Policy · HC-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 29.1

At a glance

- Care is delivered in the client's own home, on the client's own routines.
- The client's possessions and arrangements are not moved or overridden for the caregiver's convenience.
- Cultural and religious practices in the home are respected (29.38).
- A caregiver who wants a change to the routine asks the client first.
- Stop and get help straight away if: a caregiver decides a client must eat at a set time against their wishes.

1. Purpose

To make sure the client keeps control of their own home and routines (29.1, 29.38).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

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.

5. Responsibilities

Role	Responsibility	Competence
Home care service lead	Owns the home rule	Clinician or manager
Caregiver	Works to the client’s routines	Staff

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Learn the routine.

- Record the client’s routines and preferences on the care plan (CLN-FRM-003).

Key point: Recorded.

Step 2. Ask before changing.

- Ask the client before any change to their routine, possessions or arrangements.

Key point: Asked.

Step 3. Respect practices.

- Respect the client’s cultural and religious practices, and record any need.

Key point: Respected.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Visits where the client’s routine is recorded and	95%	Monthly	Home care service lead	Escalate to medical

followed				director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
CLN-FRM-003	Individual care plan (existing, reused)	Record
CON-POL-002	Non-discrimination and equal access (existing, reused)	Policy

17. Evidence

Reference	Note
E-009	Based on the WHO Global strategy and action plan on ageing and health 2016-2030, WHO Integrated care for older people (ICOPE) guidelines (2017), and WHO guidance on migrant health.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval

1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Client Rights & Dignity in the Home Setting** (HC-01)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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