# How to Employ Agency Workers in the Care Service

* Ensure that the contract is between the worker and the employment business and that it expressly excludes any employee status with the service. The contract should also state that the agency will exercise disciplinary control and that the agency will pay the worker.
* Check all documentation thoroughly — ensure that the agency completes any personal documents such as mortgage application forms relating to the worker.
* Ensure the agency worker is clear about their role, eg as care worker, and to know to whom they are responsible at any given time.
* Ensure an agency worker is properly briefed through a suitable induction programme, and that they know who their colleagues are and how they should be working together on, for example, care tasks.
* Avoid any agency worker accumulating long periods of uninterrupted service by reviewing their engagement on a regular basis with a view to deciding whether they are still needed or whether they should be taken on full time.
* Do not randomly end their engagement to avoid the impact of potential employment rights (eg to avoid any unfair dismissal claim), as an employment tribunal could construe this as an admission that the agency worker is an employee.
* Do not treat agency workers as employees, eg by subjecting them to the same discipline and grievance procedures as employees (such issues should be passed back to the agency to resolve), and deciding when they may take holidays (again an agency responsibility).
* Ensure and provide the necessary training and supervision to the agency worker to act competently without engaging them in a long-term personal development plan as if they were a permanent staff member.
* Review their engagement regularly, ensuring that the need to continue to employ someone on this (usually expensive) basis is questioned and properly justified.

# Agency Worker Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Firstname |  | Surname |  |
| Date of Birth |  | Gender |  |
| Telephone No |  | Email |  |
|  |  |  |  |
| **Documents** | **Reference No** | **Expiry Date** | **Received By** |
| Right to Work in the UK |   |   |   |
| Passport |   |   |   |
| Driving Licence |  |  |  |
| DBS |  |  |  |
| National Insurance Number |  |  |  |
| Proof of Address |  |  |  |
| Passport Photo | Yes | No |  |
| Next of Kin Details | Yes | No |  |
| Disclosure of Criminal Convictions | Yes | No |  |
| Staff Medical Questionnaire | Yes | No |  |
| Starter Checklist | Yes | No |  |
|  |  |  |  |
| **Training Qualifications** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Mandatory Training Certificates** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **References** | **Date Sent** | **Date Received** |  |
| 1. |  |  |  |
| 2. |  |  |  |
|  |
| **Received** | **Date Given** | **Manager's Signature** | **Staff Signature** |
| Code of Conduct |   |   |   |
| Employee Handbook |   |   |   |
| Induction Pack |   |   |   |
| Contract |  |  |  |
| Photo ID |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Staff Member is signing to say they have understood the policy and procedure related to each area** |
|  |  |  |  |
| **Topic** | **Date**  | **Manager's Signature** | **Staff Signature** |
| Medication Documentation and Policy |   |   |   |
| Health and Safety Issues, How to Raise Concerns. |  |  |  |
| Risk Assessments and Where to Find Them in the Care/Support Plan |  |  |  |
| Explained How to Deal with First Aid And  |   |   |   |
| Emergencies |   |   |   |
| Explained Importance of Service User's Support Plan and Taking into Service User's Preferred Method of Communication, Needs, Preference and Wishes |   |   |   |
| **Recording and Reporting:** |
| 1. Daily Recording |  |  |  |
| 2. Incidents / Accidents |  |  |  |
| 3. Medication |  |  |  |
| 4. Care/Support Plans |  |  |  |
| Data Protection and Confidentiality |   |   |   |
| Environmental Policies |  |  |  |
| Covid-19 Policy |  |  |  |
| Covid-19 Risk Assessment |  |  |  |
| Fire Safety  |  |  |  |
| Missing Persons Procedures |  |  |  |
| Safeguarding Procedures |  |  |  |
| Aims and Objectives of The Service |   |   |   |
| Recognising and Responding to Changing Needs |   |   |   |
| Working with Others Including Professionals |   |   |   |
| Duty of Care, Conflicts and Safe Practice |   |   |   |
| Privacy, Dignity, Respect, Independence |   |   |   |
| Religion and Culture |   |   |   |
| Supervision and Annual Review |   |   |   |
| Financial Procedures Discussed |   |   |   |
| Dress Code |   |   |   |
| Whistle Blowing Policy |   |   |   |
| Complaints and Compliments Procedures |  |  |  |
| Out of Hours Contact |   |   |   |
| Holiday Policy |   |   |   |
| Office Roles / Senior Roles |   |   |   |
| Replacing Equipment E.G. Gloves, Aprons |   |   |   |
| Reporting Sickness |   |   |   |
| Non-Medical Care Services - Exclusions |   |   |   |
| **I Agree That I Will Not:** |  |  |  |
| Give Injections / Pierce the Skin in Any Way |   |   |   |
| Apply or Change Wound Dressings |   |   |   |
| Cut Toenails Or Finger Nails |   |   |   |
| Other Invasive Procedures E.G. Rectum/Vagina |   |   |   |
| Private Work and Requests to Work Privately for Service User’s |   |   |   |
| Gifts Policy - All Gifts Must Be Politely Declined |   |   |   |
| Training Matrix and Other Training Explained |   |   |   |