***Add your service’s logo here***

**AGENCY RISK, CONTINUITY AND MANAGEMENT PLAN**

|  |  |
| --- | --- |
| **Service Details:** | Add your service’s address |
| **Service Type:** | Add your service’s type (ie nursing home) |
| **Registered Manager:** | Add your service’s RM’s name |
| **Heads of Care:** | Add your service’s heads of care |
| **General Information:** | Add your number of beds here and any other salient info |
| **Responsible Provider:** | Add your provider’s name |

**This Agency Risk, Continuity and Management Plan has been implemented by the Provider in order to comply with and provide assurance to Regulation 18 *(Staffing)* and Regulation 19 *(Fit and Proper Persons Employed)* of the Health and Social Care Act (2008) Regulated Activities Regulations (2014) in respect to suitably qualified Agency Staff working within the service and delivering regulated activities to vulnerable adults.**

1. **GENERAL AREAS:**

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| --- | --- |
| **Area:** | **Action and Requirements:** |
| **Fire Safety:** | All agency staff accessing the service for the purposes of work must make themselves aware of and take responsibility for hazards which may cause a fire. While agency workers are not employees of the organisation they have a legal duty upon them under the Health and Safety at Work Act (1974) to keep themselves and others safe. If further support and direction is required then the individual staff member must seek advice from the Team Leader on duty, or where necessary escalate this to a Head of Care in the building. |
| **Health and Safety / PPE:** | In adherence with the guidance provided by Public Health England (PHE) and company Policy and Procedure relating to Infection and Prevention Control, all Agency Support Workers are required to wear and use Personal Protective Equipment (PPE) at all times when working within the service to uphold the safety and dignity of residents. Any Agency Support Workers refusing / declining to wear and use PPE will be asked to leave the premises. |
| **Gas Safety:** | All agency staff accessing the service must immediately and without delay raise concerns of suspected gas leaks to the Team Leader / Senior Healthcare Assistant on duty in order for any potential risk to be managed as quickly and effectively as possible. |
| **Water Supply:** | All agency staff suspecting a water leak, fault or lack of water should immediately report this to the Team Leader / Senior Healthcare Assistant on duty so that the Maintenance Manager or Out of Hours Maintenance Team for the service can be contacted and made aware of the issue. A lack of water supply within the service cannot be left and must be urgently raised with the senior most person in charge. |
| **Fixed Electrics:** | If there is a fault or an issue involving electricity then the agency staff must ensure their safety and the safety of the person/s they are supporting. The fault must then be reported to the Team Leader / Senior Healthcare Assistant on duty so that the Maintenance Manager or Out of Hours Maintenance Team for the service can be contacted and made aware of the issue. |
| **Documentation:** | All agency staff will be provided with information relating to residents, their needs, risks, care requirements and the documentation associated to this that they may need to complete when on duty. The Team Leader / Senior Healthcare Assistant on duty will ensure that the Agency Support Worker will have access to complete this. |
| **Emergency Procedures:** | It remains the responsibility of the Agency Support Worker completing the shift to ensure that in the event of an emergency residents are given clear information on what actions are necessary to be taken to ensure their safety. Information relating to emergency procedures, such as an evacuation for a fire in the middle of the night, is accessible and available to all individuals within the Front Reception of the service, and any such emergency event requiring protocols to be enacted will be managed by the most senior person in the service during the event. |
| **Use of Telephones:** | Agency Support Workers can use the telephones within the service for urgent and emergency calls only, and where this is needed, the mobile phone for the service can be utilised with the permission of the Team Leader / Senior Healthcare Assistant on duty. Mobile phones are not permitted to be used when on shift. Use of electronic recording devices is strictly prohibited. The only exception to mobile phone usage will be with the expressed permission of the Team Leader / Senior Healthcare Assistant on duty or when the Agency Support Worker is away from shift on a designated break. |
| **Photography:** | Agency Support Workers are strictly prohibited from taking, storing or transmitting images of residents at any time during their engagement with the Provider. |

1. **RESIDENTS**

|  |  |
| --- | --- |
| **Area:** | **Action and Requirements:** |
| **Delivery of Personal Care to Residents:** | All Agency Support Workers are to be provided with sufficient information to support people, where required, with intimate personal care, this can be found within each person’s Support Plan which agency staff will be provided full access to. At all times peoples wishes, choices and preferences on who provides their personal care is to be respected and acted upon. The Agency Support Worker themselves is responsible to offer safe, high quality and dignified care and support under the supervision of a Team Leader / Senior Healthcare Assistant. |
| **Administration of Medication:** | Agency Support Workers are not permitted to access the medical information of residents, nor are they, under any circumstances, permitted to administer medication to residents. |
| **Access to Residents Finances:** | Agency Support Workers, with this not being a requirement of their role, are not at any time permitted to access the financial information or funds of residents. |
| **Adult Safeguarding:** | All individuals, including Agency Support Workers, are responsible to report any suspected or actual occurrences of abuse of residents to the most senior person in charge of the service. Failure to report a case of adult safeguarding will result in formal action being taken towards the agency provider in any case of omissions or commissions to or about residents. The company subscribe to the view that Adult Safeguarding is the responsibility of everyone accessing care services, and all referrals / allegations of abuse will be treated with confidentiality and with support for the whistleblower. Further information relating to whistleblowing and the Providers Adult Safeguarding policy can be found within the Main Reception of the service. |

1. **AGENCY STAFF CHECKLIST:**

|  |  |  |
| --- | --- | --- |
| **Number:** | **Item:** | ✓, X or N/A |
| **1** | Agency Staff Contract Terms & Conditions in place |  |
| **2** | Staff Agency Profiles in place for the service |  |
| **3** | Provider confirmation of Agency Staff DBS & Training Compliance |  |
| **4** | Information updated following annual review |  |
| **5** | Agency Staff shown Fire Exits and Evacuation Procedure |  |
| **6** | Agency Staff briefed on the Providers Adult Safeguarding Policy |  |
| **7** | Agency Staff made aware of health risks of allocated client group |  |
| **8** | Agency Staff made aware of the Emergency Call Bell Alarm System |  |
| **9** | Agency Staff made aware of Manager On-Call details (as appropriate) |  |
| **10** | If Lone Working, Agency Staff provided with a telephone or radio |  |

1. **CONFIRMATION OF CHECKLIST:**

**Induction Completed by (Provider):**

**Name:**

**Role:**

**Date:**

**Induction Confirmed by (Agency Staff):**

**Name:**

**Role:**

**Date:**

1. **OWNERSHIP OF RISK ASSESSMENT:**

|  |  |
| --- | --- |
| **Risk Assessment Completed by:** | Add |
| **Role:** | Add |
| **Date:** | Add |
| **Risk Assessment Accountable to:** | Add |
| **Role:** | Add |
| **Date:** | Add |
| **Planned Review Date:** | Add |
| **Statement of Accountability:** | The person completing this Agency Risk, Continuity and Management Plan is deemed by the Provider to have the suitable skills, experience and to complete this assessment. |