

Care Staff File Recruitment Checklist

Name of Staff	
Job Role	
Start Date	

This data will be held in line with the Data Protection Act 2018 and UK GDPR requirements and documents will be stored and archived in line with our Archiving, Disposal and Storing of Records Policy and Procedure.

Care Staff File Section		Document		Date Completed
1	New Starter			
		1.1	Photo ID (e.g. passport, driving licence)	
		1.2	Right to Work (follow the Home Office Checklist)	
		1.3	Proof of Address (e.g. utility bill, council tax statement)	
		1.4	Driving Licence, Car Insurance, MOT and Tax where required	
		1.5	Company ID badge	
		1.6	Proof of NI number	
		1.7	Tax Form	
Care Staff File Section		Document		Date Completed
2	Application Form			
		2.1	Completed Application Form (full with no gaps)	
		2.2	Privacy Statement/Declaration	
		2.3	Working Time Regulation	
		2.4	Rehabilitation of Offenders	
		2.5	Curriculum Vitae	
		2.6	Full Work History	

3 Recruitment & Selection				
		3.1	Record of Interview and Interview Documents	
		3.2	Availability Form	
		3.3	Job Description (signed)	
		3.4	References x 2 (including previous employment)	
		3.5	Reference - Character (if applicable)	
		3.6	Signed Copy of Employment Contract	
		3.7	DBS Confirmation	
		3.8	Fit for Work/Health and Fitness Questionnaire (if applicable)	
4 Onboarding				
		4.1	Staff Handbook signed	
		4.2	Staff Mobile Phone Contract signed (where required)	
		4.3	Staff Allergy Confirmation Form (where required)	
		4.4	Completed Induction Record	
		4.5	Care Certificate (or evidenced if not applicable)	
		4.6	Spot Check	
		4.7	Supervision	
		4.8	Three-month Employment Review	
		4.9	Medication Competency Sign Off	
Staff File Section		Document		Date Completed
5 Performance				
		5.1	Appraisal	
		5.2	Supervision	
		5.3	Spot check	
		5.4	Team Meeting	
		5.5	Informal Discussions	
		5.6	Evidence of Clinical Supervision (if applicable)	
		5.7	General Communications	

6 Recognition				
		6.1	Compliments	
		6.2	Awards	
		6.3	Recommendations	
7 Training				
		7.1	Care Induction	
		7.2	Safeguarding	
		7.3	Moving and Handling	
		7.4	First Aid	
		7.5	Health and Safety (including COSHH)	
		7.6	Medication Management	
		7.7	Fire Prevention	
		7.8	Infection Control (including coronavirus)	
		7.9	Food Hygiene	
		7.10	Nutrition and Hydration	
		7.11	Dementia Awareness	
		7.12	Mental Capacity Act	
		7.13	Coronavirus	
		7.14	Data Protection and UK GDPR	
		7.15	Miscellaneous Training	
Staff File Section		Document		Date Completed
8 Development				
		8.1	NVQ 2/3 or QCF 2/3 (if applicable)	
		8.2	Specialist Training	
		8.3	Service Specific Training	

9 HR			
		9.1	Annual Leave Records
		9.2	Investigation Notes and Outcomes (where applicable)
		9.3	Medical Notes (where applicable)
		9.4	Coronavirus Vaccination Confirmation (where disclosed)
		9.5	Return to Work Forms (where applicable)
		9.6	Risk Assessments (if applicable for night, pregnant workers, young person, lone working, coronavirus etc.)
		9.7	Evidence of Nurse PIN including revalidation (where applicable)

Staff file initial set up completion statement	I can confirm all required documentation is present and the relevant skills and renewal dates, where applicable, have been added/updated. This employee is compliant to begin care work.		
Completed by (print name)		Date	
Signature			
Authorised Statement	I can confirm I have reviewed the contents of the staff file to ensure accuracy and am happy to approve its initial set up completion.		
Authorised by (print name)		Date	
Signature			

Service User File Checklist

Name of Service User	
Start Date	
Support Level	

This data will be held in line with the Data Protection Act 2018 and UK GDPR requirements and documents will be stored and archived in line with our Data Security and Data Retention Policy and Procedure.

Service User File Section		Document		Date Completed
1	Service User Details			
		1.1	Personal History	
		1.2	Consent Form	
		1.3	Accessible Information Standards identified and recorded within the Care Plan (if applicable for the Service User)	
		1.4	Key Holding Record (if applicable)	
		1.5	Receipt for issue of Service User Guide	
2	Contract			
		2.1	Original Local Authority Contract (if applicable)	
		2.2	Current Local Authority Contract (if applicable)	
		2.3	Private Contract including Terms of Business (if applicable)	
Service User File Section		Document		Date Completed
3	Local Authority/CCG Care Plan			
		3.1	Local Authority/ CCG Care Plan (if applicable)	
		3.2	Previous Local Authority/ CCG Care Plans (if applicable)	
4	Care Summary			
		4.1	Visit Summary	
		4.2	Medication Information (if applicable)	

5 Care Delivery Plan				
		5.1	Risk Assessments (all that are applicable)	
		5.2	Individual Care Plans (all that are applicable)	
		5.3	Clinical Plan (if applicable)	
		5.4	Spot Checks (where applicable to the Service User)	
		5.5	Medication Monitoring Spot Checks (if applicable)	
		5.6	Specialist competency sign offs (if applicable)	
6 Audit				
		6.1	Communication Log(s)	
		6.2	Communication Log Audit (if applicable)	
		6.3	MAR Chart(s) (if applicable)	
		6.4	MAR Chart Audit (if applicable)	
7 Communication				
		7.1	Correspondence/Communications including email, records, phone calls to LA/Care Managers etc., meeting minutes	
		7.2	Hospital Admission and Discharge Information	
8 Complaints Log				
		8.1	Service User Complaints and Compliments	
		8.2	Complaints/Concern Meetings and Correspondence	
		8.3	Accidents, Incidents or Near-miss Documentation	
Service User File Section		Document		Date Completed
9 Reviews				
		9.1	Service User Review and Evidence of Actions from the Review, if identified	
		9.2	Service User Care Plan Review and Evidence of Actions from the Review, if identified	
		9.3	Service User Feedback	

10 Coronavirus				
		10.1	Consent forms, where applicable	
		10.2	Miscellaneous coronavirus documents (such as testing records where disclosed)	
11 Archive				
		11.1	Archived Documents	

File initial set up completion statement	I can confirm that all required documentation is present and the relevant review dates, where applicable, have been added/updated.		
Completed by (print name)		Date	
Signature			
Authorised Statement	I can confirm that I have reviewed the contents of the Service User's file to ensure accuracy and am happy to approve its initial set up completion.		
Authorised by (print name)		Date	
Signature			