Code of Practice
for care provider members of
United Kingdom Homecare Association
(UKHCA)
Introduction

As a member-led professional association, our mission is to promote high quality, sustainable care services so that people can continue to live at home and in their local community.

The following Code of Practice reflects UKHCA member organisations’ commitment to this Mission.

This Code of Practice applies to all UKHCA members providing homecare services to people of all ages and in all situations. Where UKHCA members are acting as an employment agency (solely providing introductory services) they will abide by the Code of Practice, to the extent that the Code applies to the services they offer.

All UKHCA members will sign their agreement to abide by the Code of Practice on first becoming members and re-affirm this annually at renewal.

The Code is divided into two parts:

Part 1

Statement of Principles and Values to which all members are required to commit.

Part 2

Guidance about good quality, which provider members should aspire to at all times.
Part 1

Statement of Principles and Values to which all members are required to commit

1.1 A Statement of Principles and Values

In order to qualify for membership of UKHCA, provider members must demonstrate their commitment to UKHCA’s mission; abiding by the following principles and values.

If significant failure on the part of a provider member is evidenced, UKHCA reserves the right to suspend or expel them from membership.

Members will:

Help deliver the Mission by providing high quality, sustainable homecare. Indicators of such quality are outlined in Part 2.

Specifically, all members will:

1.2 Promote the independence, preferences, dignity and privacy of people who use services

a) Enable people who use services to make decisions on their lifestyle, activities, care and support – even when these might seem unwise (provided they are lawful, do not cause harm to others and are consistent with the provider’s duty of care). Operate within the terms of applicable mental capacity legislation by assuming the person is able to make decisions unless specifically judged to lack capacity at that time, in which case, take into account what is known about their previous preferences and wishes and act at all times in the person’s best interests.

b) Assist people who use services to communicate their views and wishes by talking, writing, signing or any other means, so their decisions and priorities are clear. Signpost to advocacy and other services that support communication where appropriate.
c) Respect people’s confidentiality, sharing personal information only with the person’s permission, when it is in their best interests or when required to do so by law.

d) Promote people’s safety and wellbeing at all times; complying with the relevant safeguarding requirements.

e) If necessary, challenge commissioners where the person’s safety and wellbeing may be jeopardised by the way the service has been commissioned.

f) Act in a way that embraces the principles of equality and non-discrimination for both people using services and employees; fully complying with equalities legislation.

g) Systematically gather the views of people who use the services, their families and other nominated carers and continuously use this information to improve services.

h) Deal promptly, openly and efficiently with complaints and learn from them by improving services.

i) Promote the interests of people who use homecare services at all times.

1.3 Work collaboratively

a) Recognise the crucial role played by family carers in the person’s wellbeing and work with them, as appropriate, to support their efforts and maximise good care.

b) Collaborate with other agencies (in health, social care, housing and other areas) for the benefit of the person using the service, including ensuring the safe transfer of care to and from other providers where this is required.

c) Wherever possible, encourage the definition and use of a ‘single point of contact’ among all the organisations involved in care provision for the person using the service to maximise efficiency and minimise confusion.

d) Support UKHCA’s work on providers’ behalf.

1.4 Select and support competent staff across the whole organisation

a) Ensure full compliance with all legal requirements, such as those governing employment, wages and working time.

b) Recruit staff for their values and provide a safe and rewarding working environment.

c) Ensure that good practice is recognised and promoted at all times.

d) Ensure that staff are occupationally competent for their responsibilities and tasks and receive training and induction, supervision and support to perform their role well.

e) Listen to - and act on – credible reports of poor practice wherever they are from.

f) Ensure that there is a clear and accessible whistleblowing policy in place, which staff understand and are confident to use.

g) Balance the rights of people using the service to make their own decisions, with the employer’s responsibility to protect the health and safety of staff and others in the workplace.
1.5 Achieve and maintain registration

a) Register with the applicable statutory regulator(s), as required, and maintain registration.

b) Meet or exceed applicable regulatory requirements, or, if not providing a regulated service, deliver to a similar high standard.

1.6 Maintain a sustainable and effective business

a) Promote a culture of continuous improvement across the whole organisation and celebrate innovation and creative practice.

b) Conduct business with transparency; deal with others honestly and fairly at all times, particularly ensuring that what is - and is not - in any agreement or contract is clearly defined.

c) Use clear invoices and terms of business, explaining costs and charges in a way which will, where appropriate, allow the person readily to identify what he or she will be required to pay and whether he or she might be entitled to state assistance.

d) Ensure there is adequate insurance in place to protect people using the service, third parties, staff and management alike.

e) Maintain accurate and appropriate records of people using and working in the service.

f) Use the UKHCA logo appropriately (as permitted) to signal commitment to high quality sustainable care.

g) Act at all times to promote positive attitudes to homecare generally and to UKHCA.
Part 2

Guidance about good quality, which provider members should aspire to at all times

2.1 Indicators for quality in homecare delivery

These indicators relate equally to all homecare services, to people of all ages and in all situations.

2.2 People who use services and family carers

Extensive research exists which shows what people receiving homecare and their families and carers value in a homecare service. These quality indicators draw on this research and on feedback from people using homecare services, staff and providers.

**UKHCA member organisations should strive at all times to deliver a service that is tailored to the individual’s needs and aspirations, is delivered reliably and in the way he or she prefers. Specifically, a service which:**

a) Promotes wellbeing and is delivered in the way the person using the service prefers.

b) Encourages independence and the development of skills, techniques and confidence to enable self-care.

c) Is centred on the individual, acknowledges his or her preferences and aspirations and respects their right to change.

d) Is reliable, with services delivered when expected, and with prior notification when things do not happen as planned.

e) Allows sufficient time for care to be provided in a way which is safe, respectful and protects the person’s dignity.

f) Respects the person’s home and chosen way of life.
g) Recognises and supports the contribution of others around the person, such as family and friends and encourages them to access external support for themselves where this is available.

h) Promotes the person’s dignity and respects their emotional and social needs and aspirations.

i) Signposts to other support, or helps the person to access it, where appropriate.

j) Is delivered by a consistent, small number of skilled workers whom the person knows.

k) Is supported by good communication between the person, the homecare worker, family carers and managers of the service.

l) Wherever possible involves good communication between the member, commissioners of care and other agencies involved with the person.

m) Is flexible and innovative to meet people’s needs.

n) Learns from mistakes and shortcomings; deals with them appropriately and uses the information to improve the service.

o) Delivers what has been agreed.

2.3 Staff across the whole organisation

There is also a good bank of knowledge from research and feedback about what staff need in order to give their best.

UKHCA members should strive at all times to provide an employment environment which includes:

a) Good employment practice, including fair terms and conditions of employment.

b) Rewarding employment, so that staff feel valued.

c) Good quality and appropriate induction, training and support, so that staff feel confident in their work.

d) Opportunities for staff to develop skills further; either generally, or in relation to specific conditions or situations.

e) Good ongoing supervision, support and coaching.

f) Good and reliable communication between staff and managers.

g) Recording and reporting systems which enhance quality of care, but are not constraining or overly time-consuming.

h) Staff recruited for their values, respected for their caring, professional attitudes and behaviours and celebrated for their excellent caring.
i) Promotion at all times of the safety of the staff at work, the person using the service and third parties.

j) Facilitation of the identification of poor practice, for instance, through whistleblowing and appropriate, swift and proportionate handling of reports.

k) Evidence that compliments, complaints and whistleblowing reports lead to organisational reflection, learning and service improvement involving staff.

2.4 The public

A crucial issue in the development and availability of high quality homecare is raising awareness and public understanding of the existence, nature, contribution and value of care in the home.

UKHCA members should strive to enhance public understanding and confidence by:

a) Advertising services in ways that are accurate and positive.

b) Promoting the value of homecare to the individual, their family and society as a whole at every opportunity and countering negative publicity (for example with accurate facts and positive views of people who use services).

c) Notifying UKHCA if specific negative publicity is anticipated, so that there can be a sector-wide response and dealing with such publicity in an open, honest and forthright way for the benefit of the public and the sector as a whole.

d) Demonstrating a willingness to work collaboratively with others for the benefit of the local and wider community.

e) Publicising the commercial contribution of homecare in terms of economic value (including to the NHS) and the creation of employment opportunities.

f) Seeking and taking opportunities to promote the value and status of those working in homecare with local and national government as well as with the public and the media.

g) Sharing good practice with and through UKHCA as appropriate.

h) Actively participating in UKHCA-led campaigning and media initiatives on behalf of members and of homecare generally when requested.
Appendices

Regulators and other sources for information on good practice in homecare

Appendix A. Statutory Regulators
The statutory regulators at the time of writing are:

- **In England:** Care Quality Commission (CQC). Visit www.cqc.org.uk for further information.
- **In Wales:** Care and Social Services Inspectorate Wales (CSSIW). Visit cssiw.org.uk for more information.
- **In Scotland:** The Care Inspectorate (formerly known as the Social Care and Social Work Improvement Scotland (SCSWIS)). Please see their website, www.careinspectorate.com, to learn more.
- **In Northern Ireland:** The Regulation and Quality Improvement Authority (RQIA). You can learn more about the RQIA here: www.rqia.org.uk

Appendix B. Workforce Regulators
The workforce regulators at the time of writing are:

- **In England:** There is currently no formal workforce regulator in England.
- **In Wales:** The Care Council for Wales (CCW). Further information is available here: www.ccwales.org.uk
- **In Scotland:** The Scottish Social Services Council (SSSC). More information is available from their website: www.sssc.uk.com
- **In Northern Ireland:** The Northern Ireland Social Care Council (NISCC). Please see their website, www.niscc.info, to learn more.

Appendix C. Other good practice guides
UKHCA recommends that member organisations should also be familiar with and, where appropriate, adopt the principles and practice included in other well-established and sound indicators of quality, such as:

- Think Local Act Personal (2012). *Making it Real; marking progress towards personalised community based support.* Available at: www.thinklocalactpersonal.org.uk/browse/mir/aboutmir/
- National Institute for Clinical Excellence (2015). *Home care: delivering personal care and practical support to older people living in their own homes.* Available at: www.nice.org.uk/guidance/ng21

Please note that the information contained in these Appendices may be updated from time to time, before the next full revision of the Code of Practice.
To find UKHCA members in your area please visit:

www.ukhca.co.uk/findcare
Effective from 1st February 2016