Procedure · HC-SOP-010 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 29.33

At a glance

- Each new caregiver has structured support in their first 100 days (HC-FRM-011).
- Check-ins are held at set points, including the first week.
- Schedules are realistic for a new caregiver.
- Reasons for leaving are recorded.
- Stop and get help straight away if: a new caregiver leaves after a week with no contact from the agency.

1. Purpose

To keep new caregivers through structured early support (29.33).

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
New caregiver	A caregiver in their first 100 days in the service.
Structured onboarding	A planned introduction to the role, with a named contact person.
Check-in	A check-in held at a set point: the first week, the first month and day 100 (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

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.

5. Responsibilities

Role	Responsibility	Competence
Home care service lead	Owns the first-100-days support	Clinician or manager
Supervisor	Holds the check-ins	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. Onboard.

- Give structured onboarding and a named contact.

Key point: Onboarded.

Step 2. Check in.

- Hold check-ins at the first week, the first month and day 100, recorded on HC-FRM-011.

Key point: Checked in.

Step 3. Review schedules.

- Adjust the schedule where it is unrealistic, and record the reason for any leaving.

Key point: Reviewed.

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
New caregivers with check-ins at each set point	100%	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-011	First 100 days check-in 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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