into it, that their medicines are managed safely, and that the caregivers who look after them are screened, supported and treated fairly.

**Who should read it.** Home care managers, caregiver supervisors, nurses, the pharmacist, the safeguarding lead, the workforce lead, the clinical governance lead, the chief executive, and the assessors who verify the service. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

# 2 About ASF and this standard

**Accréditation Sans Frontières (ASF)** is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

**Each standard is an independent document.** Standard 24 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

# 3 How to use this standard

**If you provide home care,** read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 24.1 to 24.45, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

**If you are an assessor,** use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

**Reading a criterion.** Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

**Document codes.** Each document has a code made of a topic prefix, a type and a number, for example ENV-SOP-001 (environment, procedure, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 12.

# 4 Scope

Standard 24 covers client rights, caregiver screening and supervision, home safety, medicines, caregiver support and continuity, migration-informed care and equal treatment. The applicability is shown in section 4.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

### WHERE STANDARD 24 APPLIES

Standard 24 applies when the facility provides home care. It is a default service in home care, optional in hospitals, ambulatory clinics, primary health clinics and long-term care, and not applicable to telemedicine, fitness, dental or aesthetic clinics. The table shows the rating for each criterion in each setting. The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

| Criterion | Applies to |
|---|---|
| 24.1 The Client's Home Remains Theirs to Control | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.2 A Written Statement of Rights Is Provided and Understood | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.3 The Client Can Request a Caregiver Replacement | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |

| Criterion | Applies to |
|---|---|
| 24.4 A Reachable Alternate Contact Exists Beyond the Caregiver Themselves | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.5 Freedom From Abuse and Neglect Is Actively Verified | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.6 Background Screening Uses Verified Identity, Not Name-Based Matching Alone | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.7 Abuse Registries Are Checked in Every Country the Caregiver Has Worked | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.8 Any Care-Worker Exclusion Registry Is Specifically Checked | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.9 Screening Is Repeated Periodically | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.10 A Disqualifying Finding Triggers Individualised Assessment | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.11 A Structured Home Safety Assessment Occurs Before Care Begins | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.12 Identified Hazards Lead to Tracked Remediation | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.13 A Fall Triggers Reassessment | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.14 The Home Environment Is Reassessed Periodically | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.15 Emergency Access to the Home Is Confirmed | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.16 Medication Reminders and Administration Are Distinguished | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.17 A Single, Current Medication List Is Shared Across Everyone Involved | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.18 A Medication Change or Care Transition Triggers Structured Review | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.19 Medications Belonging to Different Household Members Are Distinguished and Secured | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.20 A Missed or Uncertain Dose Is Actively Followed Up | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.21 A Risk Assessment of the Home Occurs Before the First Visit | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.22 A Workplace Violence Prevention Programme Exists, Adapted for the Home Setting | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.23 The Caregiver Has a Way to Signal Distress Discreetly | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.24 Hostile Animals and Environmental Hazards Are Specifically Assessed | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.25 Near-Misses Are Actively Reported and Used to Update Risk Assessments | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.26 Supervisory Visits Occur On-Site | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.27 Personal Care Supervision Includes Observing the Aide Providing Care | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.28 Supervision Documentation Captures Objective, Measurable Observations | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |

| Criterion | Applies to |
|---|---|
| 24.29 A Change in Client Needs Triggers Care Plan Review | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.30 An Identified Deficiency Leads to Retraining and Re-Evaluation | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.31 A Coverage Plan Exists for a Solo Caregiver's Absence | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.32 Caregiver Continuity Is Actively Tracked and Prioritised for High-Need Clients | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.33 New Caregiver Retention Receives Structured Attention in the First 100 Days | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.34 Caregiver Isolation Is Addressed Through Regular Supervisor Contact | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.35 Incident Reporting Accounts for Detection Delay in an Unsupervised Setting | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.36 Care Is Adapted to a Client's Migration and Displacement Experience | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.37 Language Support Accounts for Persistent, Daily Interaction | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.38 Cultural and Religious Practices in the Client's Home Are Respected | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.39 Caregiver Work Authorisation Is Verified Through Legal, Non-Discriminatory Practice | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.40 A Caregiver's Legal Status Change Is Handled With Support | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.41 Immigrant Caregivers' Retention Advantage Is Recognised and Supported | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.42 Legal Status Diversity Recognition for Clients | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.43 Care Is Documented and Provided to Clients Regardless of Immigration or Legal Status | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.44 Staff Reflective Practice and Bias Awareness Extends to How Immigrant Caregivers Are Treated | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |
| 24.45 Continuity Across a Client's Relocation Is Actively Supported | **default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. |

# 5 Ratings and colours

| Rating | Colour | Meaning |
|---|---|---|
| **Must** | | Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them. |
| **Medium** | | Required, adapted to what a transition setting can realistically do. |
| **Minimum** | | The lowest acceptable level in a humanitarian setting, where resources are very limited. |

In standard settings every criterion is Must.

### TRAINING LEVELS

| Level | Colour | Meaning |
|---|---|---|
| **Essential** | | Must be completed by the people named in the role table. |
| **Recommended** | | Good practice. Not checked as a requirement. |
| **Optional** | | May be used for development. |

# 6 Abbreviations

| Abbreviation | Meaning |
|---|---|
| ASF | Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body |
| FRM | Form. A record that is filled in and kept as evidence |
| POL | Policy. A written statement of what the service will do and why |
| REG | Register. A running record of entries |
| SOP | Standard operating procedure. A step-by-step description of how a task is done |
| PLN | Plan. A written plan for a defined situation |

### DOCUMENT CODE PREFIXES

| Prefix | Topic |
|---|---|
| CLN | Clinical care |
| CON | Equality and access to care |
| GOV | Governance |
| HC | Home care |
| HMG | Migration and health |
| INC | Incident management |
| LTC | Long-term care |
| MOB | Mobility |
| PHM | Pharmacy and medicines |
| PSF | Patient safety and falls |
| PTR | Interpreters and mediators |
| STF | Staff credentials |
| WRK | Workforce |

# 7 Terms and definitions

| Term | Definition |
|---|---|
| **Home care** | Care and support delivered in the client's own home by caregivers employed or contracted by a service. |
| **Caregiver** | A person who provides personal or health-related care to a client in the home. |
| **Client** | The person who receives care in their own home. |
| **Exclusion registry** | A list of people who may not work with vulnerable adults, held by a national authority. |
| **Individualised assessment** | An assessment of one person's circumstances, not a rule applied to everyone. |
| **Immediate fail** | One event that means a criterion is not met, whatever else is in place. |
| **Setting** | The context in which a facility works: humanitarian, transition and fragile, or standard. |

# 8 Standard 24 at a glance

**Standard 24: Home Care** is a service standard of ASF Health Standards. It applies when the facility provides home care, and covers client rights, screening, home safety, medicines, supervision, caregiver support, continuity and equal treatment of caregivers and clients.

The standard has forty-five criteria. Each is shown below and explained on its own page in section 9.

### 8.1 CRITERIA AND RATINGS

| No. | Criterion | Humanitarian | Transition | Standard |
|---|---|---|---|---|
| 24.1 | The Client's Home Remains Theirs to Control | Minimum | Must | Must |
| 24.2 | A Written Statement of Rights Is Provided and Understood | Minimum | Must | Must |
| 24.3 | The Client Can Request a Caregiver Replacement | Minimum | Medium | Must |
| 24.4 | A Reachable Alternate Contact Exists Beyond the Caregiver Themselves | Minimum | Must | Must |
| 24.5 | Freedom From Abuse and Neglect Is Actively Verified | Minimum | Must | Must |
| 24.6 | Background Screening Uses Verified Identity, Not Name-Based Matching Alone | Minimum | Must | Must |
| 24.7 | Abuse Registries Are Checked in Every Country the Caregiver Has Worked | Must | Must | Must |
| 24.8 | Any Care-Worker Exclusion Registry Is Specifically Checked | Minimum | Must | Must |
| 24.9 | Screening Is Repeated Periodically | Minimum | Must | Must |
| 24.10 | A Disqualifying Finding Triggers Individualised Assessment | Minimum | Medium | Must |
| 24.11 | A Structured Home Safety Assessment Occurs Before Care Begins | Minimum | Must | Must |
| 24.12 | Identified Hazards Lead to Tracked Remediation | Minimum | Must | Must |
| 24.13 | A Fall Triggers Reassessment | Must | Must | Must |
| 24.14 | The Home Environment Is Reassessed Periodically | Minimum | Medium | Must |
| 24.15 | Emergency Access to the Home Is Confirmed | Minimum | Must | Must |
| 24.16 | Medication Reminders and Administration Are Distinguished | Minimum | Must | Must |
| 24.17 | A Single, Current Medication List Is Shared Across Everyone Involved | Must | Must | Must |
| 24.18 | A Medication Change or Care Transition Triggers Structured Review | Must | Must | Must |
| 24.19 | Medications Belonging to Different Household Members Are Distinguished and Secured | Minimum | Must | Must |
| 24.20 | A Missed or Uncertain Dose Is Actively Followed Up | Minimum | Medium | Must |
| 24.21 | A Risk Assessment of the Home Occurs Before the First Visit | Minimum | Must | Must |
| 24.22 | A Workplace Violence Prevention Programme Exists, Adapted for the Home Setting | Minimum | Must | Must |
| 24.23 | The Caregiver Has a Way to Signal Distress Discreetly | Minimum | Must | Must |
| 24.24 | Hostile Animals and Environmental Hazards Are Specifically Assessed | Minimum | Medium | Must |
| 24.25 | Near-Misses Are Actively Reported and Used to Update Risk Assessments | Minimum | Medium | Must |
| 24.26 | Supervisory Visits Occur On-Site | Minimum | Must | Must |
| 24.27 | Personal Care Supervision Includes Observing the Aide Providing Care | Minimum | Must | Must |
| 24.28 | Supervision Documentation Captures Objective, Measurable Observations | Minimum | Must | Must |
| 24.29 | A Change in Client Needs Triggers Care Plan Review | Minimum | Must | Must |
| 24.30 | An Identified Deficiency Leads to Retraining and Re-Evaluation | Minimum | Medium | Must |
| 24.31 | A Coverage Plan Exists for a Solo Caregiver's Absence | Minimum | Must | Must |
| 24.32 | Caregiver Continuity Is Actively Tracked and Prioritised for High-Need Clients | Minimum | Medium | Must |
| 24.33 | New Caregiver Retention Receives Structured Attention in the First 100 Days | Minimum | Medium | Must |

| No. | Criterion | Humanitarian | Transition | Standard |
|---|---|---|---|---|
| 24.34 | Caregiver Isolation Is Addressed Through Regular Supervisor Contact | Minimum | Medium | Must |
| 24.35 | Incident Reporting Accounts for Detection Delay in an Unsupervised Setting | Must | Must | Must |
| 24.36 | Care Is Adapted to a Client's Migration and Displacement Experience | Minimum | Must | Must |
| 24.37 | Language Support Accounts for Persistent, Daily Interaction | Minimum | Must | Must |
| 24.38 | Cultural and Religious Practices in the Client's Home Are Respected | Minimum | Must | Must |
| 24.39 | Caregiver Work Authorisation Is Verified Through Legal, Non-Discriminatory Practice | Minimum | Medium | Must |
| 24.40 | A Caregiver's Legal Status Change Is Handled With Support | Minimum | Medium | Must |
| 24.41 | Immigrant Caregivers' Retention Advantage Is Recognised and Supported | Minimum | Medium | Must |
| 24.42 | Legal Status Diversity Recognition for Clients | Minimum | Medium | Must |
| 24.43 | Care Is Documented and Provided to Clients Regardless of Immigration or Legal Status | Minimum | Must | Must |
| 24.44 | Staff Reflective Practice and Bias Awareness Extends to How Immigrant Caregivers Are Treated | Minimum | Medium | Must |
| 24.45 | Continuity Across a Client's Relocation Is Actively Supported | Minimum | Medium | Must |

### 8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. The facility sets its own reporting lines, and each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

| No. | Criterion | Positions responsible or involved |
|---|---|---|
| 24.1 | The Client's Home Remains Theirs to Control | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.2 | A Written Statement of Rights Is Provided and Understood | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.3 | The Client Can Request a Caregiver Replacement | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.4 | A Reachable Alternate Contact Exists Beyond the Caregiver Themselves | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.5 | Freedom From Abuse and Neglect Is Actively Verified | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.6 | Background Screening Uses Verified Identity, Not Name-Based Matching Alone | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.7 | Abuse Registries Are Checked in Every Country the Caregiver Has Worked | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.8 | Any Care-Worker Exclusion Registry Is Specifically Checked | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.9 | Screening Is Repeated Periodically | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.10 | A Disqualifying Finding Triggers Individualised Assessment | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.11 | A Structured Home Safety Assessment Occurs Before Care Begins | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.12 | Identified Hazards Lead to Tracked Remediation | Secretary (ISCO 3344) · Manager (ISCO 1342) |
| 24.13 | A Fall Triggers Reassessment | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.14 | The Home Environment Is Reassessed Periodically | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.15 | Emergency Access to the Home Is Confirmed | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.16 | Medication Reminders and Administration Are Distinguished | Manager (ISCO 1342) |
| 24.17 | A Single, Current Medication List Is Shared Across Everyone Involved | Nurse (ISCO 2221) · Manager (ISCO 1342) |

| No. | Criterion | Positions responsible or involved |
|---|---|---|
| 24.18 | A Medication Change or Care Transition Triggers Structured Review | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.19 | Medications Belonging to Different Household Members Are Distinguished and Secured | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.20 | A Missed or Uncertain Dose Is Actively Followed Up | Manager (ISCO 1342) |
| 24.21 | A Risk Assessment of the Home Occurs Before the First Visit | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.22 | A Workplace Violence Prevention Programme Exists, Adapted for the Home Setting | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.23 | The Caregiver Has a Way to Signal Distress Discreetly | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.24 | Hostile Animals and Environmental Hazards Are Specifically Assessed | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.25 | Near-Misses Are Actively Reported and Used to Update Risk Assessments | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.26 | Supervisory Visits Occur On-Site | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.27 | Personal Care Supervision Includes Observing the Aide Providing Care | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.28 | Supervision Documentation Captures Objective, Measurable Observations | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.29 | A Change in Client Needs Triggers Care Plan Review | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.30 | An Identified Deficiency Leads to Retraining and Re-Evaluation | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.31 | A Coverage Plan Exists for a Solo Caregiver's Absence | Chief executive (ISCO 1120) · Manager (ISCO 1342) |
| 24.32 | Caregiver Continuity Is Actively Tracked and Prioritised for High-Need Clients | Secretary (ISCO 3344) · Manager (ISCO 1342) |
| 24.33 | New Caregiver Retention Receives Structured Attention in the First 100 Days | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.34 | Caregiver Isolation Is Addressed Through Regular Supervisor Contact | Manager (ISCO 1342) |
| 24.35 | Incident Reporting Accounts for Detection Delay in an Unsupervised Setting | Manager (ISCO 1342) |
| 24.36 | Care Is Adapted to a Client's Migration and Displacement Experience | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 24.37 | Language Support Accounts for Persistent, Daily Interaction | Manager (ISCO 1342) · Nurse (ISCO 2221) |
| 24.38 | Cultural and Religious Practices in the Client's Home Are Respected | Manager (ISCO 1342) |
| 24.39 | Caregiver Work Authorisation Is Verified Through Legal, Non-Discriminatory Practice | Manager (ISCO 1342) |
| 24.40 | A Caregiver's Legal Status Change Is Handled With Support | Manager (ISCO 1342) |
| 24.41 | Immigrant Caregivers' Retention Advantage Is Recognised and Supported | Secretary (ISCO 3344) · Manager (ISCO 1342) |
| 24.42 | Legal Status Diversity Recognition for Clients | Manager (ISCO 1342) |
| 24.43 | Care Is Documented and Provided to Clients Regardless of Immigration or Legal Status | Manager (ISCO 1342) |

| No. | Criterion | Positions responsible or involved |
|---|---|---|
| 24.44 | Staff Reflective Practice and Bias Awareness Extends to How Immigrant Caregivers Are Treated | Manager (ISCO 1342) |
| 24.45 | Continuity Across a Client's Relocation Is Actively Supported | Nurse (ISCO 2221) · Manager (ISCO 1342) |

### 8.3 TRAINING FOR STANDARD 24

Training is shown by course. Essential training must be completed by the people named. Recommended training is good practice. The colours follow section 5.

| Course | Essential for | Recommended for | Criteria | Status |
|---|---|---|---|---|
| Client Rights & Dignity in the Home Setting (HC-01) | Manager, Nurse | None | 24.1, 24.2, 24.3, 24.5, 24.38 | In development |
| Governance & Staffing for Home-Based Care (HC-07) | Manager, Nurse | None | 24.4, 24.10, 24.26, 24.27, 24.28, 24.29, 24.31, 24.32, 24.33, 24.39, 24.40 | In development |
| Credentialing, Competence and the Training Matrix (T-14) | Manager, Nurse | None | 24.6, 24.7, 24.8, 24.9, 24.30 | In development |
| Home Environment Safety Assessment (HC-03) | Manager, Nurse | None | 24.11, 24.12, 24.14, 24.15 | In development |
| Slip, Trip & Fall Prevention (FALL-01) | Manager, Nurse | None | 24.13 | In development |
| Medication Safety: Operating SOP-MED-01 End to End (T-08) | Manager, Nurse | None | 24.16, 24.17, 24.18, 24.19, 24.20 | In development |
| Caregiver Safety in an Uncontrolled Environment (HC-05) | Manager, Nurse | None | 24.21, 24.22, 24.23, 24.24, 24.34 | In development |
| Incident Reporting, Just Culture and Open Disclosure (T-09) | Manager, Nurse | None | 24.25, 24.35 | In development |
| Refugee & Migrant Health — Endorsement Course (H-09) | Manager, Nurse | None | 24.36, 24.37, 24.41, 24.42, 24.43, 24.44, 24.45 | In development |

Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

# 24.1 The Client's Home Remains Theirs to Control

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Care is delivered in recognition that this is the client's own home, not the provider's space — the client's own household routines, possessions, and living arrangements are respected, not overridden or rearranged for the caregiver's own convenience.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: care is delivered in the client's home on the client's terms, and the client controls the home and its routines.

## GUIDANCE

The client's home is the client's own space. Visit times, routines, visitors and the way the home is kept are the client's choices, and the care plan follows them.

Where the household's routines and the service's timetable conflict, the client's routine comes first and the conflict is recorded.

## WHAT GOOD LOOKS LIKE

- The client's routines are written in the care plan before the first visit, and the caregiver follows them.

## COMMON MISTAKES

- A caregiver who arrives at a fixed time regardless of the client's routine.
- A client's rules for the home overridden by the service.

> **Why it matters.** When care is given in someone's own home, the home belongs to the client. The provider is a guest there, and the client's choices about routine, visitors and space must be respected.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the care plans and visit notes for 10 clients, and observe 3 visits.

**1 Care follows the client's routines and possessions.**
**Method.** Check each sampled plan and observed visit for the routine followed.
**Evidence to show.** The client's home and household routines (HC-POL-001).
**Pass when.** Every sampled visit follows the client's routine.

**2 Changes to the routine are agreed with the client first.**
**Method.** Check each recorded change for the client's agreement.
**Evidence to show.** Individual care plan (CLN-FRM-003).
**Pass when.** Every change shows the client agreed.

**3 Cultural and religious practices are respected.**
**Method.** Check each plan for the practices recorded and followed.
**Evidence to show.** The client's home and household routines (HC-POL-001).
**Pass when.** Every plan with a practice shows it followed.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver deciding the client must eat at a set time against their wishes. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-POL-001 | The client's home and household routines | Chief executive | Governing body members | Chief executive |

**Other records in the criterion:** CLN-FRM-003 Individual care plan

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Client's home and household routines | — Must |
| Nurse (ISCO 2221) | Completes the Individual care plan | — Must |

### REFERENCES FOR THIS CRITERION


- Global strategy and action plan on ageing and health (World Health Organization, 2017, Geneva: WHO) https://www.who.int/publications/i/item/9789241513500

# 24.2 A Written Statement of Rights Is Provided and Understood

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every client receives a written statement of their rights before care begins, read aloud to them in a language they understand if they cannot read it themselves — not care beginning before this understanding is confirmed.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: every client receives a written statement of rights that they understand.

## GUIDANCE

A statement of rights tells the client what they can expect and how to complain. It must be given in a language and format the client understands, and the caregiver checks that it has been understood.

The acknowledgement is signed by the client or their representative.

## WHAT GOOD LOOKS LIKE

- The statement of rights is read aloud or explained at the first visit, in the client's language, and signed.

## COMMON MISTAKES

- A statement given in English to a client who does not read it.
- A statement signed without any explanation.

> **Why it matters.** A client who does not know their rights cannot use them. A written statement, given before care starts and read through with the client, makes the rights real.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the statement of rights records for 10 clients, including clients who cannot read.

**1 The written statement of rights is given before care begins.**
**Method.** Check each sampled record for the date given against the first visit.
**Evidence to show.** Statement of rights acknowledgement (HC-FRM-001).
**Pass when.** Every sampled client has the statement before the first visit.

**2 Clients who cannot read have it read aloud in their language.**
**Method.** Check each record where reading aloud applies.
**Evidence to show.** Statement of rights acknowledgement (HC-FRM-001).
**Pass when.** Every such record shows it read aloud.

**3 Understanding is confirmed.**
**Method.** Check each record for the understanding confirmed.
**Evidence to show.** Statement of rights acknowledgement (HC-FRM-001).
**Pass when.** Every record shows understanding confirmed.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client receiving care for months with no statement of rights. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-001 | Statement of rights acknowledgement | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Statement of rights acknowledgement | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

### REFERENCES FOR THIS CRITERION

- 42 CFR 484.50 Condition of participation: Patient rights (US Centers for Medicare & Medicaid Services (eCFR), current CFR text) https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-484/subpart-B/section-484.50

# 24.3 The Client Can Request a Caregiver Replacement

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A client can request a different caregiver when the current relationship is not working well for them, with a respectful process for making this request — not locked into a single caregiver relationship they are uncomfortable with, and not made to feel this request will trigger conflict or reduced care quality.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a client can request a different caregiver, and the request is answered without a reason being required.

## GUIDANCE

A client may not get on with a caregiver, or may not feel safe. The client can ask for a replacement at any time, and the request is answered within a set number of days.

The client does not have to give a reason for the request.

## WHAT GOOD LOOKS LIKE

- Requests for a replacement are answered within two working days, and the outcome is recorded in the caregiver continuity register.

## COMMON MISTAKES

- A client told that a replacement cannot be arranged, with no reason given.
- A request ignored for several weeks.

> **Why it matters.** A client may not get on with a caregiver, and a relationship that is not working can harm the care. The client should be able to ask for a different caregiver without a fight.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the caregiver replacement requests made in the last 12 months.

**1 Clients can request a replacement caregiver.**

**Method.** Check the policy and the intake for the route to request.

**Evidence to show.** Caregiver replacement request (HC-SOP-001).

**Pass when.** The route is stated in the policy and given at intake.

**2 Each request is answered within the set time.**

**Method.** Check each request for the response date.

**Evidence to show.** Caregiver replacement request record (HC-FRM-002).

**Pass when.** Every request is answered in time.

**3 The request is not treated as a complaint about care quality.**

**Method.** Check each outcome for any penalty to the client.

**Evidence to show.** Caregiver replacement request record (HC-FRM-002).

**Pass when.** No client is penalised for a request.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client who asked for a change and was told no. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-001 | Caregiver replacement request | Manager | Chief executive | Chief executive |
| HC-FRM-002 | Caregiver replacement request record | Manager | Chief executive | Manager |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Caregiver replacement request | — Medium |
| Nurse (ISCO 2221) | Completes the Caregiver replacement request record | — Medium |

### REFERENCES FOR THIS CRITERION

# 24.4 A Reachable Alternate Contact Exists Beyond the Caregiver Themselves

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The client has a known way to reach the agency or a supervisor directly, separate from the caregiver — reachable at any time care might occur, not limited to standard business hours.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: every client has a reachable alternate contact who is not the caregiver.

## GUIDANCE

When the caregiver is the only contact, a client cannot raise concerns if something goes wrong. An alternate contact who is not the caregiver can be reached and knows what to do.

The contact details and out-of-hours arrangements are written in the care file.

## WHAT GOOD LOOKS LIKE

- The alternate contact is named in the care file, with a phone number and the arrangement for out-of-hours calls.

## COMMON MISTAKES

- Only the caregiver's phone number recorded.
- An alternate contact who has never been told of their role.

> **Why it matters.** If the caregiver is the only contact, a client who has a problem with them, or who cannot reach them, is left without help. A direct line to the agency or a supervisor is needed.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the client contact records for 10 clients, and test the out-of-hours route.

**1 Each client has a direct route to the agency or supervisor.**

**Method.** Check each sampled record for the contact given.

**Evidence to show.** Client contact and out-of-hours access record (HC-FRM-003).

**Pass when.** Every sampled client has a contact recorded.

**2 The route works out of hours.**

**Method.** Test the out-of-hours route outside business hours.

**Evidence to show.** Client contact and out-of-hours access record (HC-FRM-003).

**Pass when.** The test reaches a person.

**3 The client knows how to use it.**

**Method.** Check each record for the client's confirmation.

**Evidence to show.** Client contact and out-of-hours access record (HC-FRM-003).

**Pass when.** Every record shows the client knows how.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client with no way to reach anyone but the caregiver. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-003 | Client contact and out-of-hours access record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Client contact and out-of-hours access record | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

**REFERENCES FOR THIS CRITERION**

# 24.5 Freedom From Abuse and Neglect Is Actively Verified

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Freedom from physical, verbal, emotional, and sexual abuse, and from neglect, is actively verified through periodic check-ins independent of the caregiver — not simply stated as a right on a document and otherwise assumed absent good reason to suspect a problem.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: freedom from abuse and neglect is actively verified, not assumed.

## GUIDANCE

Abuse and neglect in the home are hard to see. The service checks for them through a documented process that includes the client, the family and unannounced visits.

Checks are recorded, and the results are reviewed by the manager.

## WHAT GOOD LOOKS LIKE

- Independent check-ins with the client take place at least once a quarter, out of the caregiver's presence.

## COMMON MISTAKES

- Abuse checked only when the family complains.
- Check-ins always scheduled with the caregiver present.

> **Why it matters.** Abuse and neglect of a client in their own home often goes unseen, because the home is private. Active checks, rather than trust, are needed to protect the client.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the independent check-in records for 10 clients over the last 6 months.

**1 Each client is checked by someone independent of the caregiver on schedule.**

**Method.** Check each sampled client for check-ins on the schedule.

**Evidence to show.** Independent check-in record (HC-FRM-004).

**Pass when.** Every sampled client is checked on schedule.

**2 The check covers abuse and neglect.**

**Method.** Check each record for the topics covered.

**Evidence to show.** Independent check-ins for abuse and neglect (HC-SOP-002).

**Pass when.** Every record covers abuse and neglect.

**3 A concern is reported the same day.**

**Method.** Check each concern for the report date.

**Evidence to show.** Incident reporting and management (INC-POL-001).

**Pass when.** Every concern is reported the same day.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client neglected for weeks with no one noticing. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-002 | Independent check-ins for abuse and neglect | Manager | Chief executive | Chief executive |
| HC-FRM-004 | Independent check-in record | Manager | Chief executive | Manager |

**Other records in the criterion:** INC-POL-001 Incident reporting and management

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Independent check-in record | — Must |
| Manager (ISCO 1342) | Maintains the Independent check-in for abuse and neglect | — Must |

### REFERENCES FOR THIS CRITERION

- A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide: Main Report (World Health Organization (with Universite de Geneve), 2008) https://extranet.who.int/agefriendlyworld/wp-content/uploads/2014/06/WHO-A-Global-Response-to-Elder-Abuse-and-Neglect-Building-Primary-Health-Care-Capacity-to-Deal-with-the-Problem-Worldwide.pdf

# 24.6 Background Screening Uses Verified Identity, Not Name-Based Matching Alone

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every caregiver undergoes a criminal record check verified against a unique identifier — fingerprint, unique identity number, or another reliable biometric or official record — not a name-based search alone, which can miss disqualifying history recorded under a different or misspelled name, or fail to distinguish between people who share a common name.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: caregiver background screening uses verified identity, not a name match alone.

## GUIDANCE

Two people can share a name. A background check that matches only by name may clear a person with a record, or flag an innocent one. Identity is confirmed from an official document first.

The screening record states the identity document used.

## WHAT GOOD LOOKS LIKE

- The identity document type and number are recorded in the screening file, and the file is checked by a second person.

## COMMON MISTAKES

- A screening that matches a common name and clears the caregiver.
- A screening file with no identity document recorded.

> **Why it matters.** A criminal record check that matches only a name can miss a person or pick up the wrong one. A check against a unique identifier, such as an ID number, is reliable.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the screening records for 10 caregivers hired in the last 12 months.

**1 Each caregiver's criminal record check is verified against a unique identifier.**
**Method.** Check each sampled record for the identifier used.
**Evidence to show.** Caregiver screening record (HC-FRM-005).
**Pass when.** Every sampled record shows a unique identifier.

**2 No caregiver is screened on a name match alone.**
**Method.** Check each record for the name-only method.
**Evidence to show.** Caregiver background screening, registries and recheck (HC-SOP-003).
**Pass when.** No record is screened on a name match alone.

**3 Identity checks are on file for each caregiver.**
**Method.** Check each file for the identity check result.
**Evidence to show.** Staff verification register (STF-FRM-001).
**Pass when.** Every file shows the identity check.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver hired on a name match with a different person's record. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-003 | Caregiver background screening, registries and recheck | Manager | Chief executive | Chief executive |
| HC-FRM-005 | Caregiver screening record | Manager | Chief executive | Manager |

**Other records in the criterion:** STF-FRM-001 (name to be confirmed)

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Caregiver screening record | — Must |
| Manager (ISCO 1342) | Maintains the Caregiver background screening, registries and recheck | — Must |

### REFERENCES FOR THIS CRITERION

- DBS checks: detailed guidance (UK Disclosure and Barring Service (GOV.UK), 2026 (page updated 2 July 2026)) https://gov.uk/government/collections/dbs-checking-service-guidance--2.

# 24.7 Abuse Registries Are Checked in Every Country the Caregiver Has Worked

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Must** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Where an abuse and neglect registry exists, it is checked for every country where the caregiver has previously worked, not only their current place of residence.

**Rating rule.** Must in every setting: abuse registries are checked in every country where the caregiver has worked.

## GUIDANCE

A caregiver who has worked abroad may have a record in another country. The registry for each country where they have worked is checked, and each check is recorded with the date and result.

Where a registry does not exist, the service records that fact.

## WHAT GOOD LOOKS LIKE

- A list of countries of work is recorded for each caregiver, and each registry is checked and the result filed.

## COMMON MISTAKES

- A caregiver with three years of work abroad, screened only in their home country.
- A registry check dated the year of recruitment and never repeated.

> **Why it matters.** A caregiver may have worked abroad, where an abuse record is held in another country. Checking the registries of every country where they lived or worked finds those records.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the registry checks for 10 caregivers who have worked in more than one country.

**1 Abuse and neglect registries are checked for each country worked.**

**Method.** Check each caregiver with a multi-country history for each registry.

**Evidence to show.** Caregiver screening record (HC-FRM-005).

**Pass when.** Every country worked has its registry checked.

**2 Where no registry exists, another reliable check is recorded.**

**Method.** Check each country without a registry for the alternative.

**Evidence to show.** Caregiver background screening, registries and recheck (HC-SOP-003).

**Pass when.** Every such country has an alternative recorded.

**3 The check is on file before the first visit.**

**Method.** Check each file for the date of the check against the start date.

**Evidence to show.** Caregiver screening record (HC-FRM-005).

**Pass when.** Every check is dated before the first visit.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver with an abuse record abroad, hired without a check. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-005 | Caregiver screening record | Manager | Chief executive | Manager |
| HC-SOP-003 | Caregiver background screening, registries and recheck | Manager | Chief executive | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Caregiver screening record | — Must |
| Manager (ISCO 1342) | Maintains the Caregiver background screening, registries and recheck | — Must |

### REFERENCES FOR THIS CRITERION

# 24.8 Any Care-Worker Exclusion Registry Is Specifically Checked

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Where an exclusion registry exists that specifically bars individuals from care-related work due to substantiated misconduct — distinct from a general criminal record — every caregiver is specifically checked against it, not assumed covered by a general criminal background check alone; where no such registry exists in the country where the caregiver works, the service verifies this history through the most reliable alternative available, such as direct verification with prior care-sector employers.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: any caregiver exclusion registry is specifically checked before the caregiver starts.

## GUIDANCE

An exclusion registry lists people who may not work with vulnerable adults. It is checked by name and identity number, and the result is recorded before the caregiver starts work.

A check done after the start of work is not a valid check.

## WHAT GOOD LOOKS LIKE

- Exclusion registry results are filed before the caregiver's first shift, with the name and identity number checked.

## COMMON MISTAKES

- A caregiver started on the first day and checked a week later.
- A registry result recorded with no identity number.

> **Why it matters.** Some countries keep a list of people barred from working in care. Those lists are separate from the criminal record and must be checked on their own.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the exclusion registry checks for 10 caregivers.

**1 Every caregiver is checked against the exclusion registry where one exists.**
**Method.** Check each caregiver record for the exclusion registry check.
**Evidence to show.** Caregiver screening record (HC-FRM-005).
**Pass when.** Every caregiver record shows the check.

**2 Where no registry exists, the service verifies history with prior employers.**
**Method.** Check each country without a registry for the employer verification.
**Evidence to show.** Caregiver background screening, registries and recheck (HC-SOP-003).
**Pass when.** Every such case has an employer verification.

**3 A general criminal record check is not used as a substitute.**
**Method.** Check the procedure for the separate exclusion check.
**Evidence to show.** Caregiver background screening, registries and recheck (HC-SOP-003).
**Pass when.** The procedure requires the separate check.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A barred caregiver hired because the exclusion list was never looked at. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-005 | Caregiver screening record | Manager | Chief executive | Manager |
| HC-SOP-003 | Caregiver background screening, registries and recheck | Manager | Chief executive | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Caregiver screening record | — Must |
| Manager (ISCO 1342) | Maintains the Caregiver background screening, registries and recheck | — Must |

### REFERENCES FOR THIS CRITERION

- Background Information and Exclusion Authorities (List of Excluded Individuals/Entities) (US HHS Office of Inspector General, not stated on page) https://oig.hhs.gov/exclusions/background/

# 24.9 Screening Is Repeated Periodically

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Background screening is repeated on a periodic, defined schedule for every active caregiver — not treated as a one-time check completed at initial hire and never revisited.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: caregiver screening is repeated periodically.

## GUIDANCE

A person who was safe to employ at recruitment may not be safe later. Screening is repeated at a set interval and at any change of role, and each repeat is recorded.

The interval is written in the screening procedure.

## WHAT GOOD LOOKS LIKE

- Screening is repeated every two years, and at any change of role or after a serious concern.

## COMMON MISTAKES

- A caregiver screened once in ten years of employment.
- A repeat screening that is not recorded.

> **Why it matters.** A caregiver who was clear when hired may not be clear later. Screening repeated on a set schedule keeps the checks current.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the screening schedule and the recheck records for 10 active caregivers.

**1 Screening is repeated on a defined schedule.**
**Method.** Check the schedule against each caregiver's last check.
**Evidence to show.** Caregiver background screening, registries and recheck (HC-SOP-003).
**Pass when.** The schedule is defined.

**2 Each active caregiver is rechecked on schedule.**
**Method.** Check each sampled caregiver against the schedule.
**Evidence to show.** Caregiver screening record (HC-FRM-005).
**Pass when.** Every sampled caregiver is rechecked on schedule.

**3 The next recheck date is recorded.**
**Method.** Check each record for the next date.
**Evidence to show.** Caregiver screening record (HC-FRM-005).
**Pass when.** Every record shows the next recheck date.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver working for five years on a check from hiring. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-003 | Caregiver background screening, registries and recheck | Manager | Chief executive | Chief executive |
| HC-FRM-005 | Caregiver screening record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Caregiver background screening, registries and recheck | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Caregiver screening record | — Must |

**REFERENCES FOR THIS CRITERION**

# 24.10 A Disqualifying Finding Triggers Individualised Assessment

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A criminal history finding triggers an individualised assessment of its actual relevance to caregiving work — not an automatic, blanket rejection applied regardless of the finding's nature, age, or relevance to the specific role.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a disqualifying screening finding triggers an individualised assessment.

## GUIDANCE

A criminal history does not automatically prevent work, but it must be assessed. A named manager reviews the finding, considers the nature of the offence and the time since, and records the decision and the reasons.

The decision is reviewed if new information appears.

## WHAT GOOD LOOKS LIKE

- A finding is reviewed by a named manager within five working days, and the decision letter is filed with the screening record.

## COMMON MISTAKES

- A finding ignored because the caregiver is needed.
- A finding that disqualifies a caregiver with no assessment.

> **Why it matters.** A criminal record does not always mean a person cannot work safely. Each finding should be looked at individually, for its real relevance to the job, rather than an automatic refusal.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review every criminal history finding in the last 12 months and the decision recorded.

**1 Each finding is assessed for its relevance to care work.**

**Method.** Check each finding for the assessment recorded.

**Evidence to show.** Individualised assessment of criminal history findings (HC-POL-002).

**Pass when.** Every finding has an assessment.

**2 The assessment considers nature, age and relevance.**

**Method.** Check each assessment for the three factors.

**Evidence to show.** Individualised assessment of criminal history findings (HC-POL-002).

**Pass when.** Every assessment covers the three factors.

**3 No refusal is automatic.**

**Method.** Check each refusal for the individual reasoning.

**Evidence to show.** Caregiver screening record (HC-FRM-005).

**Pass when.** Every refusal has individual reasoning recorded.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A person refused automatically for an old, unrelated finding. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-POL-002 | Individualised assessment of criminal history findings | Chief executive | Governing body members | Chief executive |

**Other records in the criterion:** HC-FRM-005 Caregiver screening record

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Individualised assessment of criminal history findings | — Medium |
| Nurse (ISCO 2221) | Completes the Caregiver screening record | — Medium |

### REFERENCES FOR THIS CRITERION

- Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions under Title VII (US Equal Employment Opportunity Commission, 2012) https://www.eeoc.gov/laws/guidance/enforcement-guidance-consideration-arrest-and-conviction-records-employment-decisions

# 24.11 A Structured Home Safety Assessment Occurs Before Care Begins

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A structured home safety assessment — covering flooring, lighting, stairs, bathroom hazards, and clear pathways — is conducted before care begins, not assumed adequate from a general first impression of the home.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a structured home safety assessment is completed before care begins.

## GUIDANCE

The home is assessed before care begins, so that the caregiver knows the risks, the equipment and the client's needs before the first visit. The assessment is structured and signed.

The assessment covers access, hazards, equipment and the client's needs.

## WHAT GOOD LOOKS LIKE

- A home safety assessment is completed and signed before the first visit, and the signed copy is kept in the client file.

## COMMON MISTAKES

- A home assessed by the caregiver on the first visit.
- An assessment that lists hazards but is never signed.

> **Why it matters.** A home that has loose rugs, poor lighting or a slippery bathroom is a risk to the client before care even starts. A structured assessment before the first visit finds those risks.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the home safety assessments for 10 clients, and walk through 3 homes.

**1 A structured assessment is done before care begins.**

**Method.** Check each sampled home for the assessment date against the start date.

**Evidence to show.** Home safety assessment record (HC-FRM-006).

**Pass when.** Every sampled home is assessed before care begins.

**2 The assessment covers flooring, lighting, stairs, bathroom and pathways.**

**Method.** Check each assessment for the five areas.

**Evidence to show.** Home environment safety assessment and remediation (HC-SOP-004).

**Pass when.** Every assessment covers the five areas.

**3 The walk-through matches the assessment.**

**Method.** Compare the walk-through with the assessment for hazards.

**Evidence to show.** Home safety assessment record (HC-FRM-006).

**Pass when.** No hazard seen on the walk-through is missing from the assessment.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** Care started in a home with stairs and no handrail, no assessment done. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-004 | Home environment safety assessment and remediation | Manager | Chief executive | Chief executive |
| HC-FRM-006 | Home safety assessment record | Manager | Chief executive | Manager |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Home safety assessment record | — Must |
| Manager (ISCO 1342) | Maintains the Home environment safety assessment and remediation | — Must |

### REFERENCES FOR THIS CRITERION


- WHO (2024). Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings: interim operational guide. Used for: Infection prevention, WASH and home care for mild mpox cases: home environment assessment and caregiver measures. https://news.gmj.ge/guideline/infection-prevention-and-control-and-water-sanitation-and-hygiene-measures-for-home-care-and-isolation-for-mpox-in-resource-limited-settings-interim-operational-guide/
- WHO (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. Used for: Step Safely: home environment hazards and falls prevention across the life course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/

# 24.12 Identified Hazards Lead to Tracked Remediation

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A hazard identified during home safety assessment leads to tracked remediation — a specific action taken, a specific person responsible, a specific timeframe — not a hazard noted on a checklist and then left unaddressed.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: hazards identified in the home lead to tracked remediation.

## GUIDANCE

A hazard that is written down but not fixed is still a hazard. Each hazard has an action, an owner and a due date, and each action is closed or escalated on time.

Open actions are reviewed by the manager each month.

## WHAT GOOD LOOKS LIKE

- The home hazard remediation register lists each hazard, its action, owner and due date, and is reviewed monthly.

## COMMON MISTAKES

- A hazard listed in 2025 with no action.
- An action closed without evidence of the fix.

> **Why it matters.** A hazard found in a home that is noted and then forgotten still puts the client at risk. Each hazard needs a named action and a check that it was fixed.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the hazard remediation register for the last 12 months.

**1 Each hazard leads to a specific action.**
**Method.** Check each hazard for the action recorded.
**Evidence to show.** Home hazard remediation register (HC-REG-001).
**Pass when.** Every hazard has an action.

**2 Each hazard has a responsible person and a deadline.**
**Method.** Check each hazard for the person and deadline.
**Evidence to show.** Home hazard remediation register (HC-REG-001).
**Pass when.** Every hazard has a person and a deadline.

**3 Hazards are remediated within the deadline.**
**Method.** Check each hazard against its deadline and remediation date.
**Evidence to show.** Home hazard remediation register (HC-REG-001).
**Pass when.** At least 90% are remediated on time.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A loose stair rail noted on three visits and never fixed. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-REG-001 | Home hazard remediation register | Secretary | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Secretary (ISCO 3344) | Keeps the Home hazard remediation register | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

### REFERENCES FOR THIS CRITERION


- WHO (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. Used for: Step Safely: home environment hazards and falls prevention across the life course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/

# 24.13 A Fall Triggers Reassessment

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Must** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a client experiences a fall, this triggers a specific, structured reassessment of the home environment and the client's own risk factors — not treated as an isolated event requiring only immediate first aid.

**Rating rule.** Must in every setting: a fall triggers reassessment of the client and the home.

## GUIDANCE

A fall at home is a sign that the client's needs or the home have changed. A reassessment within a set number of days finds the cause and prevents the next fall.

The result is shared with the care team and the client.

## WHAT GOOD LOOKS LIKE

- A fall is reassessed within three working days, and the reassessment covers the medicines, the home and the client's balance.

## COMMON MISTAKES

- A fall recorded with no reassessment.
- A repeat fall in the same room with no change to the home.

> **Why it matters.** A fall at home is a turning point. It often means the client needs a different level of care. A structured reassessment after each fall finds the cause and what must change.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the falls records for 10 clients who fell in the last 12 months.

**1 Each fall triggers a structured reassessment.**
**Method.** Check each fall for the reassessment recorded.
**Evidence to show.** Falls Risk Assessment and Prevention (PSF-SOP-001).
**Pass when.** Every fall has a reassessment.

**2 The reassessment covers the home environment and client risk factors.**
**Method.** Check each reassessment for both.
**Evidence to show.** Falls Risk Assessment Tool (PSF-FRM-002).
**Pass when.** Every reassessment covers both.

**3 The care plan is changed after repeated falls.**
**Method.** Check each client with repeated falls for the plan change.
**Evidence to show.** Falls Log (PSF-FRM-001).
**Pass when.** Every client with repeated falls has a changed plan.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client falling three times in a month with the care plan unchanged. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| PSF-SOP-001 | Falls Risk Assessment and Prevention | Manager | Chief executive | Chief executive |
| PSF-FRM-002 | Falls Risk Assessment Tool | Manager | Chief executive | Manager |
| PSF-FRM-001 | Falls Log | Manager | Chief executive | Manager |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Falls Risk Assessment and Prevention | — Must |
| Nurse (ISCO 2221) | Completes the Falls Risk Assessment Tool | — Must |

### REFERENCES FOR THIS CRITERION


- WHO (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. Used for: Step Safely: home environment hazards and falls prevention across the life course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/

# 24.14 The Home Environment Is Reassessed Periodically

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The home environment is reassessed on a periodic, defined schedule, not limited to the initial assessment at the start of care, because a home's physical condition and hazard profile can change over the course of an ongoing care relationship.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the home environment is reassessed periodically.

## GUIDANCE

A home changes over time, with new equipment, new people and new hazards. The environment is reassessed at a set interval and whenever the client's needs change.

Each reassessment is recorded.

## WHAT GOOD LOOKS LIKE

- The home environment is reassessed every six months and after any change in the client's needs.

## COMMON MISTAKES

- A home assessed only at admission.
- A new piece of equipment in the home that was never assessed.

> **Why it matters.** A home changes over time: a new rug, a new bed, a new family member. A periodic reassessment, not only at the start, catches new hazards.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the reassessment records for 10 long-running clients.

**1 The home is reassessed on a defined schedule.**

**Method.** Check the schedule against each home's reassessment dates.

**Evidence to show.** Home environment safety assessment and remediation (HC-SOP-004).

**Pass when.** The schedule is defined.

**2 Each sampled home is reassessed on schedule.**

**Method.** Check each sampled home against the schedule.

**Evidence to show.** Home safety assessment record (HC-FRM-006).

**Pass when.** Every sampled home is reassessed on schedule.

**3 Changes in the home are recorded.**

**Method.** Check each reassessment for changes recorded.

**Evidence to show.** Home safety assessment record (HC-FRM-006).

**Pass when.** Every reassessment records any change.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A home unchecked for two years while the client's needs grew. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-004 | Home environment safety assessment and remediation | Manager | Chief executive | Chief executive |
| HC-FRM-006 | Home safety assessment record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Home safety assessment and remediation | — Medium |

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Home safety assessment record | — Medium |

### REFERENCES FOR THIS CRITERION


- WHO (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. Used for: Step Safely: home environment hazards and falls prevention across the life course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/

# 24.15 Emergency Access to the Home Is Confirmed

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A verified plan exists for how emergency responders would access the home if the client is unable to reach the door — a lockbox code, a designated key holder, a specific access arrangement — not assumed that responders will simply find a way in when the moment arrives.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: emergency access to the home is confirmed and tested.

## GUIDANCE

If an emergency happens and the caregiver or the ambulance cannot get into the home, care is delayed. The plan for emergency access, including keys and codes and who can open the door, is written and tested.

The plan is checked each time the access arrangements change.

## WHAT GOOD LOOKS LIKE

- The emergency access arrangement is tested at least twice a year, and the test is recorded.

## COMMON MISTAKES

- A key held by one person who has left the job.
- A code that changed and was not passed on.

> **Why it matters.** If a client collapses in a home where the door is locked or the code has changed, the ambulance may not get in. A verified plan for emergency access saves minutes that matter.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the emergency access arrangement for 10 clients.

**1 A verified access arrangement exists for each home.**
**Method.** Check each sampled home for the arrangement recorded.
**Evidence to show.** Emergency access arrangement record (HC-FRM-007).
**Pass when.** Every sampled home has an arrangement.

**2 The arrangement is checked.**
**Method.** Check each record for the date it was checked.
**Evidence to show.** Emergency access arrangement record (HC-FRM-007).
**Pass when.** Every arrangement has a recent check date.

**3 Responders can enter when the client cannot reach the door.**
**Method.** Test the access route for a sample of homes with the agency.
**Evidence to show.** Emergency access arrangement record (HC-FRM-007).
**Pass when.** The test shows access is possible.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** An ambulance crew unable to enter a home for ten minutes. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-007 | Emergency access arrangement record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Emergency access arrangement record | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

**REFERENCES FOR THIS CRITERION**

# 24.16 Medication Reminders and Administration Are Distinguished

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The service distinguishes between medication reminders, which a non-clinical caregiver can appropriately provide, and actual medication administration, which requires clinical training and appropriate supervision — not conflating the two, or allowing a non-clinical caregiver to perform tasks beyond their actual scope.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: medication reminders and medication administration are distinguished in the record.

## GUIDANCE

A reminder tells the client to take a medicine. Administration means the caregiver gave it. The record keeps the two apart, so that everyone knows who did what.

Each medicine is recorded with the time and the person who took it.

## WHAT GOOD LOOKS LIKE

- Each medicine dose is recorded as reminded, administered or self-administered, with the time and the person.

## COMMON MISTAKES

- A record that reads "medicines given" with no detail.
- Reminders recorded as administrations.

> **Why it matters.** Reminding a client to take a medicine is different from giving it. A non-clinical caregiver may remind, but only a trained person may give or manage a medicine. Confusing the two causes harm.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the task list for each caregiver and observe 3 medicine tasks.

**1 Reminders and administration are separated in the policy.**

**Method.** Check the policy for the separation.

**Evidence to show.** Medication reminders and administration in the home (HC-POL-003).

**Pass when.** The policy separates the two.

**2 Each caregiver performs only tasks within their scope.**

**Method.** Check each observed medicine task against the scope.

**Evidence to show.** Medication reminders and administration in the home (HC-POL-003).

**Pass when.** Every observed task is within scope.

**3 Tasks beyond scope are refused and reported.**

**Method.** Check each recorded refusal for the report.

**Evidence to show.** Incident reporting and management (INC-POL-001).

**Pass when.** Every refusal is reported.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** An untrained caregiver giving an injection. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-POL-003 | Medication reminders and administration in the home | Chief executive | Governing body members | Chief executive |

**Other records in the criterion:** INC-POL-001 Incident reporting and management

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Medicine reminders and administration in the home | — Must |
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

### REFERENCES FOR THIS CRITERION


- WHO (2020). Medication safety in transitions of care. Used for: Medication safety in transitions of care: medication lists, reconciliation and review after a change. https://news.gmj.ge/guideline/medication-safety-in-transitions-of-care/
- World Health Organization. Medication Without Harm: Global Patient Safety Challenge on Medication Safety. Geneva: WHO; 2017. Used for: https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/
- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705 Used for: https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

# 24.17 A Single, Current Medication List Is Shared Across Everyone Involved

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Must** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A single, current medication list is actively shared across everyone involved in the client's care — the caregiver, family members, and any other provider — not maintained separately by each party in a way that allows the same medication task to be missed by everyone, or duplicated by more than one.

**Rating rule.** Must in every setting: a single, current medication list is shared across everyone involved in the client's care.

## GUIDANCE

When several people hold different medication lists, errors follow. A single current list is kept in the home and shared with the client, the family, the prescriber and the pharmacist.

The list is updated at each change.

## WHAT GOOD LOOKS LIKE

- A shared medication list is printed, given to the client and the family, and updated at each change.

## COMMON MISTAKES

- Two lists in the home that disagree.
- A list not updated after a hospital discharge.

> **Why it matters.** When a client's medicines are on several lists, the GP, the pharmacy and the caregiver may each have a different version. One current list, shared with everyone, prevents the mix-ups that cause harm.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the shared medication list for 10 clients, against the medicines at home.

**1 One current medication list exists for each client.**

**Method.** Check each sampled client for one list.

**Evidence to show.** Shared medication list (HC-FRM-008).

**Pass when.** Every sampled client has one list.

**2 The list is shared with everyone involved.**

**Method.** Check each list for the people it is shared with.

**Evidence to show.** Shared medication list (HC-FRM-008).

**Pass when.** Every list shows the people it is shared with.

**3 The list matches the medicines in the home.**

**Method.** Compare each list with the medicines found in the home.

**Evidence to show.** Medicine reconciliation form (LTC-FRM-002).

**Pass when.** No mismatch is found in the sample.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** Two different medicine lists in the home and the client taking the wrong dose. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-008 | Shared medication list | Manager | Chief executive | Manager |

**Other records in the criterion:** LTC-FRM-002 (name to be confirmed)

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Shared medication list | — Must |
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

### REFERENCES FOR THIS CRITERION


- WHO (2020). Medication safety in transitions of care. Used for: Medication safety in transitions of care: medication lists, reconciliation and review after a change. https://news.gmj.ge/guideline/medication-safety-in-transitions-of-care/
- World Health Organization. Medication Without Harm: Global Patient Safety Challenge on Medication Safety. Geneva: WHO; 2017. Used for: https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/
- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705 Used for: https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

# 24.18 A Medication Change or Care Transition Triggers Structured Review

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Must** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A medication change or a care transition — hospital discharge, a new prescriber, a change in caregiver — triggers a structured review of the client's complete medication regimen, not treated as a routine update folded into ordinary care without specific, dedicated attention.

**Rating rule.** Must in every setting: a medication change or care transition triggers a structured review.

## GUIDANCE

A change to medication or a move between care settings is a high-risk moment. A structured review by a clinician checks the new regimen before it takes effect.

A change made by telephone is reviewed and recorded before it is given.

## WHAT GOOD LOOKS LIKE

- A clinician reviews each medication change within one working day, and the review is recorded before the change is given.

## COMMON MISTAKES

- A medicine stopped after a telephone call with no review.
- A transition from hospital with no structured review.

> **Why it matters.** The most dangerous moments for medicines are changes: a hospital discharge, a new prescriber, a change of dose. Reconciling the list at those points catches the error.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review 10 medicine changes and care transitions in the last 12 months.

**1 Each change or transition triggers a structured review.**

**Method.** Check each change for the review recorded.

**Evidence to show.** Medication changes, transitions and missed doses (HC-SOP-005).

**Pass when.** Every change has a review recorded.

**2 The review covers the complete regimen.**

**Method.** Check each review for the full regimen.

**Evidence to show.** Medicine reconciliation at admission, transfer and discharge (LTC-SOP-002).

**Pass when.** Every review covers the full regimen.

**3 The shared list is updated at each change.**

**Method.** Check the list date against each change.

**Evidence to show.** Shared medication list (HC-FRM-008).

**Pass when.** Every change is on the list on the same day.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A hospital discharge with a new drug not added to the home list. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-005 | Medication changes, transitions and missed doses | Manager | Chief executive | Chief executive |

**Other records in the criterion:** LTC-SOP-002 (name to be confirmed), HC-FRM-008 Shared medication list

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Medicine changes, transitions and missed doses | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Shared medication list | — Must |

### REFERENCES FOR THIS CRITERION


- WHO (2020). Medication safety in transitions of care. Used for: Medication safety in transitions of care: medication lists, reconciliation and review after a change. https://news.gmj.ge/guideline/medication-safety-in-transitions-of-care/
- World Health Organization. Medication Without Harm: Global Patient Safety Challenge on Medication Safety. Geneva: WHO; 2017. Used for: https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/
- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705 Used for: https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

# 24.19 Medications Belonging to Different Household Members Are Distinguished and Secured

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| Minimum | Must | Must |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Medications belonging to different people in the household are physically distinguished and securely stored separately — not left commingled in a way that risks a client taking another person's medication, a documented error type in home medication management.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: medications belonging to different household members are distinguished and secured.

## GUIDANCE

Medicines in a household may belong to several people. Mixing them up is dangerous. Each person's medicines are stored and recorded separately, and the caregiver records only the client's medicines.

Medicines are secured where children or visitors can reach them.

## WHAT GOOD LOOKS LIKE

- Each household member's medicines are kept in a separate labelled container, and the caregiver records only the client's medicines.

## COMMON MISTAKES

- One box holding the medicines of three people.
- A child able to reach the medicines.

> **Why it matters.** Medicines for different people in the same home can be mixed up, especially by an aide who is not familiar with the household. Storing each person's medicines separately prevents that.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the medicine storage in 5 multi-person households.

**1 Each person's medicines are stored separately.**
**Method.** Observe the storage in each sampled home.
**Evidence to show.** Medicines in multi-person households (HC-SOP-006).
**Pass when.** Every sampled home stores them separately.

**2 Medicines are labelled with the owner's name.**
**Method.** Check each sampled label.
**Evidence to show.** Medicines in multi-person households (HC-SOP-006).
**Pass when.** Every sampled label shows the owner.

**3 Controlled medicines are stored securely and recorded.**
**Method.** Check the controlled medicines register for each home.
**Evidence to show.** Controlled medicines register (PHM-FRM-002).
**Pass when.** Every controlled medicine is recorded.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A husband's heart tablets given to his wife. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-006 | Medicines in multi-person households | Manager | Chief executive | Chief executive |

**Other records in the criterion:** PHM-FRM-002 (name to be confirmed)

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Medicines in multi-person households | — Must |
| Nurse (ISCO 2221) | Completes the Controlled medicines register | — Must |

### REFERENCES FOR THIS CRITERION


- World Health Organization. Medication Without Harm: Global Patient Safety Challenge on Medication Safety. Geneva: WHO; 2017. Used for: https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/
- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705 Used for: https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

# 24.20 A Missed or Uncertain Dose Is Actively Followed Up

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a dose is missed, or it is uncertain whether it was taken, this is actively, specifically followed up — not left unresolved on the assumption that a single missed or uncertain dose does not warrant attention.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a missed or uncertain dose is actively followed up.

## GUIDANCE

A missed dose can cause serious harm, and an uncertain dose can be doubled by mistake. The missed dose is followed up on the same day, the prescriber is told and the event is recorded.

The follow-up is recorded as a clinical action.

## WHAT GOOD LOOKS LIKE

- A missed dose is reported to the prescriber on the same day, and the follow-up is recorded in the medication record.

## COMMON MISTAKES

- A missed dose noted with no follow-up.
- An uncertain dose given a second time.

> **Why it matters.** A missed dose can cause serious harm, and an uncertain dose can lead to a double dose. A clear follow-up for each missed or uncertain dose protects the client.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the missed-dose records for the last 6 months.

**1 Each missed or uncertain dose is followed up.**

**Method.** Check each missed dose for the follow-up recorded.

**Evidence to show.** Medication changes, transitions and missed doses (HC-SOP-005).

**Pass when.** Every missed dose has a follow-up.

**2 The follow-up is the same day.**

**Method.** Check each follow-up for the time against the missed dose.

**Evidence to show.** Medication changes, transitions and missed doses (HC-SOP-005).

**Pass when.** At least 95% are followed up the same day.

**3 Anticoagulant and other high-risk doses are prioritised.**

**Method.** Check each high-risk missed dose for the priority follow-up.

**Evidence to show.** Incident reporting and management (INC-POL-001).

**Pass when.** Every high-risk missed dose is followed up at once.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** An anticoagulant missed for a week with no one noticing. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-005 | Medication changes, transitions and missed doses | Manager | Chief executive | Chief executive |
| INC-POL-001 | Incident reporting and management | Chief executive | Governing body members | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Medicine changes, transitions and missed doses | — Medium |
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

### REFERENCES FOR THIS CRITERION


- WHO (2020). Medication safety in transitions of care. Used for: Medication safety in transitions of care: medication lists, reconciliation and review after a change. https://news.gmj.ge/guideline/medication-safety-in-transitions-of-care/
- World Health Organization. Medication Without Harm: Global Patient Safety Challenge on Medication Safety. Geneva: WHO; 2017. Used for: https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/
- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705 Used for: https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

# 24.21 A Risk Assessment of the Home Occurs Before the First Visit

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A risk assessment of the client's home and household — including household members, pets, and known environmental hazards — occurs before a caregiver's first visit, not left for the caregiver to discover in time upon arrival.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a risk assessment of the home is completed before the first visit.

## GUIDANCE

Before the first visit, the caregiver should know the risks in the home. A risk assessment done beforehand is shared with the caregiver before the visit.

A supervisor signs the assessment.

## WHAT GOOD LOOKS LIKE

- The pre-visit home risk assessment is completed by a supervisor and sent to the caregiver at least one day before the first visit.

## COMMON MISTAKES

- A first visit made with no risk information.
- A risk assessment written after the visit.

> **Why it matters.** Before a caregiver goes into a home, the risk to them and to the client must be known: who lives there, whether there is violence, and what is in the home. The assessment comes first.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the pre-visit risk assessments for 10 new assignments.

**1 Each home is risk-assessed before the first visit.**
**Method.** Check each assignment for the assessment date against the first visit.
**Evidence to show.** Pre-visit home risk assessment (HC-FRM-009).
**Pass when.** Every assignment is assessed before the first visit.

**2 The assessment covers household members and known risk.**
**Method.** Check each assessment for household and known risk.
**Evidence to show.** Caregiver safety in private homes (HC-POL-004).
**Pass when.** Every assessment covers household and known risk.

**3 No caregiver is sent to a home with a known risk and no assessment.**
**Method.** Check each known risk for an assessment on file.
**Evidence to show.** Caregiver safety in private homes (HC-POL-004).
**Pass when.** Every known risk has an assessment.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver sent to a home with a known violent member and no assessment. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-009 | Pre-visit home risk assessment | Manager | Chief executive | Manager |
| HC-POL-004 | Caregiver safety in private homes | Chief executive | Governing body members | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Pre-visit home risk assessment | — Must |
| Manager (ISCO 1342) | Maintains the Caregiver safety in private homes | — Must |

### REFERENCES FOR THIS CRITERION


- WHO (2024). Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings: interim operational guide. Used for: Infection prevention, WASH and home care for mild mpox cases: home environment assessment and caregiver measures. https://news.gmj.ge/guideline/infection-prevention-and-control-and-water-sanitation-and-hygiene-measures-for-home-care-and-isolation-for-mpox-in-resource-limited-settings-interim-operational-guide/

# 24.22 A Workplace Violence Prevention Programme Exists, Adapted for the Home Setting

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A workplace violence prevention programme exists, specifically adapted for the reality of a caregiver working alone in a private home — not a generic facility-based programme applied without adaptation, and not assumed unnecessary because violence seems unlikely in this specific client relationship.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a workplace violence prevention programme exists, adapted for the home setting.

## GUIDANCE

Caregivers working alone in homes face violence and aggression that an office-based programme may not cover. The programme covers lone working, visit times, reporting and support.

Each caregiver is trained in it.

## WHAT GOOD LOOKS LIKE

- The programme includes a check of each visit, a reporting route and a debriefing after any violent incident.

## COMMON MISTAKES

- A programme written for the office that does not cover lone working.
- No debriefing after a threat.

> **Why it matters.** Caregivers work alone in homes they do not control, and violence is a real risk. A prevention programme that fits the home setting, not a hospital, protects them.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the violence prevention programme and its training records.

**1 A violence prevention programme exists for the home setting.**

**Method.** Check the programme for home-based adaptation.

**Evidence to show.** Caregiver safety in private homes (HC-POL-004).

**Pass when.** The programme covers the home setting.

**2 Caregivers working alone are trained.**

**Method.** Check the training records for each caregiver.

**Evidence to show.** Violence and aggression prevention and response (WRK-SOP-006).

**Pass when.** Every caregiver has training recorded.

**3 Incidents are tracked and reviewed.**

**Method.** Check the incident log for the review.

**Evidence to show.** Violence and aggression incident record (WRK-FRM-003).

**Pass when.** Every incident is tracked and reviewed.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver attacked in a home with no programme and no training. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-POL-004 | Caregiver safety in private homes | Chief executive | Governing body members | Chief executive |
| WRK-SOP-006 | Violence and aggression prevention and response | Manager | Chief executive | Chief executive |
| WRK-FRM-003 | Violence and aggression incident record | Manager | Chief executive | Manager |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Caregiver safety in private homes | — Must |
| Nurse (ISCO 2221) | Completes the Violence and aggression incident record | — Must |

### REFERENCES FOR THIS CRITERION

- WHO (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. Used for: Occupational health and safety for health workers, including violence prevention and staff wellbeing. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/

# 24.23 The Caregiver Has a Way to Signal Distress Discreetly

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The caregiver has a practical way to signal distress or request help during a visit — without alerting anyone present in the home that they have done so — not left with no option beyond openly announcing they feel unsafe in the moment they most need discretion.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: the caregiver has a discreet way to signal distress during a visit.

## GUIDANCE

A caregiver who is threatened in a home may not be able to leave or call for help. A discreet signal, such as a code phrase or a check-in call, brings help without alerting the aggressor.

The signal is answered at once.

## WHAT GOOD LOOKS LIKE

- Each caregiver carries a phone with a discreet code, and a supervisor answers the call within a set time.

## COMMON MISTAKES

- A caregiver with no way to call for help during a visit.
- A code that no one is trained to answer.

> **Why it matters.** A caregiver alone in a home who feels threatened needs a way to ask for help without the client or family knowing. A discreet signal, and a plan for it, keeps them safe.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the distress signal arrangements for 10 caregivers.

**1 Each caregiver has a discreet way to signal distress.**
**Method.** Check each caregiver record for the signal arrangement.
**Evidence to show.** Caregiver safety and distress signalling (HC-POL-005).
**Pass when.** Every caregiver has a signal.

**2 Each signal is responded to at once.**
**Method.** Check each recorded signal for the response time.
**Evidence to show.** Lone-worker check-in log (MOB-FRM-004).
**Pass when.** Every signal is responded to at once.

**3 The signal does not alert the household.**
**Method.** Check the signal method in the policy.
**Evidence to show.** Caregiver safety and distress signalling (HC-POL-005).
**Pass when.** The method is discreet by design.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver threatened with no way to call for help. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-POL-005 | Caregiver safety and distress signalling | Chief executive | Governing body members | Chief executive |

**Other records in the criterion:** MOB-FRM-004 (name to be confirmed)

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Caregiver safety and distress signalling | — Must |
| Nurse (ISCO 2221) | Completes the Lone-worker check-in log | — Must |

### REFERENCES FOR THIS CRITERION


- WHO (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. Used for: Occupational health and safety for health workers, including violence prevention and staff wellbeing. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/

# 24.24 Hostile Animals and Environmental Hazards Are Specifically Assessed

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Hostile or unpredictable animals, along with other environmental hazards specific to home-based work — poor lighting, unsafe walking conditions, extreme temperature — are specifically assessed for each home, not overlooked as a lesser concern compared with interpersonal risk.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: hostile animals and environmental hazards are specifically assessed.

## GUIDANCE

Animals and hazards in a home, such as dogs, unsafe wiring or unsafe neighbourhoods, are part of the risk. They are assessed before care begins, and each has a documented way to manage it.

Caregivers are told about them before they go in.

## WHAT GOOD LOOKS LIKE

- The home risk assessment includes a section on animals and on the neighbourhood, and the caregiver is told the result.

## COMMON MISTAKES

- A dog in the home not recorded.
- A dangerous neighbourhood with no risk recorded.

> **Why it matters.** A dog that bites, a broken stair or a chemical left on a shelf are hazards that a caregiver meets in homes but never in a hospital. These need to be named and managed.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the home risk assessments for 10 homes with animals or outdoor work.

**1 Hostile or unpredictable animals are assessed.**
**Method.** Check each sampled home for the animal assessment.
**Evidence to show.** Pre-visit home risk assessment (HC-FRM-009).
**Pass when.** Every sampled home has the animal check.

**2 Lighting, walking and temperature hazards are assessed.**
**Method.** Check each sampled home for the environmental hazards.
**Evidence to show.** Pre-visit home risk assessment (HC-FRM-009).
**Pass when.** Every sampled home has the hazards checked.

**3 Each caregiver is told of the hazards before the visit.**
**Method.** Check each sampled caregiver for the briefing.
**Evidence to show.** Caregiver safety in private homes (HC-POL-004).
**Pass when.** Every caregiver is briefed before the first visit.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver bitten by a dog the agency knew about. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-009 | Pre-visit home risk assessment | Manager | Chief executive | Manager |
| HC-POL-004 | Caregiver safety in private homes | Chief executive | Governing body members | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Pre-visit home risk assessment | — Medium |
| Manager (ISCO 1342) | Maintains the Caregiver safety in private homes | — Medium |

### REFERENCES FOR THIS CRITERION

- Guidance on Managing the Risk of Lone Working in the Health and Social Care Sector (Health and Safety Authority, Ireland, not stated on page) https://hsa.ie/eng/publications_and_forms/publications/health_and_social_care_sector/guidance_on_managing_the_risk_of_lone_working_in_the_health_and_social_care_sector.pdf

# 24.25 Near-Misses Are Actively Reported and Used to Update Risk Assessments

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A near-miss — a situation that could have resulted in harm but did not — is actively reported by caregivers and used to update risk assessments and safety procedures, not dismissed as a non-event simply because no actual harm occurred this time.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: near-misses are reported and used to update risk assessments.

## GUIDANCE

A near-miss is an early warning. When it is reported and used to update the risk assessment, the next event may be prevented.

Reporting is encouraged, not punished.

## WHAT GOOD LOOKS LIKE

- Near-misses are reported on a short form, reviewed in the monthly meeting, and each review changes the risk assessment where needed.

## COMMON MISTAKES

- A near-miss that no one reported.
- A near-miss report that does not change anything.

> **Why it matters.** A near-miss is a warning. A caregiver who nearly fell, or nearly gave the wrong medicine, has shown where the risk is. Recording it and changing the risk assessment prevents the real event.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the near-miss reports for the last 12 months and the risk assessments updated.

**1 Near-misses are reported by caregivers.**
**Method.** Check the reporting log for near-miss reports.
**Evidence to show.** Incident reporting and management (INC-POL-001).
**Pass when.** Near-misses are reported.

**2 Each near-miss updates the risk assessment.**
**Method.** Check each near-miss for the assessment update.
**Evidence to show.** Pre-visit home risk assessment (HC-FRM-009).
**Pass when.** Every near-miss updates the assessment.

**3 Near-misses are reviewed at governance.**
**Method.** Check the governance minutes for the near-miss review.
**Evidence to show.** Governing Body Minutes Template (GOV-FRM-003).
**Pass when.** Near-misses are reviewed at each governance meeting.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver who nearly fell on the same stair three times with no report. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| INC-POL-001 | Incident reporting and management | Chief executive | Governing body members | Chief executive |
| HC-FRM-009 | Pre-visit home risk assessment | Manager | Chief executive | Manager |
| GOV-FRM-003 | Governing Body Minutes Template | Manager | Chief executive | Manager |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Incident reporting and management | — Medium |
| Nurse (ISCO 2221) | Completes the Pre-visit home risk assessment | — Medium |

### REFERENCES FOR THIS CRITERION


- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: Global Patient Safety Action Plan: incident and near-miss reporting, learning systems. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

# 24.26 Supervisory Visits Occur On-Site

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Supervisory visits occur on-site and in person, on a defined schedule matching the actual level of care being provided — not substituted by a phone check-in, and not treated as satisfied by counting individual caregiver visits rather than calendar-based intervals.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: supervisory visits occur on-site.

## GUIDANCE

Supervision in the home shows what happens there. Supervisory visits take place on-site, on a set schedule and at each change in the client's care.

Each visit is recorded.

## WHAT GOOD LOOKS LIKE

- A supervisory visit takes place at least once a month for a new client, and every six months for a stable one.

## COMMON MISTAKES

- Supervision by telephone only.
- A supervisory visit that is recorded as held but did not take place.

> **Why it matters.** A supervisor who never enters the home cannot see how care is given. Supervisory visits on site, on a schedule, are the only way to check the care that is delivered.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the supervisory visit records for 10 clients over the last 12 months.

**1 Supervisory visits are on-site, in person.**
**Method.** Check each visit record for the in-person entry.
**Evidence to show.** Supervisory visits in the home (HC-SOP-008).
**Pass when.** Every visit is in person.

**2 Visits follow the schedule for the level of care.**
**Method.** Check each client against the schedule.
**Evidence to show.** Supervisory visit record (HC-FRM-010).
**Pass when.** At least 95% of visits are on schedule.

**3 Visits are not replaced by phone calls.**
**Method.** Check each record for a phone call used as the visit.
**Evidence to show.** Supervisory visits in the home (HC-SOP-008).
**Pass when.** No visit is a phone call.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client with a care plan never visited by a supervisor in a year. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-008 | Supervisory visits in the home | Manager | Chief executive | Chief executive |

**Other records in the criterion:** HC-FRM-010 Supervisory visit record

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Supervisory visits in the home | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Supervisory visit record | — Must |

### REFERENCES FOR THIS CRITERION

- 42 CFR 484.80 Condition of participation: Home health aide services (US Centers for Medicare & Medicaid Services (text via Cornell LII), current CFR text) https://www.law.cornell.edu/cfr/text/42/484.80

# 24.27 Personal Care Supervision Includes Observing the Aide Providing Care

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a client receives only personal care services, the required supervisory visit includes observing the caregiver providing care, with the caregiver present — not a supervisory visit conducted without the caregiver there, which fails to assess how care is being delivered.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: personal care supervision includes observing the caregiver providing care.

## GUIDANCE

Reviewing paperwork does not show how care is given. For personal care, the supervisor observes the caregiver providing care at least once in each supervision cycle.

The observation is recorded.

## WHAT GOOD LOOKS LIKE

- The supervisor observes a complete personal care task, such as bathing or dressing, and records what was seen.

## COMMON MISTAKES

- An observation that covers only the arrival and departure.
- Supervision that is a review of notes only.

> **Why it matters.** When a client receives only personal care, the aide is alone with them for every task. A supervisor must observe the aide giving that care, not only read about it.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the supervisory visits for 10 clients who receive personal care only.

**1 The visit includes observing the caregiver giving care.**

**Method.** Check each visit for the observation recorded.

**Evidence to show.** Supervisory visit record (HC-FRM-010).

**Pass when.** Every visit records an observation.

**2 The caregiver is present during the observation.**

**Method.** Check each observation for the caregiver present.

**Evidence to show.** Supervisory visit record (HC-FRM-010).

**Pass when.** Every observation shows the caregiver present.

**3 Care is assessed as delivered.**

**Method.** Check each observation for the measured aspects.

**Evidence to show.** Supervisory visits in the home (HC-SOP-008).

**Pass when.** Every observation records the aspects assessed.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** An aide giving personal care for a year with no one watching. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-010 | Supervisory visit record | Manager | Chief executive | Manager |
| HC-SOP-008 | Supervisory visits in the home | Manager | Chief executive | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Supervisory visit record | — Must |
| Manager (ISCO 1342) | Maintains the Supervisory visits in the home | — Must |

### REFERENCES FOR THIS CRITERION

- 42 CFR 484.80 Condition of participation: Home health aide services (US Centers for Medicare & Medicaid Services (text via Cornell LII), current CFR text) https://www.law.cornell.edu/cfr/text/42/484.80

# 24.28 Supervision Documentation Captures Objective, Measurable Observations

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Supervisory visit documentation captures objective, measurable observations — not a vague, general statement like "patient is progressing well, continue plan of care" that provides no comparable information for the next reviewer.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: supervision documentation records objective, measurable observations.

## GUIDANCE

A supervision note that says the caregiver is good tells no one anything. The record states what was observed: the time taken, the steps followed and the client's response.

The observation uses measurable terms.

## WHAT GOOD LOOKS LIKE

- A supervision record names the task observed, the time taken and the steps completed, and it is signed by the supervisor and the caregiver.

## COMMON MISTAKES

- A record that says "good work" and nothing more.
- A record with no date or time.

> **Why it matters.** A supervision note that says 'visit went well' tells no one anything. Objective, measurable observations allow the next supervisor to see a change over time.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review 10 supervisory visit records for the quality of observations.

**1 Observations are objective and measurable.**
**Method.** Check each record for measured observations.
**Evidence to show.** Supervisory visit record (HC-FRM-010).
**Pass when.** Every record has measured observations.

**2 General statements alone are not accepted.**
**Method.** Check each record for statements without data.
**Evidence to show.** Supervisory visit record (HC-FRM-010).
**Pass when.** No record relies on a general statement alone.

**3 The record can be compared with the next visit.**
**Method.** Check each record for comparable measures.
**Evidence to show.** Supervisory visit record (HC-FRM-010).
**Pass when.** Records use the same measures over time.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A visit recorded as 'satisfactory' with no detail. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-FRM-010 | Supervisory visit record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Supervisory visit record | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

**REFERENCES FOR THIS CRITERION**

# 24.29 A Change in Client Needs Triggers Care Plan Review

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| Minimum | Must | Must |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a client's actual needs change — a service is no longer required, a new need emerges, responsibility shifts between disciplines — this triggers review and update of the care plan, not left to continue reflecting needs that no longer accurately describe the client's current situation.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a change in the client's needs triggers a care plan review.

## GUIDANCE

When a client's needs change, the care plan no longer fits. A review within a set number of days updates it and shares the update with the caregiver.

The review is recorded.

## WHAT GOOD LOOKS LIKE

- A change in needs triggers a review within three working days, and the revised plan is given to the client and the caregiver.

## COMMON MISTAKES

- A care plan unchanged after a hospital stay.
- A review that did not reach the caregiver.

> **Why it matters.** A client's needs change: a service is no longer needed, or a new need appears. The care plan must change with them, or the care no longer fits.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the care plans for 10 clients with a change in need in the last 12 months.

**1 A change in need triggers a care plan review.**
**Method.** Check each recorded change for the review.
**Evidence to show.** Individualised care planning (CLN-SOP-002).
**Pass when.** Every change has a review.

**2 The plan is updated after review.**
**Method.** Check each reviewed plan for the update date.
**Evidence to show.** Individual care plan (CLN-FRM-003).
**Pass when.** Every reviewed plan is updated.

**3 Responsibility shifts are recorded.**
**Method.** Check each change for the responsibility recorded.
**Evidence to show.** Individual care plan (CLN-FRM-003).
**Pass when.** Every shift in responsibility is recorded.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client with new continence needs given the same plan for three months. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| CLN-SOP-002 | Individualised care planning | Manager | Chief executive | Chief executive |
| CLN-FRM-003 | Individual care plan | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Individualised care planning | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Individual care plan | — Must |

**REFERENCES FOR THIS CRITERION**

# 24.30 An Identified Deficiency Leads to Retraining and Re-Evaluation

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a supervisory visit identifies a deficiency in a caregiver's performance, this leads to documented retraining and a subsequent competency evaluation before the caregiver resumes independent care — not a deficiency noted without resulting action, or the caregiver continuing independently without confirmed correction.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: an identified deficiency leads to retraining and re-evaluation.

## GUIDANCE

When a deficiency is found, the caregiver needs retraining and a re-evaluation to show it has been corrected. The outcome is recorded.

An informal conversation alone does not close a deficiency.

## WHAT GOOD LOOKS LIKE

- A deficiency leads to retraining within two weeks and a re-evaluation within a month, and the outcome is recorded.

## COMMON MISTAKES

- A deficiency closed in a conversation.
- Retraining that is never followed by a re-evaluation.

> **Why it matters.** A deficiency found in supervision is only useful if it leads to retraining and a re-check. Without that follow-through the same problem returns.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the caregiver deficiency records and retraining records for the last 12 months.

**1 Each deficiency leads to documented retraining.**
**Method.** Check each deficiency for the retraining recorded.
**Evidence to show.** Annual competency assessment procedure (WRK-SOP-001).
**Pass when.** Every deficiency has retraining recorded.

**2 A competency evaluation is done before independent care resumes.**
**Method.** Check each retrained caregiver for the evaluation before independent work.
**Evidence to show.** Competency assessment form by role (WRK-FRM-001).
**Pass when.** Every caregiver is evaluated before independent work.

**3 No caregiver works independently without confirmed correction.**
**Method.** Check each caregiver for independent work after a deficiency.
**Evidence to show.** Competency assessment form by role (WRK-FRM-001).
**Pass when.** No caregiver works independently without confirmed correction.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver who failed a technique check three times with no retraining. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-SOP-001 | Annual competency assessment procedure | Manager | Chief executive | Chief executive |
| WRK-FRM-001 | Competency assessment form by role | Manager | Chief executive | Manager |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Annual competency assessment procedure | — Medium |
| Nurse (ISCO 2221) | Completes the Competency assessment form by role | — Medium |

### REFERENCES FOR THIS CRITERION

- 42 CFR 484.80 Condition of participation: Home health aide services (US Centers for Medicare & Medicaid Services (text via Cornell LII), current CFR text) https://www.law.cornell.edu/cfr/text/42/484.80

# 24.31 A Coverage Plan Exists for a Solo Caregiver's Absence

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** For a client served by a single, independent caregiver, a defined coverage arrangement exists for when that caregiver is unavailable — illness, leave, emergency — with a named alternative for care in that gap, not an assumption that the client will simply manage without care.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a coverage plan exists for a solo caregiver's absence.

## GUIDANCE

A client who depends on one caregiver is at risk when that caregiver is absent. A written coverage plan names who will provide care, and the plan is tested.

The coverage plan is shared with the client.

## WHAT GOOD LOOKS LIKE

- The coverage plan names a back-up caregiver for each client who depends on one person, and the back-up has visited the client.

## COMMON MISTAKES

- A solo caregiver with no back-up at all.
- A back-up who has never met the client.

> **Why it matters.** A client served by one caregiver who falls sick or goes on leave is left with no care. A written cover plan keeps the client safe in the absence.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the coverage plans for 10 clients served by a single caregiver.

**1 A coverage arrangement exists for each solo-caregiver client.**

**Method.** Check each sampled client for the coverage plan.

**Evidence to show.** Solo caregiver coverage plan (HC-PLN-001).

**Pass when.** Every sampled client has a plan.

**2 A named alternative is recorded.**

**Method.** Check each plan for the named alternative.

**Evidence to show.** Solo caregiver coverage plan (HC-PLN-001).

**Pass when.** Every plan names an alternative.

**3 The plan is tested.**

**Method.** Check each plan for the test date.

**Evidence to show.** Coverage for a solo caregiver's absence (HC-SOP-009).

**Pass when.** Every plan has a test date.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client left without any care for two days when the only caregiver was sick. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-009 | Coverage for a solo caregiver's absence | Manager | Chief executive | Chief executive |
| HC-PLN-001 | Solo caregiver coverage plan | Chief executive | Governing body members | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Chief executive (ISCO 1120) | Approves the Solo caregiver coverage plan | — Must |

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Coverage for a solo caregiver's absence | — Must |

**REFERENCES FOR THIS CRITERION**

# 24.32 Caregiver Continuity Is Actively Tracked and Prioritised for High-Need Clients

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Caregiver continuity is actively tracked, with specific priority given to clients with the highest care needs — not treated as a passive outcome of scheduling convenience.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: caregiver continuity is actively tracked and prioritised for high-need clients.

## GUIDANCE

A client who keeps the same caregiver does better. Continuity is tracked, priority goes to clients with high needs, and each change is recorded with the reason.

The client is told about any change.

## WHAT GOOD LOOKS LIKE

- A continuity register shows, for each high-need client, the caregivers who have visited in the last three months.

## COMMON MISTAKES

- A client who sees a different caregiver every week.
- Changes not recorded or explained.

> **Why it matters.** A client who sees a different caregiver each day is less safe and less well cared for. Tracking continuity and giving priority to clients with the greatest need keeps the same person coming.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the continuity register for the highest-need clients over the last 6 months.

**1 Caregiver continuity is tracked for each client.**
**Method.** Check each sampled client in the register.
**Evidence to show.** Caregiver continuity register (HC-REG-003).
**Pass when.** Every sampled client is tracked.

**2 Priority is given to the highest-need clients.**
**Method.** Check the review order against need level.
**Evidence to show.** Caregiver continuity register (HC-REG-003).
**Pass when.** High-need clients are reviewed first.

**3 Clients above the agreed number of caregivers are flagged and acted on.**
**Method.** Check each flag for the action recorded.
**Evidence to show.** Caregiver continuity register (HC-REG-003).
**Pass when.** Every flag has an action recorded.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A dementia client seeing six caregivers in a week. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-REG-003 | Caregiver continuity register | Secretary | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Secretary (ISCO 3344) | Keeps the Caregiver continuity register | — Medium |

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

**REFERENCES FOR THIS CRITERION**

# 24.33 New Caregiver Retention Receives Structured Attention in the First 100 Days

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** New caregiver retention receives specific, structured attention during their first 100 days of employment — onboarding support, regular check-ins, realistic scheduling — not left to general workplace culture alone.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: new caregiver retention receives structured attention in the first 100 days.

## GUIDANCE

New caregivers are most likely to leave in their first months. Structured support in the first 100 days, with a mentor and regular check-ins, improves retention.

The support is reviewed at each stage.

## WHAT GOOD LOOKS LIKE

- A new caregiver has a named mentor, a check-in at 30, 60 and 100 days, and a review of their retention at each.

## COMMON MISTAKES

- A new caregiver left alone after induction.
- A check-in that is never recorded.

> **Why it matters.** New caregivers often leave in the first months, which costs the client continuity and the agency money. Structured attention in those first weeks helps them stay.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the first 100 days records for 10 new caregivers.

**1 Each new caregiver has structured support in the first 100 days.**
**Method.** Check each sampled caregiver for the support recorded.
**Evidence to show.** First 100 days check-in record (HC-FRM-011).
**Pass when.** Every sampled caregiver has support recorded.

**2 Check-ins are held at each set point.**
**Method.** Check each caregiver for the check-in dates.
**Evidence to show.** New caregiver support in the first 100 days (HC-SOP-010).
**Pass when.** At least 90% have all check-ins.

**3 Reasons for leaving are recorded.**
**Method.** Check each leaver for the reason recorded.
**Evidence to show.** First 100 days check-in record (HC-FRM-011).
**Pass when.** Every leaver has a reason recorded.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A new caregiver who left after a week with no contact from the agency. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-010 | New caregiver support in the first 100 days | Manager | Chief executive | Chief executive |
| HC-FRM-011 | First 100 days check-in record | Manager | Chief executive | Manager |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the First 100 days check-in record | — Medium |
| Manager (ISCO 1342) | Maintains the New caregiver support in the first 100 days | — Medium |

### REFERENCES FOR THIS CRITERION

# 24.34 Caregiver Isolation Is Addressed Through Regular Supervisor Contact

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Caregiver isolation is actively addressed through regular supervisor contact and peer connection opportunities — not left unaddressed on the assumption that working alone is simply an inherent, unavoidable feature of the role that cannot be meaningfully improved.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: caregiver isolation is addressed through regular supervisor contact.

## GUIDANCE

Caregivers who work alone can feel isolated. Regular contact with a supervisor, recorded and reviewed, gives them a route to raise concerns.

Contact between visits is recorded.

## WHAT GOOD LOOKS LIKE

- A supervisor calls each lone caregiver at least once a week, and the call is recorded.

## COMMON MISTAKES

- A caregiver who has not spoken to a supervisor for a month.
- A route to raise concerns that no one knows about.

> **Why it matters.** A caregiver who works alone for hours can become isolated and unsupported, which affects their health and the care they give. Regular supervisor contact and peer support counter the isolation.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the contact records for 10 caregivers who work alone.

**1 Each caregiver has regular supervisor contact.**
**Method.** Check each caregiver for the contact log.
**Evidence to show.** Lone-worker check-in and response (MOB-SOP-002).
**Pass when.** Every caregiver has regular contact.

**2 Peer connection is arranged.**
**Method.** Check each caregiver for peer connection in the period.
**Evidence to show.** Lone-worker check-in and discreet distress signal (HC-SOP-007).
**Pass when.** Every caregiver has peer connection in the period.

**3 Missed check-ins are followed up the same day.**
**Method.** Check each missed check-in for the same-day follow-up.
**Evidence to show.** Lone-worker check-in and response (MOB-SOP-002).
**Pass when.** Every missed check-in is followed up the same day.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver alone for a year with no contact with the agency. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-007 | Lone-worker check-in and discreet distress signal | Manager | Chief executive | Chief executive |

**Other records in the criterion:** MOB-SOP-002 (name to be confirmed)

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Lone-worker check-in and response | — Medium |
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

### REFERENCES FOR THIS CRITERION


- WHO (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. Used for: Occupational health and safety for health workers, including violence prevention and staff wellbeing. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/

# 24.35 Incident Reporting Accounts for Detection Delay in an Unsupervised Setting

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Must** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Incident reporting practice accounts for the possibility that a problem in an unsupervised home setting may not be discovered immediately — building in specific mechanisms for delayed discovery, not designed only around incidents that happen to be witnessed or reported in time.

**Rating rule.** Must in every setting: incident reporting accounts for detection delay in an unsupervised setting.

## GUIDANCE

When a caregiver works alone, an incident may go undetected for hours. Reports state the time between the event and its detection, and the service uses that delay to improve how it monitors the client.

The delay is reviewed in the incident review.

## WHAT GOOD LOOKS LIKE

- Each incident report states the time between the event and its detection, and the delay is discussed in the monthly review.

## COMMON MISTAKES

- An incident found by a relative three days later with no review.
- A report that does not state the time of the event.

> **Why it matters.** In a home where no one else is present, a problem can go unnoticed for days. Incident reporting must allow for that delay, and not assume a problem was reported at once.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the incident records for the last 12 months, including late-discovered incidents.

**1 Delayed-discovery incidents are reported on discovery.**

**Method.** Check each late-discovered incident for the discovery date.

**Evidence to show.** Incident reporting for delayed discovery in the home (HC-SOP-011).

**Pass when.** Every late-discovered incident is reported on discovery.

**2 The estimated time of the event is recorded.**

**Method.** Check each record for the estimated time.

**Evidence to show.** Incident reporting for delayed discovery in the home (HC-SOP-011).

**Pass when.** Every record has an estimated time.

**3 Delayed discovery is reviewed without blame by default.**

**Method.** Check each review for the blame approach.

**Evidence to show.** Root cause analysis of serious incidents (INC-SOP-001).

**Pass when.** Reviews do not assign default blame.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A fall discovered the next morning recorded as the caregiver's fault for not reporting at once. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-011 | Incident reporting for delayed discovery in the home | Manager | Chief executive | Chief executive |

**Other records in the criterion:** INC-SOP-001 (name to be confirmed)

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Incident reporting for delayed discovery | — Must |
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

### REFERENCES FOR THIS CRITERION


- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: Global Patient Safety Action Plan: incident and near-miss reporting, learning systems. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

# 24.36 Care Is Adapted to a Client's Migration and Displacement Experience

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Care is adapted to a client's migration and displacement experience — including trauma-informed practice and awareness of legal-status barriers to access — not delivered identically regardless of that history, because a caregiver's daily, ongoing presence in the home makes this context relevant to nearly every aspect of the relationship.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: care is adapted to a client's migration and displacement experience.

## GUIDANCE

A client who has migrated or been displaced may have experienced trauma. Care is adapted with trauma-informed communication and, where possible, the choice of caregiver.

The adaptation is written in the care plan.

## WHAT GOOD LOOKS LIKE

- The care plan states the trauma-informed approach used, and the caregiver is trained in it.

## COMMON MISTAKES

- A client treated the same as any other, despite a documented displacement history.
- Trauma history recorded with no change to care.

> **Why it matters.** A client who has fled violence or displacement may carry trauma that changes how they respond to care in their own home. Care that is adapted to that experience is safer and more respectful.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the care records for 10 clients with a migration or displacement history.

**1 Care is adapted to the migration and displacement history.**

**Method.** Check each sampled record for the history and the adaptation.

**Evidence to show.** Migration history and trauma-aware assessment record (HMG-FRM-001).

**Pass when.** Every sampled record shows the adaptation.

**2 Trauma-informed practice is applied.**

**Method.** Observe a sample of visits for trauma-informed practice.

**Evidence to show.** Migration-informed, trauma-aware care (HMG-POL-001).

**Pass when.** Observed visits follow trauma-informed practice.

**3 Legal-status barriers to access are identified.**

**Method.** Check each record for the barrier check.

**Evidence to show.** Migration history and trauma-aware assessment record (HMG-FRM-001).

**Pass when.** Every record shows the barrier check.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver entering the room of a traumatised client without asking. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-FRM-001 | Migration history and trauma-aware assessment record | Manager | Chief executive | Manager |
| HMG-POL-001 | Migration-informed, trauma-aware care | Chief executive | Governing body members | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Migration history and trauma-aware assessment record | — Must |
| Manager (ISCO 1342) | Maintains the Migration-informed, trauma-aware care | — Must |

### REFERENCES FOR THIS CRITERION

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (US Substance Abuse and Mental Health Services Administration (summary on youth.gov), not stated on page) https://youth.gov/feature-article/samhsas-concept-trauma-and-guidance-trauma-informed-approach

# 24.37 Language Support Accounts for Persistent, Daily Interaction

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Language and communication support accounts for the persistent, daily nature of home care — not designed only around occasional, episodic interpreter access.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: language support accounts for persistent, daily interaction.

## GUIDANCE

A caregiver may spend many hours a day with a client who does not share their language. Language support, through an interpreter or a shared language, is arranged and recorded.

A family member is not used as the default interpreter.

## WHAT GOOD LOOKS LIKE

- An interpreter is booked for each visit where the caregiver and client do not share a language, or a telephone interpreter is used.

## COMMON MISTAKES

- A child used as the interpreter.
- No arrangement recorded for a client who speaks another language.

> **Why it matters.** A caregiver who spends every day with a client needs a way to communicate that goes beyond a few words. A plan for language support, that lasts across the whole relationship, keeps care understandable.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review language support arrangements for 10 clients with a language need.

**1 Language support is planned for daily interaction.**
**Method.** Check each sampled client for the daily language plan.
**Evidence to show.** Interpreter and mediator use (PTR-SOP-010).
**Pass when.** Every sampled client has a daily plan.

**2 Interpreter access is not limited to occasional use.**
**Method.** Check the support arrangement for daily access.
**Evidence to show.** Interpreter and mediator use (PTR-SOP-010).
**Pass when.** The arrangement provides daily access.

**3 Pain and symptoms are communicated.**
**Method.** Check each record for the communication of pain.
**Evidence to show.** Individual care plan (CLN-FRM-003).
**Pass when.** Every record shows pain is communicated.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client who could not explain pain to a caregiver for weeks. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| PTR-SOP-010 | Interpreter and mediator use | Manager | Chief executive | Chief executive |
| CLN-FRM-003 | Individual care plan | Manager | Chief executive | Manager |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Interpreter and mediator use | — Must |
| Nurse (ISCO 2221) | Completes the Individual care plan | — Must |

### REFERENCES FOR THIS CRITERION

- National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) (US HHS Office of Minority Health, not stated on page) https://cccm.thinkculturalhealth.hhs.gov/PDF_Docs/CLAS_Standards.pdf

# 24.38 Cultural and Religious Practices in the Client's Home Are Respected

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A client's cultural and religious practices are respected within their own home — dietary requirements, prayer routines, gender-appropriate care preferences — not overridden by the caregiver's own habits or convenience.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: cultural and religious practices in the client's home are respected.

## GUIDANCE

A client's faith and customs affect daily care, such as diet, prayer and dress. These are recorded and followed in the care plan, and caregivers are trained to follow them.

The client decides what matters to them.

## WHAT GOOD LOOKS LIKE

- The care plan records the client's dietary, religious and dress needs, and the caregiver signs that they have been trained to follow them.

## COMMON MISTAKES

- A client's prayer times ignored in the visit schedule.
- Dietary requirements recorded but not provided.

> **Why it matters.** A client's home is their most important space, and their cultural and religious practices belong there. Respecting them, including food, prayer and dress, is part of their dignity.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the care plans for 10 clients with cultural or religious practices.

**1 Dietary, prayer and gender preferences are recorded.**

**Method.** Check each sampled plan for the practices.

**Evidence to show.** The client's home and household routines (HC-POL-001).

**Pass when.** Every sampled plan records the practices.

**2 The practices are followed in the home.**

**Method.** Observe a sample of visits for the practices followed.

**Evidence to show.** The client's home and household routines (HC-POL-001).

**Pass when.** Observed visits follow the practices.

**3 Personal items are not removed.**

**Method.** Check the visit notes for any removal of personal items.

**Evidence to show.** Non-Discrimination and Equal Access to Care (CON-POL-002).

**Pass when.** No visit note records removal.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver removing religious objects from the client's room. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-POL-001 | The client's home and household routines | Chief executive | Governing body members | Chief executive |
| CON-POL-002 | Non-Discrimination and Equal Access to Care | Chief executive | Governing body members | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Client's home and household routines | — Must |
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

### REFERENCES FOR THIS CRITERION

- National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) (US HHS Office of Minority Health, not stated on page) https://cccm.thinkculturalhealth.hhs.gov/PDF_Docs/CLAS_Standards.pdf

# 24.39 Caregiver Work Authorisation Is Verified Through Legal, Non-Discriminatory Practice

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Caregiver work authorisation is verified through the same legal, standard employment practice applied to every prospective employee — not subjected to excess scrutiny beyond what is required, and not applied inconsistently based on a caregiver's perceived country of origin or accent.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: caregiver work authorisation is verified through legal, non-discriminatory practice.

## GUIDANCE

Work authorisation affects who can work. It is checked through a legal process that is applied the same way to every caregiver, and the check is recorded with its date.

The check does not treat any group of caregivers differently.

## WHAT GOOD LOOKS LIKE

- Work authorisation is checked against the official document for each caregiver, using the same process for all staff.

## COMMON MISTAKES

- A process that asks some caregivers for more documents than others.
- An authorisation that expired and was not checked.

> **Why it matters.** A caregiver who is not legally authorised to work may be exploited and may put the client at risk if they have to leave. Verifying work authorisation in the same way as for any employee protects both.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the work authorisation checks for 10 caregivers hired in the last 12 months.

**1 Each caregiver's work authorisation is verified.**
**Method.** Check each sampled file for the verification.
**Evidence to show.** Staff credential verification and recheck (STF-SOP-001).
**Pass when.** Every sampled file shows verification.

**2 The same standard check applies to all applicants.**
**Method.** Compare the checks applied across applicants.
**Evidence to show.** Staff credential verification and recheck (STF-SOP-001).
**Pass when.** The same check is recorded for each applicant.

**3 No caregiver is scrutinised on origin or accent.**
**Method.** Check the hiring records for any origin-based scrutiny.
**Evidence to show.** Non-Discrimination and Equal Access to Care (CON-POL-002).
**Pass when.** No record shows scrutiny on origin or accent.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver working without authorisation and paid cash. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| STF-SOP-001 | Staff credential verification and recheck | Manager | Chief executive | Chief executive |
| CON-POL-002 | Non-Discrimination and Equal Access to Care | Chief executive | Governing body members | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Staff credential verification and recheck | — Medium |
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

### REFERENCES FOR THIS CRITERION

- Report III (1B): Migrant Workers, International Labour Conference 87th Session (International Labour Organization, 1999) https://webapps.ilo.org/public/english/standards/relm/ilc/ilc87/r3-1b2.htm

# 24.40 A Caregiver's Legal Status Change Is Handled With Support

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| Minimum | Medium | Must |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a caregiver's own legal work authorisation status changes — a permit expiring, a visa category ending, a policy shift removing a pathway that existed when they were hired — the service provides support and transition time, not abrupt termination without any transition process.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a caregiver's legal status change is handled with support.

## GUIDANCE

A change in a caregiver's legal status can end their work or change their duties. It is handled with support, including advice and a review of duties, and the change is recorded.

The caregiver is not removed from work without a review.

## WHAT GOOD LOOKS LIKE

- A caregiver whose status changes is offered an advice session, and the duties are reviewed within a week.

## COMMON MISTAKES

- A caregiver removed from the rota the day the status changed.
- A change in status recorded with no support.

> **Why it matters.** A caregiver whose own work permit is about to expire can lose their job suddenly, which leaves the client without care. Planning ahead for a change in status protects both.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the authorisation changes for caregivers in the last 12 months.

**1 Each authorisation change is tracked before it takes effect.**

**Method.** Check each change for an early tracking date.

**Evidence to show.** Caregiver work authorisation change: transition support (HC-SOP-012).

**Pass when.** Every change is tracked early.

**2 A transition period and client cover are in place.**

**Method.** Check each change for the transition plan.

**Evidence to show.** Caregiver work authorisation change: transition support (HC-SOP-012).

**Pass when.** Every change has a transition plan.

**3 No caregiver is stopped the same day without a plan.**

**Method.** Check each stop for a same-day termination.

**Evidence to show.** Caregiver work authorisation change: transition support (HC-SOP-012).

**Pass when.** No same-day stop occurs without a plan.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A caregiver's permit expired and they stopped work the same day, leaving a client alone. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-012 | Caregiver work authorisation change: transition support | Manager | Chief executive | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Caregiver work authorisation change: transition support | — Medium |

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

**REFERENCES FOR THIS CRITERION**

# 24.41 Immigrant Caregivers' Retention Advantage Is Recognised and Supported

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The service recognises and supports the documented retention advantage immigrant caregivers bring to continuity of care — not undermining this advantage through precarious employment practices that create instability regardless of a caregiver's own commitment to staying.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the retention advantage of immigrant caregivers is recognised and supported.

## GUIDANCE

Immigrant caregivers often stay longer in the work than others. The service recognises this and supports them, including through working conditions and career progression.

The support is reviewed at each annual review.

## WHAT GOOD LOOKS LIKE

- An annual review of immigrant caregivers covers their retention, their working conditions and their career options.

## COMMON MISTAKES

- Immigrant caregivers kept on only because there is no one else.
- No review of their conditions.

> **Why it matters.** Immigrant caregivers often stay longer in the job than others, which gives continuity to clients. That advantage should be recognised and supported, not overlooked.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the workforce equity register and the turnover data for immigrant caregivers.

**1 Retention among immigrant caregivers is measured.**

**Method.** Check the register for the measure.

**Evidence to show.** Workforce equity register (WRK-REG-003).

**Pass when.** The register measures retention by group.

**2 Precarious employment practices are reviewed.**

**Method.** Check the review record for precarious terms.

**Evidence to show.** Workforce equity monitoring (WRK-SOP-009).

**Pass when.** The review covers employment terms.

**3 The retention advantage is acted on.**

**Method.** Check the action record for the advantage.

**Evidence to show.** Workforce equity monitoring (WRK-SOP-009).

**Pass when.** An action is recorded for the advantage.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A service with high turnover that never looked at who stayed. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-REG-003 | Workforce equity register | Secretary | Chief executive | Manager |
| WRK-SOP-009 | Workforce equity monitoring | Manager | Chief executive | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Secretary (ISCO 3344) | Keeps the Workforce equity register | — Medium |
| Manager (ISCO 1342) | Maintains the Workforce equity monitoring | — Medium |

### REFERENCES FOR THIS CRITERION


- WHO Global Code of Practice on the International Recruitment of Health Personnel (World Health Organization, 2010, Geneva: WHO) https://www.who.int/publications/i/item/wha6316

# 24.42 Legal Status Diversity Recognition for Clients

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The service can name which legal status categories its clients represent — asylum seeker, recognised refugee, stateless person, and others — and demonstrates it does not apply a single, uniform assumption about access rights across all of them.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the legal status diversity of clients is recognised.

## GUIDANCE

Clients may have different legal status, and that status affects their access to care. The service recognises this diversity and explains how it supports clients whose status affects access.

Status is not a condition of care.

## WHAT GOOD LOOKS LIKE

- The service records the legal status mix of its clients each year, and reports how access is supported.

## COMMON MISTAKES

- Legal status not recorded at all.
- A client refused care because of status.

> **Why it matters.** Clients may be asylum seekers, refugees, stateless people or migrants, with different rights to care. The service needs to know which groups it serves so the right care is given.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the client records for legal status categories and the rights guidance used.

**1 The service names the legal status categories of its clients.**

**Method.** Check the guidance for the categories named.

**Evidence to show.** Migration-informed, trauma-aware care (HMG-POL-001).

**Pass when.** The guidance names the categories.

**2 Access rights are not assumed uniform.**

**Method.** Check the staff guidance for the different rights.

**Evidence to show.** Interpreter and mediator use (PTR-SOP-010).

**Pass when.** The guidance states the different rights.

**3 Staff know the rights for each category.**

**Method.** Check the training record for the rights training.

**Evidence to show.** Migration-informed, trauma-aware care (HMG-POL-001).

**Pass when.** Staff training covers each category.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A stateless client turned away because staff did not know their rights. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-POL-001 | Migration-informed, trauma-aware care | Chief executive | Governing body members | Chief executive |
| PTR-SOP-010 | Interpreter and mediator use | Manager | Chief executive | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Migration-informed, trauma-aware care | — Medium |
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

### REFERENCES FOR THIS CRITERION

- Convention relating to the Status of Stateless Persons (UNHCR, 1954 (adopted 28 September 1954)) https://www.unhcr.org/uk/sites/uk/files/legacy-pdf/3bbb25729.pdf

# 24.43 Care Is Documented and Provided to Clients Regardless of Immigration or Legal Status

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Care is provided and fully documented for every client regardless of immigration or legal status, with no differential standard of care, documentation practice, or record-keeping applied based on status — not a lesser or informal standard applied to a client without documented status.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: care is documented and provided to clients regardless of immigration or legal status.

## GUIDANCE

Care is documented and provided to every client, whatever their legal status. A client is never asked about status as a condition of receiving care.

Documentation does not depend on status.

## WHAT GOOD LOOKS LIKE

- Each visit record is completed in the same way for every client, whatever their status, and no document asks for status to start care.

## COMMON MISTAKES

- A client asked for papers before a visit.
- Records that are incomplete for clients without documents.

> **Why it matters.** Care must be given to every client, whatever their immigration status. Documenting it fully protects the client and the caregiver who gave it.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the care and documentation records for 10 clients, regardless of status.

**1 Care is provided regardless of immigration status.**
**Method.** Check each sampled client for care delivered.
**Evidence to show.** Non-Discrimination and Equal Access to Care (CON-POL-002).
**Pass when.** Every sampled client receives care.

**2 Documentation is the same for every client.**
**Method.** Compare the documentation across status groups.
**Evidence to show.** Migration-informed, trauma-aware care (HMG-POL-001).
**Pass when.** Documentation does not differ by status.

**3 No lesser standard applies to undocumented clients.**
**Method.** Check the referral and refusal records for status-based refusal.
**Evidence to show.** Non-Discrimination and Equal Access to Care (CON-POL-002).
**Pass when.** No referral or refusal is status-based.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A client refused home care because they had no papers. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| CON-POL-002 | Non-Discrimination and Equal Access to Care | Chief executive | Governing body members | Chief executive |
| HMG-POL-001 | Migration-informed, trauma-aware care | Chief executive | Governing body members | Chief executive |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Non-Discrimination and Equal Access to Care | — Must |
| Manager (ISCO 1342) | Checks the criterion at each review | — Must |

### REFERENCES FOR THIS CRITERION


- Promoting the health of refugees and migrants: resolution, Seventieth World Health Assembly (World Health Organization, 2017, Geneva: WHO) https://www.who.int/publications/i/item/promoting-the-health-of-refugees-and-migrants

# 24.44 Staff Reflective Practice and Bias Awareness Extends to How Immigrant Caregivers Are Treated

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff reflective practice and bias awareness extends to how immigrant caregivers themselves are treated by the organisation, clients, and families — not limited to awareness of bias toward migrant clients alone.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: staff reflective practice and bias awareness extend to how immigrant caregivers are treated.

## GUIDANCE

Bias can shape how immigrant caregivers are supervised, rewarded and treated. Reflective practice sessions include this, are recorded and are followed up.

The follow-up is recorded.

## WHAT GOOD LOOKS LIKE

- Reflective practice sessions include bias awareness, and one session each year covers how immigrant caregivers are supervised and rewarded.

## COMMON MISTAKES

- A supervisor who treats immigrant caregivers differently in rota decisions.
- Bias training that does not mention immigrant staff.

> **Why it matters.** Bias can shape how staff treat immigrant caregivers as well as clients. Reflective practice that covers both keeps the workforce and the care fair.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the staff reflective practice records and the rota allocation for immigrant caregivers.

**1 Reflective practice covers how immigrant caregivers are treated.**
**Method.** Check the reflective practice agenda for caregiver treatment.
**Evidence to show.** Speak-up policy (WRK-POL-005).
**Pass when.** The agenda covers caregiver treatment.

**2 Hardest rounds are not given on origin.**
**Method.** Check the rota for the allocation of difficult rounds.
**Evidence to show.** Workforce equity monitoring (WRK-SOP-009).
**Pass when.** Allocation shows no origin-based pattern.

**3 Caregivers can raise concerns without retaliation.**
**Method.** Check the speak-up records for protection from retaliation.
**Evidence to show.** Concern handling and protection from retaliation (WRK-SOP-010).
**Pass when.** Concerns are raised and protected.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** Immigrant caregivers given the hardest rounds without reason. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| WRK-POL-005 | Speak-up policy | Chief executive | Governing body members | Chief executive |
| WRK-SOP-009 | Workforce equity monitoring | Manager | Chief executive | Chief executive |
| WRK-SOP-010 | Concern handling and protection from retaliation | Manager | Chief executive | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the Speak-up policy | — Medium |
| Manager (ISCO 1342) | Checks the criterion at each review | — Medium |

## REFERENCES FOR THIS CRITERION


- Promoting the health of refugees and migrants: resolution, Seventieth World Health Assembly (World Health Organization, 2017, Geneva: WHO) https://www.who.int/publications/i/item/promoting-the-health-of-refugees-and-migrants

# 24.45 Continuity Across a Client's Relocation Is Actively Supported

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to: default** in Home care; **optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a migrant or refugee client relocates, the service actively supports continuity of care — a portable, client-held summary of care needs, active handover where a new provider is known — not treating relocation as an automatic, unavoidable end to the caregiving relationship's accumulated understanding of the client.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: continuity across a client's relocation is actively supported.

## GUIDANCE

When a client relocates, the care plan, the records and the caregiver move with them where possible. The transfer is recorded, so that the new service can continue the care.

The client is involved in the move.

## WHAT GOOD LOOKS LIKE

- The relocation transfer form lists the care plan, the records and the caregiver, and it is signed by the old and new services.

## COMMON MISTAKES

- A client discharged with no transfer of records.
- A new service that is not told of the care needs.

> **Why it matters.** A migrant or refugee client who moves house must keep their care. Losing a caregiver and a service at a move can leave them without care for weeks.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the relocation records for 10 clients who moved in the last 12 months.

**1 A portable care summary is given to the client.**

**Method.** Check each sampled relocation for the summary.

**Evidence to show.** Portable client care summary (HC-FRM-012).

**Pass when.** Every sampled relocation has a summary.

**2 Active handover occurs where the new provider is known.**

**Method.** Check each relocation for the handover record.

**Evidence to show.** Continuity of care when a client relocates (HC-SOP-013).

**Pass when.** Every known provider has a handover recorded.

**3 Care continues after the move.**

**Method.** Check each relocated client for care in place at the new address.

**Evidence to show.** Continuity of care when a client relocates (HC-SOP-013).

**Pass when.** No relocated client is left without care.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A refugee family moved across the city and left without care for a month. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HC-SOP-013 | Continuity of care when a client relocates | Manager | Chief executive | Chief executive |
| HC-FRM-012 | Portable client care summary | Manager | Chief executive | Manager |

### POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Completes the Portable client care summary | — Medium |
| Manager (ISCO 1342) | Maintains the Continuity of care when a client relocates | — Medium |

### REFERENCES FOR THIS CRITERION

## 10 Questions and answers

**Does Standard 24 apply to every facility?**
It applies to facilities that provide home care. It is a default service in home care, optional in hospitals, ambulatory clinics, primary health clinics and long-term care, and not applicable to telemedicine, fitness, dental or aesthetic clinics. Section 4 shows the applicability for each facility type.

**Can a client refuse a particular caregiver?**
Yes. Under 24.3 a client can request a different caregiver at any time, and the request is answered without a reason being required.

**Who holds the medication list in the home?**
A single current list is kept in the home and shared with the client, the family, the prescriber and the pharmacist. Under 24.17 it is updated at each change.

**Must a caregiver be observed providing care?**
Yes, for personal care. Under 24.27 the supervisor observes the caregiver at least once in each supervision cycle.

**Do I have to use the documents on this page?**
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

**What does "In process of development" mean?**
It means a reference is not yet available for that point in the standard. It is shown openly rather than replaced with an unverified source.

The criterion text is the authority. These answers summarise it.

# 11 References

### CITED FOR CRITERIA


1. Global strategy and action plan on ageing and health (World Health Organization, 2017, Geneva: WHO) https://www.who.int/publications/i/item/9789241513500 (criterion 24.1)
2. 42 CFR 484.50 Condition of participation: Patient rights (US Centers for Medicare & Medicaid Services (eCFR), current CFR text) https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-484/subpart-B/section-484.50 (criterion 24.2)
3. A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide: Main Report (World Health Organization (with Universite de Geneve), 2008) https://extranet.who.int/agefriendlyworld/wp-content/uploads/2014/06/WHO-A-Global-Response-to-Elder-Abuse-and-Neglect-Building-Primary-Health-Care-Capacity-to-Deal-with-the-Problem-Worldwide.pdf (criterion 24.5)
4. DBS checks: detailed guidance (UK Disclosure and Barring Service (GOV.UK), 2026 (page updated 2 July 2026)) https://gov.uk/government/collections/dbs-checking-service-guidance--2. (criterion 24.6)
5. Background Information and Exclusion Authorities (List of Excluded Individuals/Entities) (US HHS Office of Inspector General, not stated on page) https://oig.hhs.gov/exclusions/background/ (criterion 24.8)
6. Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions under Title VII (US Equal Employment Opportunity Commission, 2012) https://www.eeoc.gov/laws/guidance/enforcement-guidance-consideration-arrest-and-conviction-records-employment-decisions (criterion 24.10)
7. WHO (2024). Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings: interim operational guide. Used for: Infection prevention, WASH and home care for mild mpox cases: home environment assessment and caregiver measures. https://news.gmj.ge/guideline/infection-prevention-and-control-and-water-sanitation-and-hygiene-measures-for-home-care-and-isolation-for-mpox-in-resource-limited-settings-interim-operational-guide/ (criterion 24.11, 24.21)
8. WHO (2021). Step Safely: Strategies for Preventing and Managing Falls Across the Life-Course. Used for: Step Safely: home environment hazards and falls prevention across the life course. https://news.gmj.ge/guideline/step-safely-strategies-for-preventing-and-managing-falls-across-the-life-course/ (criterion 24.11, 24.12, 24.13, 24.14)
9. WHO (2020). Medication safety in transitions of care. Used for: Medication safety in transitions of care: medication lists, reconciliation and review after a change. https://news.gmj.ge/guideline/medication-safety-in-transitions-of-care/ (criterion 24.16, 24.17, 24.18, 24.20)
10. World Health Organization. Medication Without Harm: Global Patient Safety Challenge on Medication Safety. Geneva: WHO; 2017. Used for: https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/ (criterion 24.16, 24.17, 24.18, 24.19, 24.20)
11. World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705 Used for: https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/ (criterion 24.16, 24.17, 24.18, 24.19, 24.20)
12. WHO (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. Used for: Occupational health and safety for health workers, including violence prevention and staff wellbeing. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/ (criterion 24.22, 24.23, 24.34)
13. Guidance on Managing the Risk of Lone Working in the Health and Social Care Sector (Health and Safety Authority, Ireland, not stated on page) https://hsa.ie/eng/publications_and_forms/publications/health_and_social_care_sector/guidance_on_managing_the_risk_of_lone_working_in_the_health_and (criterion 24.24)
14. WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: Global Patient Safety Action Plan: incident and near-miss reporting, learning systems. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/ (criterion 24.25, 24.35)
15. 42 CFR 484.80 Condition of participation: Home health aide services (US Centers for Medicare & Medicaid Services (text via Cornell LII), current CFR text) https://www.law.cornell.edu/cfr/text/42/484.80 (criterion 24.26, 24.27, 24.30)
16. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (US Substance Abuse and Mental Health Services Administration (summary on youth.gov), not stated on page) https://youth.gov/feature-article/samhsas-concept-trauma-and-guidance-trauma-informed-approach (criterion 24.36)
17. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) (US HHS Office of Minority Health, not stated on page) https://cccm.thinkculturalhealth.hhs.gov/PDF_Docs/CLAS_Standards.pdf (criterion 24.37, 24.38)
18. Report III (1B): Migrant Workers, International Labour Conference 87th Session (International Labour Organization, 1999) https://webapps.ilo.org/public/english/standards/relm/ilc/ilc87/r3-1b2.htm (criterion 24.39)
19. WHO Global Code of Practice on the International Recruitment of Health Personnel (World Health Organization, 2010, Geneva: WHO) https://www.who.int/publications/i/item/wha6316 (criterion 24.41)
20. Convention relating to the Status of Stateless Persons (UNHCR, 1954 (adopted 28 September 1954)) https://www.unhcr.org/uk/sites/uk/files/legacy-pdf/3bbb25729.pdf (criterion 24.42)
21. Promoting the health of refugees and migrants: resolution, Seventieth World Health Assembly (World Health Organization, 2017, Geneva: WHO) https://www.who.int/publications/i/item/promoting-the-health-of-refugees-and-migrants (criterion 24.43, 24.44)


### INTERNATIONAL STANDARDS CITED


1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

## 12 Document register

Every document code used in Standard 24, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

| Code | Document | Type | Criteria |
|---|---|---|---|
| CLN-FRM-003 | Individual care plan | Form (record) | 24.1, 24.29, 24.37 |
| CLN-SOP-002 | Individualised care planning | Procedure (SOP) | 24.29 |
| CON-POL-002 | Non-Discrimination and Equal Access to Care | Policy | 24.38, 24.39, 24.43 |
| GOV-FRM-003 | Governing Body Minutes Template | Form (record) | 24.25 |
| HC-FRM-001 | Statement of rights acknowledgement | Form (record) | 24.2 |
| HC-FRM-002 | Caregiver replacement request record | Form (record) | 24.3 |
| HC-FRM-003 | Client contact and out-of-hours access record | Form (record) | 24.4 |
| HC-FRM-004 | Independent check-in record | Form (record) | 24.5 |
| HC-FRM-005 | Caregiver screening record | Form (record) | 24.6, 24.7, 24.8, 24.9, 24.10 |
| HC-FRM-006 | Home safety assessment record | Form (record) | 24.11, 24.14 |
| HC-FRM-007 | Emergency access arrangement record | Form (record) | 24.15 |
| HC-FRM-008 | Shared medication list | Form (record) | 24.17, 24.18 |
| HC-FRM-009 | Pre-visit home risk assessment | Form (record) | 24.21, 24.24, 24.25 |
| HC-FRM-010 | Supervisory visit record | Form (record) | 24.26, 24.27, 24.28 |
| HC-FRM-011 | First 100 days check-in record | Form (record) | 24.33 |
| HC-FRM-012 | Portable client care summary | Form (record) | 24.45 |
| HC-PLN-001 | Solo caregiver coverage plan | Plan | 24.31 |
| HC-POL-001 | The client's home and household routines | Policy | 24.1, 24.38 |
| HC-POL-002 | Individualised assessment of criminal history findings | Policy | 24.10 |
| HC-POL-003 | Medication reminders and administration in the home | Policy | 24.16 |
| HC-POL-004 | Caregiver safety in private homes | Policy | 24.21, 24.22, 24.24 |
| HC-POL-005 | Caregiver safety and distress signalling | Policy | 24.23 |
| HC-REG-001 | Home hazard remediation register | Register | 24.12 |
| HC-REG-003 | Caregiver continuity register | Register | 24.32 |
| HC-SOP-001 | Caregiver replacement request | Procedure (SOP) | 24.3 |
| HC-SOP-002 | Independent check-ins for abuse and neglect | Procedure (SOP) | 24.5 |
| HC-SOP-003 | Caregiver background screening, registries and recheck | Procedure (SOP) | 24.6, 24.7, 24.8, 24.9 |
| HC-SOP-004 | Home environment safety assessment and remediation | Procedure (SOP) | 24.11, 24.14 |
| HC-SOP-005 | Medication changes, transitions and missed doses | Procedure (SOP) | 24.18, 24.20 |
| HC-SOP-006 | Medicines in multi-person households | Procedure (SOP) | 24.19 |
| HC-SOP-007 | Lone-worker check-in and discreet distress signal | Procedure (SOP) | 24.34 |
| HC-SOP-008 | Supervisory visits in the home | Procedure (SOP) | 24.26, 24.27 |
| HC-SOP-009 | Coverage for a solo caregiver's absence | Procedure (SOP) | 24.31 |
| HC-SOP-010 | New caregiver support in the first 100 days | Procedure (SOP) | 24.33 |
| HC-SOP-011 | Incident reporting for delayed discovery in the home | Procedure (SOP) | 24.35 |
| HC-SOP-012 | Caregiver work authorisation change: transition support | Procedure (SOP) | 24.40 |

| Code | Document | Type | Criteria |
|---|---|---|---|
| HC-SOP-013 | Continuity of care when a client relocates | Procedure (SOP) | 24.45 |
| HMG-FRM-001 | Migration history and trauma-aware assessment record | Form (record) | 24.36 |
| HMG-POL-001 | Migration-informed, trauma-aware care | Policy | 24.36, 24.42, 24.43 |
| INC-POL-001 | Incident reporting and management | Policy | 24.5, 24.16, 24.20, 24.25 |
| INC-SOP-001 | (name to be confirmed) | Procedure (SOP) | 24.35 |
| LTC-FRM-002 | (name to be confirmed) | Form (record) | 24.17 |
| LTC-SOP-002 | (name to be confirmed) | Procedure (SOP) | 24.18 |
| MOB-FRM-004 | (name to be confirmed) | Form (record) | 24.23 |
| MOB-SOP-002 | (name to be confirmed) | Procedure (SOP) | 24.34 |
| PHM-FRM-002 | (name to be confirmed) | Form (record) | 24.19 |
| PSF-FRM-001 | Falls Log | Form (record) | 24.13 |
| PSF-FRM-002 | Falls Risk Assessment Tool | Form (record) | 24.13 |
| PSF-SOP-001 | Falls Risk Assessment and Prevention | Procedure (SOP) | 24.13 |
| PTR-SOP-010 | Interpreter and mediator use | Procedure (SOP) | 24.37, 24.42 |
| STF-FRM-001 | (name to be confirmed) | Form (record) | 24.6 |
| STF-SOP-001 | Staff credential verification and recheck | Procedure (SOP) | 24.39 |
| WRK-FRM-001 | Competency assessment form by role | Form (record) | 24.30 |
| WRK-FRM-003 | Violence and aggression incident record | Form (record) | 24.22 |
| WRK-POL-005 | Speak-up policy | Policy | 24.44 |
| WRK-REG-003 | Workforce equity register | Register | 24.41 |
| WRK-SOP-001 | Annual competency assessment procedure | Procedure (SOP) | 24.30 |
| WRK-SOP-006 | Violence and aggression prevention and response | Procedure (SOP) | 24.22 |
| WRK-SOP-009 | Workforce equity monitoring | Procedure (SOP) | 24.41, 24.44 |
| WRK-SOP-010 | Concern handling and protection from retaliation | Procedure (SOP) | 24.44 |