Procedure · HC-SOP-008 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 29.26

At a glance

- Supervisory visits are made on-site, in person, on a set schedule that matches the level of care (HC-FRM-010).
- For personal care only, the supervisor observes the caregiver giving care (29.27).
- Visits are counted by calendar interval, not by caregiver visits.
- A visit is not replaced by a phone call.
- Stop and get help straight away if: a client’s care plan is never visited by a supervisor in a year.

1. Purpose

To make sure supervision happens in person, on schedule and by observation (29.26, 29.27).

2. Scope

Applies to	Clinical and support staff in the home care service
Locations	All client homes and the service’s offices
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 16

3. Definitions

Term	Meaning
Client	A person who receives care from the home care service.
Supervisor	The staff member who makes supervisory visits and observes care.
Supervisory visit	An in-person visit by a supervisor to a client’s home, on a set schedule.

Level of care	The amount and type of care a client needs, which sets how often supervisory visits are made.
Personal care	Care for which the supervisor observes the caregiver giving care, in person (section 9, step 2).
Duty clinical lead	The clinical lead on duty at the time, who receives serious problems first.
Escalation	Passing a serious problem at once to the duty clinical lead, and to the clinical director the same day.

4. Background

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.

5. Responsibilities

Role	Responsibility	Competence
Home care service lead	Owns the supervision schedule	Clinician or manager
Supervisor	Makes the visits and observes care	Clinician

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 client 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. Schedule.

- Set the supervisory visit interval for each client by level of care.

Key point: Scheduled.

Step 2. Observe.

- Observe the caregiver giving personal care, with the caregiver present.

Key point: Observed.

Step 3. Record.

- Record each visit on HC-FRM-010.

Key point: Recorded.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps.

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

Clients with a supervisory visit on schedule	95%	Monthly	Home care service lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Client record or the area file	the period set by the facility’s records policy (in 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
HC-FRM-010	Supervisory visit record	Record

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	—	Initial release	Approved by the ASF Expert Committee

E-learning for this document

- **Governance & Staffing for Home-Based Care** (HC-07)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 29. (E-009)

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