H&H Care SA Pty Ltd	**Form15.** Recruitment Screening Induction and Competency **Australian Government Support at Home Program**	
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Policy and procedure 15
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA selects suitable workers, verifies screening and credentials, provides induction and authorises work only after competence is demonstrated. It establishes ongoing supervision, renewal monitoring and action when a worker no longer meets requirements.

Document control	Details
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Policy owner	Director and designated Workforce Coordinator
Approved by	Director: _____ RN: _____
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Directors, managers, employees, nurses, agency workers and approved contractors; volunteers and students where relevant to their role

1 Purpose and scope

H&H Care will engage people with the suitability, qualifications, experience, communication skills and competence needed for their actual duties. A police certificate, professional registration or training certificate alone is not proof of task competence. Staffing shortages do not justify unchecked or unsupported care.

This policy applies to Support at Home services delivered on behalf of The Fig Trees and other approved registered providers. It does not replace employment contracts, professional registration standards, visa conditions, NDIS requirements or the brokerage agreement. The registered provider retains its workforce oversight responsibilities; H&H Care verifies its workforce and supplies evidence lawfully.

2 Responsibilities

The Director approves role descriptions, engagement, delegated hiring authority and deployment decisions. The Workforce Coordinator conducts checks, maintains records and alerts and arranges induction. The Clinical Lead RN verifies clinical scope, clinical competencies, delegation and supervision. Roster staff allocate only workers whose current approval matches the client and task.

Workers provide accurate information, participate in training and supervision, work within approved limits and immediately report changes affecting suitability, screening, registration, work rights, health or safe performance. An unconflicted manager reviews concerns or allegations; workers must have access to complaints and protected reporting without retaliation.

Role design recruitment and fair selection

3 Define the role and requirements

Before advertising, document duties, service scope, client needs, required qualifications and experience, screening, professional registration, physical task demands, driving, communication, supervision and employment arrangements. Separate genuine role requirements from preferences. Identify whether the person also works in an NDIS risk-assessed role and apply that scheme separately.

Specify any H&H Care minimum qualification, such as a relevant Certificate III/IV or demonstrated equivalent experience, as an employer or contract standard unless an applicable law requires it. Do not claim one qualification is a universal statutory requirement for all home-care work. Nursing, allied health and other regulated tasks require the relevant current professional qualifications and authority.

4 Recruit and assess fairly

- Use clear, non-discriminatory advertisements and selection criteria. Offer reasonable adjustments and culturally safe recruitment while preserving essential safety requirements.
- Obtain a work history, qualifications, relevant experience, availability and explanations of material gaps. Assess values, client rights, safeguarding and boundaries, not only roster availability.
- Conduct a structured interview using realistic scenarios: refusing unsafe tasks, responding to deterioration, reporting missed care and handling client money. Record evidence and reasons.
- Obtain consent for referee contact and verify referee identity independently where practical. As an internal standard seek two relevant referees, preferably recent supervisors; document approved alternatives where genuinely unavailable.
- Assess language and digital skills needed for safe communication and accurate records without discriminating based on accent or background. Provide appropriate learning support.
- Make any offer conditional on required checks, induction and task approval. Do not promise independent shifts before readiness is confirmed.

5 Identity work rights and credentials

Verify identity against reliable documents and ensure names match screening and qualification evidence; resolve discrepancies. Verify lawful work rights, using current Home Affairs evidence and VEVO with permission where relevant. Record visa restrictions and review dates without assuming nationality or an old visa grant proves current rights.

Verify relevant qualifications through reliable issuer or register evidence where available. For nurses and other registered practitioners, check the live Ahpra register, including profession, status, expiry and any conditions or limitations affecting duties. A printed certificate or overseas qualification alone does not authorise Australian registered practice. Check driver licence, vehicle registration, required insurance and suitability before client transport duties.

Screening suitability and contract compliance

6 Aged care screening requirements

Current guidance generally requires aged care workers and responsible persons within the applicable definitions to hold either a police certificate less than three years old that satisfies the current offence requirements, or a valid NDIS Worker Screening Clearance. These requirements extend to relevant workers engaged through associated providers. Verify the actual role and current Rules before engagement; future proposed screening systems must not be treated as already operating.

For police certificates, verify identity, issuer, issue date, authenticity and the applicable precluding-offence provisions and transition rules. Do not use only the older shorthand about murder, sexual assault and assault; current requirements are more detailed. Use current official guidance and obtain qualified advice where criminal history or eligibility is unclear. Do not permit a person precluded by law to work in the affected role.

Where the police-certificate route applies and the person has been a citizen or permanent resident of another country after turning 16, obtain the required statutory declaration in the appropriate current form and scope. Overseas travel alone is not the same test. Additional contract declarations must also be addressed. A signed declaration does not generally replace an actual screening result.

For an NDIS clearance, verify current status through the authorised pathway and retain the identifier, verification date, issue/expiry and any relevant restrictions. Do not accept an application receipt, expired card or general working-with-children clearance as an NDIS clearance. A current NDIS clearance may satisfy the aged care screening route, but NDIS roles have their own linkage, monitoring and risk-assessed-role duties.

7 Banning orders other checks and pending results

Check the Commission's aged care banning order register before deployment and record the date and result. Check relevant NDIS banning orders or other professional restrictions where duties require it. Assess genuine suitability information fairly and lawfully; a clear police certificate is not a guarantee of safe practice.

H&H Care's default is no client deployment while essential screening is pending. Any proposed lawful exception requires documented Director approval after checking every current statutory condition, direct-supervision arrangements, required declarations, NDIS restrictions where relevant and the registered provider's written acceptance. H&H may choose not to use an exception. Never treat a pending application or staffing emergency as automatic permission to work.

8 The Fig Trees requirements

Schedule 3 of the supplied agreement requires current police certificate evidence, declarations and cooperation with screening oversight, while other wording also recognises NDIS clearances. Obtain written clarification before relying solely on an NDIS clearance to satisfy the contract. Meet any lawful additional contractual check until validly varied; do not assume statutory minimum acceptance rewrites the agreement. Provide the required organisational screening policy, declarations and requested evidence securely, including quarterly information where requested under the agreement.

Induction before independent work

9 Employment and organisational induction

Confirm the lawful engagement type, written duties, remuneration and employment conditions under applicable requirements. Do not misclassify a worker as a contractor merely because they have an ABN. Arrange workers compensation and relevant insurance, payroll and required employment information. The Director obtains advice where classification, award coverage or employment obligations are unclear.

Before unsupervised care, explain supervision, scope, contacts, incident reporting and the worker's right to stop an unsafe task. Record completion and assess understanding of the following:

Induction topic	Required practical understanding
Rights values and culture	Person-centred rights-based care, choice, consent, supported decisions, cultural safety, trauma-aware practice and working with people living with dementia.
Conduct and safeguarding	Aged Care Code of Conduct, professional boundaries, abuse and neglect, client money, conflicts, gifts, complaints and protected disclosures.
Safety and escalation	First aid and emergency response appropriate to role, deterioration, incidents and SIRS escalation, lone work, worker safety and after-hours contacts.
Infection and mobility	Hand hygiene, PPE, exposures, cleaning, falls, safe manual tasks and equipment; limits on unassessed transfers and clinical procedures.
Records and privacy	Objective notes, attendance evidence, handover acknowledgement, consent and confidentiality, secure systems and breach reporting.
Service operations	Approved tasks, roster acceptance, delays and missed visits, no-answer checks, continuity, authorisation and communication with The Fig Trees.

10 Client and task specific induction

Before the first independent shift, give secure access to the current care plan, goals, preferences, risks, equipment, emergency instructions and communication needs. Confirm authorised tasks and what is excluded. Arrange shadowing or a joint visit where required. Record the worker's understanding, supervised practice and any limits. Client consent is required for observing intimate or clinical care and involvement of trainees.

Do not equate organisational induction with authorisation to administer medicines, use a hoist or perform complex nursing tasks. Confirm the individual task assessment, clinical direction, staffing and practical competence. Agency and contractor workers must meet equivalent controls; an agency assurance alone is insufficient evidence of readiness.

Competency supervision and ongoing suitability

11 Demonstrate and approve competence

Assess knowledge and observed performance against defined task criteria using an appropriately qualified and competent assessor. Clinical competencies require a practitioner with relevant authority and expertise. Use simulation where appropriate, then supervised client practice where required and consented. Include preparation, consent, procedure, monitoring, stop criteria, emergency actions, infection control and recording.

Record task/device/client scope, evidence, assessor, date, result, limits, supervision and reassessment date. Results may be competent for defined duties, further supervised practice required or not approved. Course attendance, experience claims and self-assessment alone do not establish competence. An RN or EN remains accountable for practising within professional scope; H&H sign-off cannot expand legal authority.

Do not deploy a worker independently where competence is unverified or a gap remains. Arrange coaching, safer duties, supervised practice and reassessment. Required two-worker staffing cannot be replaced by an unassessed trainee. EN supervision and nursing delegation must be explicit, appropriate and available, not merely a manager's phone number.

12 Supervision performance and review

Provide a named supervisor and agreed access to advice. As internal controls, review the first independent shifts promptly, check progress within four weeks and complete the contractual probation review where applicable. Arrange regular supervision according to risk and experience and a documented performance review at least annually. Include client feedback, observed practice, records, incidents, wellbeing, workload and support needs.

Maintain a role-based training matrix and plan. Review competence at least annually as an internal minimum and earlier after changes, incidents, prolonged absence, new equipment, new clients or performance concerns. Apply specific legal, professional, course-provider and manufacturer renewal requirements where relevant. Do not present every annual refresher as a statutory mandate.

13 Renewals changes and deployment restrictions

Maintain expiry alerts and a live roster status. As internal controls, check upcoming expiries each working week and send reminders before renewal is due; recheck live status whenever a concern or notification arises. Monitor work rights, Ahpra conditions, screening, required immunisation controls, licences and relevant competencies. A five-year NDIS expiry date does not prove an interim suspension has not occurred.

Immediately remove a person from affected duties when screening, registration, work rights or essential competence is invalid or safety cannot be assured. Notify the Director, RN and registered provider promptly as appropriate; arrange continuity for clients. Assess statutory, professional, SIRS or other notification duties separately. Investigate fairly and document evidence, decisions and return-to-duty conditions. Do not treat every allegation as proven or delay protective action until findings are final.

Recruitment and deployment readiness checklist

WORK F01 | Complete before deployment. Record evidence and dates; do not use a tick as a substitute for verification. Mark not applicable with reasons.

Worker name and identifier: _____
Role employment type and supervisor: _____
Proposed duties and clients: _____

Check	Evidence result verifier and date
Role interview and suitability	_____ _____
Identity and lawful work rights	_____ _____
References and qualification checks	_____ _____
Police or NDIS status and contract checks	_____ _____
Required statutory declarations	_____ _____
Banning orders and restrictions	_____ _____
Ahpra registration if relevant	_____ _____
Driving vehicle and insurance if relevant	_____ _____
Role health/IPC readiness and first aid	_____ _____
Organisational induction and systems	_____ _____
Client induction and practical competencies	_____ _____

Missing items and deployment limits: _____
_____
Required supervision and backup: _____
Provider acceptance or additional conditions: _____
Clinical approval where needed: _____ Date: _____
Director/delegate deployment approval: _____ Date: _____
First independent shift/review date: _____

No deployment if a legal prohibition or essential safety requirement is unresolved. Any pending-check exception requires the separately documented legal and contract review described in this policy.

Competency and workforce register templates

Competency assessment record

WORK F02 | Worker: _____ Role: _____
Task client/device and authorised scope: _____
Criteria or procedure version: _____
Assessor name role expertise and date: _____
Evidence: Knowledge / Simulation / Direct observation / Supervised practice
Client consent for observation if relevant: _____

Assessment area	Evidence and result
Preparation plan consent and risks	_____ _____
Safe task technique and equipment	_____ _____
Monitoring stop criteria and escalation	_____ _____
IPC dignity communication and records	_____ _____

Result and limits: _____
Supervision/remediation and reassessment: _____
Assessor authentication: _____ Worker acknowledgement: _____
Approval date and next review/trigger: _____

Screening credential and training register

WORK F03 | Maintain electronically with access controls and expiry alerts. One record per worker and requirement; use separate linked training records where needed.

Worker name and role: _____
Requirement and route: _____
Issuer reference/clearance ID and qualification: _____
Issue date: _____ Expiry/recheck date: _____ Current status: _____
Verification method date and verifier: _____
Relevant conditions declaration or provider requirement: _____
Evidence location with restricted access: _____
Training topic procedure version and completion: _____
Practical competency assessor/result if required: _____
Roster status restrictions supervisor and next review: _____
Renewal reminder actions and outcome: _____

Keep sensitive criminal history, health and identification documents in restricted files; the general roster needs deployment status and limits, not full private details. Preserve verification history and record any change promptly.

Records implementation and references

14 Workforce records privacy and exit

Maintain controlled records of selection, checks, engagement, induction, training, competencies, supervision, performance, restrictions and exit. Disclose to The Fig Trees only what is necessary for lawful oversight and contractual evidence through secure channels. Obtain required consent for relevant checks and explain collection and use. Do not assume a blanket employee-records exemption covers applicants, contractors or every use of workforce information.

At exit, remove system and client access promptly, recover keys and equipment, hand over outstanding care responsibilities and preserve relevant records. Apply appropriate employment, screening, professional, insurance and contract retention requirements and legal holds. Do not delete adverse suitability information to avoid scrutiny or retain sensitive material indefinitely without a valid basis.

15 Implementation and audit

Before approval, appoint delegated hiring, verification and clinical assessment roles; agree The Fig Trees' requirements; approve forms and the current screening reference; configure expiry alerts and roster restrictions; and review existing worker files. Close urgent screening or competence gaps before affected tasks continue. Confirm any further subcontracting consent required under the brokerage agreement.

As internal controls, review expiries weekly, deployment exceptions promptly, and workforce incidents and training gaps monthly. Audit a risk-based sample of files and actual task approvals quarterly. Review the policy annually and whenever screening law, contract requirements or service scope changes. Include worker feedback and verify corrective actions rather than relying on completed training counts alone.

16 References and related policies

Policies 1 to 14; workforce conduct, WHS, clinical delegation, transport, employment and performance procedures. Aged Care Act 2024 and Aged Care Rules 2025; relevant National Law/professional standards; NDIS requirements for applicable roles; Fair Work and immigration requirements; The Fig Trees agreement and current variations.

- Department of Health, Disability and Ageing — Screening requirements for the aged care workforce and current Aged Care Worker Screening Guidance Material. https://www.health.gov.au/topics/aged-care-workforce/screening-requirements
- Commission — About workforce obligations, including banning order checks. https://www.agedcarequality.gov.au/providers/workforce-obligations/about-workforce-obligations
- Commission — Human resource management, Outcome 2.9. https://www.agedcarequality.gov.au/strengthened-quality-standards/organisation/human-resource-management
- Ahpra — Check your employee's registration. https://www.ahpra.gov.au/Registration/Employer-Services/Check-your-employees-registration
- Department of Home Affairs — Hiring someone in Australia and checking work rights. https://immi.homeaffairs.gov.au/visas/employing-and-sponsoring-someone/hire-someone-in-australia/

Official guidance checked 24 October 2026. Verify current screening legislation and detailed precluding-offence tests at each relevant decision; proposed future screening changes are not authority to waive current requirements. Internal training and audit intervals do not replace specific legal or professional duties.

Director approval: _____ Clinical Lead RN approval: _____
Effective date: _____ Next review: _____
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