



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

NATIONAL MINIMUM STANDARDS

for CARE HOMES for YOUNGER ADULTS

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A statement of national minimum standards applicable to care homes for younger adults made by the Minister for Health and Social Services of the Welsh Assembly Government under the powers conferred by section 23(1) of the Care Standards Act 2000

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive, flowing style.

Minister for Health and Social Services
Welsh Assembly Government
April 17th 2002

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INTRODUCTION

Aims

1. This is a statement of National Minimum Standards for Care Homes for Younger Adults issued by the Welsh Assembly Government under section 23 of the Care Standards Act (CSA). These standards will be used by the Assembly's Care Standards Inspectorate for Wales (CSIW) when determining whether these care homes are providing adequate care, meeting the needs of the persons who live there and otherwise being carried on in accordance with regulatory requirements. The Welsh Assembly Government will keep the standards under review, and may publish amended standards as appropriate.
2. The regulatory requirements are set out in the Care Homes (Wales) Regulations 2002 ('the Regulations') and under the CSA. Decisions of CSIW must be justified by reference to these regulatory requirements; and when making decisions CSIW must take these standards into account. Other agencies involved in the regulatory scheme, such as the relevant Tribunal, and the Courts, must also take the standards into account when making decisions under the CSA. For example, regulation 16(2)(i) of the Regulations says "the registered person shall having regard to the size of the care home and the number and needs of service users provide, in adequate quantities, wholesome and nutritious food...". When considering whether or not this requirement is met, CSIW will take into account standard 17.3 which is part of standard 17 about meals and mealtimes. This says that each service user should be offered three full meals a day (at least two of which must be cooked). If say only one cooked meal a day was being offered, CSIW may conclude that regulation 16(2)(i) was not being met and take appropriate enforcement action.
3. The national minimum standards set out in this document are core requirements which apply to all care homes providing accommodation and nursing or personal care for adults aged 18 – 65 who have:
 - physical disabilities
 - sensory disabilities
 - learning disabilities
 - autistic spectrum disorders
 - mental health problems
 - alcohol or substance misuse problems
 - HIV / AIDS
 - dual and/or complex multiple disabilities, including those who are deafblind.

4. The standards will apply to homes of the type just described for which registration as a care home is required under the CSA, including currently registered residential care and nursing homes, and homes currently exempted under the Registered Homes Act 1984, such as local authority and Charter homes.
5. While broad in scope, these standards acknowledge the unique and complex needs of individuals, and the additional specific knowledge, skills and facilities required in order for a care home to deliver an individually tailored and comprehensive service. Some of the standards for the physical environment will be phased in for existing homes and these will include local authority, Charter Homes and other homes not currently registered.
6. These standards, and the regulatory framework within which they operate, should be viewed in the context of the Assembly's overall policy objectives for independence, choice and inclusion. A variety of specialist provision will be required to help achieve these objectives. Good quality care homes have an important part to play in that provision.

Small Homes

7. The standards and regulations do not distinguish between small homes for fewer than four persons and larger homes. Consultation during the development of the standards indicated that there was, in practice, very little difference between homes for three persons and those accommodating four, five or six service users. The intention in each type of setting was to achieve a domestic-scale environment and the standards have been drafted to reflect this intention.

Adult Placements

8. A distinction has been drawn between small homes and adult placements, where the service user receives accommodation and personal care/support in the family home of the provider. The Assembly is keen to support adult placement schemes and not to overburden individual carers attached to such schemes. A separate set of standards has been issued to reflect such family-based care.

Children's Annex

9. Currently, care homes for children with disabilities are registered under the Registered Homes Act 1984. This will change under the Care Standards Act 2000, and such homes will be registered as children's homes.
10. However, we know from current provision that some services straddle both care groups. We wish to establish a framework that allows this to continue under certain circumstances only, namely those services catering for young people in transition. For example, young people with learning disabilities aged 16-25, for whom specific services to promote independence have been set up. A similar group might be

young people with physical and/or complex disabilities. The supplementary standards for care homes accommodating young people aged 16 and 17 apply to these establishments. They should be read in conjunction with the main standards.

Regulatory Context

11. These standards are issued in accordance with section 23 of the CSA by the Minister for Health and Social Services of the Welsh Assembly Government. They will apply from 22nd April 2002 as the provisions of the Regulations apply, unless otherwise stated.
12. The CSA reforms the regulatory system for care services in England and Wales. It replaces the Registered Homes Act 1984, and associated regulations, which are to be repealed, subject to transitional arrangements, from 1 April 2002. The CSA establishes the National Assembly for Wales as the social care and independent healthcare registration authority for Wales. For the time being these functions are discharged through its division known as the Care Standards Inspectorate for Wales (CSIW). The CSIW will be responsible for the registration of social and health care services previously registered with local councils and health authorities. In addition, the CSA provides for the scope of registration to be extended to other services not currently registerable, such as domiciliary care agencies, fostering agencies and residential family centres.
13. The Act confers a broad range of regulation making powers upon the National Assembly in relation to Wales covering, amongst other matters, the management, staff, premises and conduct of social and healthcare establishments and agencies. Section 23 confers powers upon the National Assembly for Wales to publish statements of National Minimum Standards applicable to care homes that the CSIW and others must take into account when making decisions (as described in paragraph 2). These standards will, where applicable, often form the basis for judgements made by the CSIW regarding applications for registration, the imposition of conditions upon registration, variation of any conditions and enforcement of compliance with the CSA, including decisions about cancellation or prosecution.
14. The CSIW will therefore consider the degree to which a home complies with the relevant standards when determining, for the purposes of its registration functions, if a provision of the regulations has been breached. Any decision made by CSIW in the exercise of its registration functions may be appealed to an independent tribunal.

Structure and approach

15. The 'standard' dealing with a particular aspect of a care home is actually made up of a set of standards which are the numbered paragraphs beneath the 'outcome' box. Each of these numbered paragraphs should, for the purposes of the CSA, be treated as a separate standard under section 23 CSA.

16. In some instances, to ease comprehension, the standards repeat the requirements of the regulations. This should not be taken to mean that the particular regulatory requirement is altered in nature – the provisions of the regulations must still all be met by the registered person.
17. The National Minimum Standards for Care Homes for Younger Adults focus on achievable outcomes for service users – that is, the impact on the individual of the facilities and services of the home. The standards are grouped under the following key topics which highlight aspects of individuals’ lives identified during the stakeholder consultation as most important to service users:
 - Choice of home: the information needed by service users, their individual needs assessment, the admission process and the contract between the service user and the care home;
 - Individual needs and choices: service users’ individual plan of care including communication needs, advocacy and support; participation and decision-making; risk-taking and confidentiality; and future planning;
 - Lifestyle: service users’ needs and goals for personal development, education and occupation; social inclusion, leisure and personal relationships; and daily routines and mealtimes;
 - Personal and healthcare support: service users’ personal, nursing, healthcare and medication requirements, including continuity of support and support through ageing, illness and death;
 - Staffing: the roles and responsibilities of staff and volunteers; their qualities, qualifications and working practices; and their recruitment, training and development, supervision and support;
 - Conduct and management of the home: the day-to-day running of the home by the registered manager; the ethos and quality control of the home; policies, procedures and record keeping including health and safety; and the overall management of the service.
 - Concerns, complaints and protection: the process by which service users can express concerns and make complaints; and safeguards from abuse, neglect or self-harm;
 - Environment: the care home’s buildings and premises, including service users’ own rooms, shared spaces, adaptations and equipment;
18. While the Standards are qualitative – they provide a tool for judging the quality of life of service users – they are also measurable. Regulators will look for evidence that the requirements are being met and a good quality of life enjoyed by service users through:

- discussions with service users, families and friends, staff and managers, and others
- observation of daily life in the home
- scrutiny of written policies, procedures, and records.

The involvement of lay assessors in inspections – including people with disabilities, mental health problems or who misuse substances – will help ensure a focus on outcomes for and quality of life of service users.

19. The following cross-cutting themes underpin the drafting of the National Minimum Standards for Care Homes for Younger Adults:

- Focus on service users. Building for the Future (1999) calls for standards that “focus on the key areas that most affect the quality of life experienced by service users, as well as physical standards” [4.48]. The consultation process for developing the standards, and recent research, confirm the importance of this emphasis on results for service users. In applying the standards, regulators will look for evidence that the facilities, resources, policies, activities and services of the home lead to positive outcomes for and the active participation of service users.
- Fitness for purpose. The regulatory powers provided by the CSA are designed to ensure that care home managers, staff and premises are “fit for their purpose”. In applying the standards, regulators will look for evidence that a home – whether providing a long-term placement, short-term rehabilitation, nursing care or specialist service – is successful in achieving its stated aims and objectives.
- Comprehensiveness. Life in a care home is made up of a range of services and facilities which may be of greater or lesser importance to different service users. In applying the standards, regulators will consider how the total service package offered by the care home contributes to the overall personal and health care needs and preferences of service users, and how the home works with other services / professionals to ensure the individual’s inclusion in the community.
- Positive choice. The consultation process confirms that some people live in care homes not through informed, positive choice but as a last resort. In applying the standards, regulators will look for evidence that service users are admitted to a home, and remain in a home, because that is where they want to be and where their needs can best be met.
- Meeting assessed needs. In applying the standards, inspectors will look for evidence that care homes meet assessed needs of service users and that individuals’ changing needs continue to be met. The assessment and service user plan carried out in the care home should be based on the care management individual plan and

determination of registered nursing input (where relevant) produced by local social services and NHS staff where they are purchasing the service. The needs of privately funded service users should be assessed by the care home prior to a place being offered.

- Quality services. The Assembly's modernising agenda, including the new regulatory framework, aims to ensure greater assurance of quality services rather than having to live with second best. In applying the standards, regulators will seek evidence of a commitment to continuous improvement, quality services, support, accommodation and facilities which assure a good quality of life and health for service users.
- Quality workforce. Competent, well-trained managers and staff are fundamental to achieving good quality care for service users. The National Training Organisation for social care, TOPSS, is developing national occupational standards for care staff, including induction competencies and foundation programmes. The TOPSS functions in Wales have since 1 October 2001 been carried out by the Care Council for Wales. In applying the standards, regulators will take into account evidence that registered managers and staff achieve TOPSS requirements and comply with any code of practice published by the Care Council for Wales.

KEY VALUES

20. The National Minimum Standards for Care Homes for Younger Adults are based on certain fundamental principles. In applying these standards, regulators will look for evidence that the policies and day-to-day operation of care homes derive from and reflect the following key values:

- Autonomy — Promotion of individual autonomy, self-determination and choice, and control over decision-making;
- Attainment — Recognition of individual ability and potential for personal development, and of the social and environmental barriers to achieving potential;
- Citizenship — Maintenance of entitlements associated with citizenship under UK law and the Human Rights Act 1998, including protection from discrimination, harassment, exploitation or abuse, neglect, degrading or inhuman treatment;
- Individuality — Respect for individuality, privacy and dignity, and maintenance of self-esteem in all situations;
- Diversity — Respect for age, ethnic and cultural diversity, and promotion of equal opportunity;

- Wellbeing — Promotion of physical, emotional and spiritual wellbeing;
- Inclusion — Promotion of social and economic inclusion and participation in community life.

INTERPRETATION

In this statement-

'CSA' means the Care Standards Act 2000;

'CSIW' means the Care Standards Inspectorate for Wales;

'registered person' means a registered provider or registered manager;

'the manager' means

(i) where the person carrying on the home is not also the manager, the registered manager;

(ii) where the person carrying on the home is also the manager, that person.

'the Regulations' means the Care Homes (Wales) Regulations 2002;

unless the contrary intention appears, a reference to a regulation is to a regulation of the Care Homes (Wales) Regulations 2002.

SECTION ONE: CHOICE OF HOME

STANDARD 1: INFORMATION

OUTCOME:

Prospective service users have the information they need to make an informed choice about where to live.

STANDARD:

- 1.1 The registered person produces an up-to-date statement of purpose setting out the aims, objectives and philosophy of the home, its services and facilities, and terms and conditions; and provides each prospective service user with a service user's guide to the home.
- 1.2 The service users' guide sets out clear and accessible information for service users including:
 - a summary of the purpose of the home;
 - a description of the accommodation, support and facilities (including any specialist services);
 - the number of places provided and the people for whom the service is intended;
 - relevant qualifications and experience of the registered provider, manager and staff;
 - key contract terms covering admission, occupancy and termination of contract;
 - fees charged, what they cover, and the cost of 'extras';
 - service user's views of the home (user surveys);
 - a copy, or summary, of the most recent inspection report, the complaints procedure, and information about how to contact the local office of the CSIW and local social services and healthcare authorities.
- 1.3 The service users' guide and other information about the home are available in formats suitable for the people for whom the home is intended (eg appropriate languages, pictures, video, audio or explanation).

STANDARD 2: NEEDS ASSESSMENT

OUTCOME:

Prospective service users' individual aspirations and needs are assessed.

STANDARD:

- 2.1 The registered person ensures that new service users are admitted only on the basis of a full assessment undertaken by people trained to do so, involving the prospective service user using an appropriate communication method.
- 2.2 For individuals referred through Care Management, the registered person obtains a summary of the single Care Management (health and social services) assessment (integrated with the Care Programme Approach (CPA) for people with mental health problems) and a copy of the single Care Plan.
- 2.3 For individuals who are self-funding (ie without a Care Management Assessment/Care Plan) the home carries out a needs assessment (meeting the person in his/her own living environment where possible) covering:
 - suitable accommodation and personal support
 - meaningful education, training and/or occupation
 - family/social contact
 - assessment and management of risk
 - adequate income
 - cultural and faith needs
 - physical and mental health care
 - specific condition-related needs and specialist input
 - provision of disability equipment, including arrangements for payment and supply
 - treatment / rehabilitation programme
 - method of communication
 - compatibility with others living in the home.
- 2.4 The home develops with each prospective service user an individual Service User Plan consistent with the Care Management Assessment

and Care Plan or the home's own needs assessment (see Standard 6 Service User Plan).

- 2.5 The registered nursing input required by service users in homes providing nursing care is determined by registered nurses using a recognised assessment tool, taking account of Assembly guidance.
- 2.6 Rehabilitation and therapeutic needs are assessed by registered health professionals using recognised assessment methods.
- 2.7 Any potential restrictions on choice, freedom, services or facilities – based on specialist needs and risk – likely to become part of a prospective service user's individual Plan, are discussed with the prospective service user during assessment.
- 2.8 Family and carers' interests and needs are taken into account, subject to the service user's agreement.

STANDARD 3: MEETING NEEDS

OUTCOME:

Prospective service users know that the home they choose will meet their needs and aspirations.

STANDARD:

- 3.1 The registered person can demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.
- 3.2 All specialised services offered (eg services for people with mental health problems, sensory impairment, physical disabilities, learning disabilities, substance misuse problems, transition services, intermediate or respite care) are demonstrably based on current good practice, and reflect relevant specialist and clinical guidance.
- 3.3 The needs and preferences of specific minority ethnic communities, and social/cultural or religious groups catered for are understood and met.
- 3.4 Staff individually and collectively have the skills and experience to deliver the services and care which the home offers to provide.
- 3.5 The staff can communicate effectively with prospective service users using the individual's preferred mode of communication.
- 3.6 Prospective service users entering a home for a period of specialist treatment or rehabilitation are provided with clear information about the purpose, duration and requirements of the programme.

- 3.7 The home confirms that prospective service users are informed about independent advocacy/self-advocacy schemes throughout the process of choosing a home.
- 3.8 The home does not offer a place to someone whose needs it cannot meet, or with whom it cannot communicate, and provides a written explanation for refusal to the prospective service user (and Care Manager where applicable).
- 3.9 The home does not admit into long-term care any service user placed for intermediate / short-term care, unless and until the requirements regarding information, assessment and individual planning (Standards 1, 2, 3 and 6) are met. See also Standards 37.3 and 40.3 (facilities); 29.1 and 24.3 (staffing).

STANDARD 4: TRIAL VISITS

OUTCOME:

Prospective service users have an opportunity to visit and to 'test drive' the home.

STANDARD

- 4.1 The registered person invites prospective service users to visit and to live in the home on a trial basis, before making a decision to move there, and unplanned admissions are avoided where possible.
- 4.2 A minimum half-day (preferably including overnight) trial visit to the home is offered, including an opportunity for the prospective service user (with family, friends, advocate, interpreters as appropriate) to:
 - meet service users (without staff or carers present if appropriate)
 - meet staff (without carers present if appropriate)
 - view the room in which the person would live and the common areas and grounds
 - have a meal
 - discuss how the home can meet the person's requirements
 - see the kind of records kept about service users.
- 4.3 A minimum three month trial 'settling in' period of residence is offered for placements of more than six months, followed by a review with the service user of the trial placement, during which existing users are consulted about the compatibility of the prospective new resident.
- 4.4 Emergency admission does not imply the right or requirement to stay in the same home, and service users placed in an emergency are fully

assessed and relocated if the care provided is not appropriate to their needs.

- 4.5 When an emergency admission is made, the home undertakes to inform the service user within 48 hours about key aspects, rules and routines of the service, and to meet all other admission criteria set out in Standards 2-3 within five working days.

STANDARD 5: CONTRACT

OUTCOME:

Each service user has an individual written contract or statement of terms and conditions with the home.

STANDARD:

- 5.1 The registered person develops and agrees with each prospective service user a written and costed contract/statement of terms and conditions between the home and the service user, or between the home and another person in respect of the service user.

CRITERIA:

- 5.2 The contract specifies:
- rooms to be occupied
 - terms and conditions of occupancy including period of notice (eg long-term home, short-term placement, planned respite, intermediate care/rehabilitation)
 - personal support, facilities and services provided, including any specialist services/therapeutic intervention, and any policies or rules which may limit personal freedom
 - fees charged, what they cover, and when they must be paid and by whom, and the cost of facilities or services not covered by fees
 - rights and responsibilities of both parties, and who is liable if there is a breach of contract
 - a copy of the Service User Plan (see Standard 6) outlining the action/activities to achieve personal goals and lifestyle aspirations
 - arrangements for reviewing needs and progress, and updating the Service User Plan
 - elements of the Care Management Care Plan (where applicable) which are to be provided outside of the home.
- 5.3 Service users are supported by family, friends and/or advocate, as appropriate, when drawing up the contract.

- 5.4 The Contract is in a format/language appropriate to each service user's needs, and/or reasonable efforts have been made to explain the Contract to the service user.
- 5.5 The service user has a copy of the Contract, which has been signed by the registered person and the other party.

SECTION TWO: INDIVIDUAL NEEDS AND CHOICES

STANDARD 6: SERVICE USER PLAN

OUTCOME:

Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.

STANDARD:

- 6.1 The registered person develops and agrees with each service user an individual Plan, which may include treatment and rehabilitation, describing the services and facilities to be provided by the home, and how these services will meet current and changing needs and aspirations and achieve goals.
- 6.2 The Plan is consistent with any single Care Management Assessment/Care Plan or the home's own assessment, and covers all aspects of the personal and social support and healthcare needs, as set out in Standard 2.
- 6.3 The Plan sets out how current and anticipated specialist requirements will be met (for example through positive planned interventions; rehabilitation and therapeutic programmes; structured environments; development of language and communication; adaptations and equipment; one-to-one communication support).
- 6.4 The Plan describes any limitations on choice and freedom (agreed with the service user) imposed by a specialist programme. 6.5 On the basis of risk assessment, the Plan establishes individualised procedures for service users likely to be aggressive or cause harm or self-harm, focusing on positive behaviour, ability and willingness.
- 6.6 The Plan is drawn up with the involvement of the service user together with family, friends and/or advocate as appropriate, and relevant agencies/specialists.
- 6.7 The Plan is made available in a language and format the service user can understand (eg visual, graphic, simple printed English, Deafblind manual, explanation, British Sign Language video), and is held by the service user unless there are clear (and recorded) reasons not to do so.
- 6.8 A key worker (or personal tutor in specialist colleges; designated nurse if receiving nursing care) who can communicate with the individual and understands his/her racial and/or cultural heritage is allocated for each service user, with the full involvement of the service user.
- 6.9 The service user is made aware of the respective roles and responsibilities of the Care Manager, key worker and/or advocate, and knows how to contact them.

- 6.10 The Plan is reviewed with the service user (involving significant professionals, and family, friends and advocates as agreed with the service user) at the request of the service user or at least every six months and updated to reflect changing needs; and agreed changes are recorded and actioned.

STANDARD SEVEN: DECISION MAKING

OUTCOME:

Service users make decisions about their lives with assistance as needed.

STANDARD:

- 7.1 The registered person ensures that staff respect service users' rights to make decisions, and that rights are limited only through the assessment process, involving the service user, and are recorded in the individual Service User Plan.
- 7.2 Staff provide service users with the information, assistance and communication support they need to make decisions about their own lives.
- 7.3 Staff help service users, if they wish, to find and participate in local independent advocacy/self-advocacy groups and/or to find peer support from someone who shares the person's disability, heritage or aspirations.
- 7.4 Staff record how individual choices have been made; and record instances when decisions are made by others, and why.
- 7.5 Service users handle their own finances; where support and tuition are needed, the reasons for and manner of support are documented and reviewed.
- 7.6 Limitations on facilities, choice or activities to prevent self-harm or self-neglect, or abuse or harm to others, are made only in the person's best interest, consistent with the home's duties and responsibilities under law.
- 7.7 Where a DWP appointee or other agent is necessary, the appointee/agent is independent from the service. If no independent agent is available, a staff member may be appointed in accordance with regulation 20. If this occurs:
- the DWP is notified, as necessary
 - records are kept of all incoming and outgoing payments.

STANDARD 8: PARTICIPATION

OUTCOME:

Service users are consulted on and participate in all aspects of life in the home.

STANDARD:

- 8.1 The registered person ensures that service users are offered opportunities to participate in the day to day running of the home and to contribute to the development and review of policies, procedures and services.
- 8.2 The home provides service users with comprehensive, accessible, understandable and up to date information, in suitable formats, about its policies, procedures, activities and services; and appropriate communication support.
- 8.3 Service users have opportunities to participate (and are enabled to participate through eg provision of interpreters and translators, training, documents in appropriate formats) including:
 - joining staff meetings, policy groups and other forums
 - representation in management structures
 - involvement in selection of staff and of other service users
 - user satisfaction questionnaires, individual and group discussion (see Standard 30 Quality assurance).
- 8.4 Changes are made to the home's statement of purpose in consultation with existing service users.
- 8.5 Service users receive feedback about the outcomes of their involvement and participation.

STANDARD 9: RISK TAKING

OUTCOME:

Service users are supported to take risks as part of an independent lifestyle.

STANDARD:

- 9.1 The registered person enables service users to take responsible risks, ensuring they have good information on which to base decisions, within the context of the service user's individual Plan and of the home's risk assessment and risk management strategies.
- 9.2 Risk is assessed prior to admission according to health and social services protocols and in discussion with the service user and relevant specialists; and risk management strategies are agreed, recorded in the individual Plan, and reviewed.
- 9.3 Action is taken to put right identified risks and hazards, and service users are given training about their personal safety, to avoid limiting the service user's preferred activity or choice.
- 9.4 The home responds promptly to unexplained absences by service users according to written procedure.

STANDARD 10: CONFIDENTIALITY

OUTCOME:

Service users know that information about them is handled appropriately, and that their confidences are kept.

STANDARD:

- 10.1 Staff respect information given by service users in confidence, and handle information about services users in accordance with the home's written policies and procedures and the Data Protection Act 1998 and other legal requirements, and in the best interests of the service user.
- 10.2 Service users have access to the home's policy and procedures on confidentiality and on dealing with breaches of confidentiality, and staff explain and/or ensure service users understand the policy.
- 10.3 Service users' individual records are accurate, secure and confidential.
- 10.4 Staff know when information given them in confidence must be shared with their manager or others.
- 10.5 The home has a written agreement on confidentiality with all other social/health care agencies providing services to people living in the home, setting out the principles governing the sharing of information.

SECTION THREE: LIFESTYLE

STANDARD 11: PERSONAL DEVELOPMENT

OUTCOME:

Service users have opportunities for personal development.

STANDARD:

- 11.1 The registered person ensures service users have opportunities to maintain and develop social, emotional, communication and independent living skills.
- 11.2 Service users have opportunities to learn and use practical life skills (eg assertion and confidence training), including user-led training.
- 11.3 Service users in treatment and recovery programmes receive effective, professionally validated interventions, counselling and therapy.
- 11.4 Service users with complex multiple disabilities are offered specialist interventions by trained staff.

STANDARD 12: EDUCATION AND OCCUPATION

OUTCOME:

Service users are able to take part in education, training and employment opportunities which help them to explore their full potential.

STANDARD:

- 12.1 Staff help service users to find and keep appropriate jobs, continue their education or training, and/or take part in meaningful activities.
- 12.2 Service users can continue to take part in activities engaged in prior to entering the home, if they wish, or re-establish activities if they change localities.
- 12.3 Staff help service users find out about and take up opportunities for further education, distance learning, and vocational, literacy and numeracy training.
- 12.4 Staff help service users develop and maintain links with careers advice services, local employers and job centres.
- 12.5 Staff help service users find out about and take up opportunities for paid, supported or volunteer jobs/therapeutic work placements or work-related training schemes.

- 12.6 Staff help service users with benefits/finance problems or refer appropriately.

STANDARD 13: COMMUNITY LINKS AND SOCIAL INCLUSION

OUTCOME:

Service users are part of the local community.

STANDARD

- 13.1 The registered person provides opportunities for service users to become part of and participate in the local community in accordance with assessed needs and the individual Plans.
- 13.2 Staff enable service users' integration into community life through:
- knowledge about and support for service users to make use of services, facilities and activities in the local community (eg shops, library, cinema, pubs, leisure centres, places of worship, cultural centres)
 - awareness of service users' rights of access to public facilities under the Disability Discrimination Act 1995
 - maintaining a neighbourly relationship with the community
 - ensuring information and advice are available about local activities, support and resources offered by specialist organisations
 - ensuring access to transport – local public transport, accessible taxis, dial-a-ride, the home's own (unlabelled) vehicles – and support to use it, to enable service users to pursue their chosen lifestyle and activities.
- 13.3 Service users are enabled to be politically active and to vote.
- 13.4 Staff time with, and support for, service users outside the home – flexibly provided, including evenings and weekends – is a recognised part of staff duties (see Standards 22 Staff Roles & 24 Staff Team).
- 13.5 The home values and seeks to reflect the racial and cultural diversity of service users and of the community in which it is located.

STANDARD 14: LEISURE

OUTCOME:

Service users take part in a range of leisure activities which reflect their individual choices.

STANDARD:

- 14.1 The registered person ensures that service users have access to, and choose from, a range of appropriate leisure activities.
- 14.2 Service users are encouraged and supported to pursue their own interests and hobbies.
- 14.3 Service users have a choice of (or veto on) entertainment brought in to the home.
- 14.4 Service users in long-term placements have the option of a minimum one-week annual holiday outside the home, which they help choose and plan.
- 14.5 Group trips are planned and chosen by users who share the same interests.

STANDARD 15: RELATIONSHIPS

OUTCOME:

Service users are helped to maintain their existing personal, family and sexual relationships, and to develop new ones, as appropriate.

STANDARD:

- 15.1 Staff support service users to maintain and develop family links and friendships inside and outside the home, within the framework of the individual Plan.
- 15.2 Family and friends are welcomed, and their involvement in daily routines and activities is encouraged, with the service user's agreement.
- 15.3 Service users choose whom they see and when; they can see visitors in their rooms/ in private.
- 15.4 Service users have opportunities to meet people and make friends with those who do not have their disability/illness/addiction.
- 15.5 Service users can develop and maintain intimate personal relationships with people of their choice, and information and specialist guidance are provided to help the service user to make appropriate decisions.

STANDARD 16: DAILY ROUTINES

OUTCOME:

Service users' rights are respected and responsibilities recognised in their daily lives.

STANDARD:

- 16.1 The daily routines and house rules promote independence, individual choice and freedom of movement, subject to restrictions agreed in the individual Plan and Contract.
- 16.2 Staff enter service users' bedrooms and bathrooms only with the individual's permission and normally in their presence, and techniques are in place (eg doorbells, flashing lights, according to disability) to ensure privacy for all service users.
- 16.3 Service users have a key to their own bedroom/bathroom, which can be locked from inside and outside, and a key to the front door of the home.
- 16.4 Staff do not open service users' mail without their agreement.
- 16.5 Staff use service users' preferred form of address, which is recorded in the individual Plan.
- 16.6 Staff talk to and interact with service users, not exclusively with each other.
- 16.7 Service users choose when to be alone or in company, and when not to join an activity.
- 16.8 Service users have unrestricted 24 hour access to the home and grounds; visitors have 24 hour access subject to individual and collective service user consent.
- 16.9 Service users' responsibility for housekeeping tasks (cooking, cleaning rooms and common areas, laundry, maintaining gardens) is specified in the Service Users' Guide and individual Plan.
- 16.10 Service users can keep an assistance dog (guide dogs, dogs for disabled people, and hearing dogs for deaf people); and can keep a suitable pet in agreement with the home and if it does not infringe on the safety, health or peace of others living in the home.
- 16.11 Rules on smoking, alcohol and drugs are clearly stated in the Contract.

STANDARD 17: MEALS AND MEALTIMES

OUTCOME

Service users are offered a healthy diet and enjoy their meals and mealtimes.

STANDARD:

- 17.1 The registered person promotes service users' health and wellbeing by ensuring the supply of nutritious, varied, balanced and attractively presented meals in a congenial setting and at flexible times.
- 17.2 Service users are offered a choice of suitable menus, which meet their dietary and cultural needs, and which respect their individual preferences.
- 17.3 Meals are offered three times daily including at least two cooked meals; and a range of drinks and snacks to meet individual needs are available at all times.
- 17.4 Service users are actively supported to help plan, prepare and serve meals.
- 17.5 Service users can choose where and when to eat, and whether to eat alone or with others including staff.
- 17.6 The preparation and serving of food respects service users' cultural and religious requirements.
- 17.7 Mealtimes are relaxed, unrushed, and flexible to suit service users' activities and schedules.
- 17.8 Service users' nutritional needs are assessed and regularly reviewed including risk factors associated with malnutrition and obesity.
- 17.9 Service users who need help to eat or are fed artificially are assisted appropriately while maintaining choice of when, where and what they eat; and assisted to choose appropriate eating aids.

SECTION FOUR: PERSONAL AND HEALTHCARE SUPPORT

STANDARD 18: PERSONAL SUPPORT

OUTCOME:

Service users receive personal support in the way they prefer and require.

STANDARD:

- 18.1 Staff provide sensitive and flexible personal support and nursing care to maximise service users' privacy, dignity, independence and control over their lives.
- 18.2 Service users' preferences about how they are guided, moved, supported and transferred are complied with, and the reasons for not doing so are explained.
- 18.3 Personal support is provided in private and intimate care by a person of the same gender where possible and if the service user wishes.
- 18.4 Times for getting up/going to bed, baths, meals and other activities are flexible (including evening and weekends).
- 18.5 Where needed, guidance and support regarding personal hygiene (eg o wash, shave) is provided.
- 18.6 Service users choose their own clothes, hairstyle and makeup and their appearance reflects their personality.
- 18.7 Service users have some choice of staff who work with them, such as staff from the same ethnic, religious or cultural background or the same gender. This should be addressed during assessment.
- 18.8 Service users have the technical aids and equipment they need for maximum independence (which staff are trained to operate as needed), determined by professional assessment, reviewed and changed or replaced promptly as the service user's needs change, and regularly serviced.
- 18.9 Service users receive additional, specialist support and advice as needed from physiotherapists, occupational therapists, speech therapists and others, for eg positioning or modification of equipment.
- 18.10 General and psychiatric nursing care is provided or supervised by registered nurses as specified in the individual Plan, monitored and recorded, and regularly reviewed.
- 18.11 Staff ensure consistency and continuity of support for service users through:
 - designated key workers (whom service users have helped choose)

- individual working records setting out the regime, likes or dislikes of service users who cannot easily communicate their needs and preferences
- partnerships with advocates, family, friends and relevant professionals outside the home, subject to the service user's consent.

STANDARD 19: HEALTHCARE

OUTCOME:

Service users' physical and emotional health needs are met.

STANDARD

- 19.1 The registered person ensures that the physical and emotional health care needs of service users are assessed and recognised, and that procedures are in place to address them.
- 19.2 Service users are supported and facilitated to take control of and manage their own healthcare, including:
 - support to gain access to up-to-date information and advice about general health issues eg continence, contraception, routine screening
 - support to manage their own medical conditions (eg diabetes) where feasible
 - support to choose their GP, to make decisions about their own healthcare/medical treatment, and to seek a second medical opinion
 - support to access NHS healthcare facilities in the locality – primary care team, dentist, optician, chiropodist/podiatrist, therapists, community nurses and specialist nurses (eg diabetes specialist nurse, mental health nurse), alternative therapies
 - support to attend outpatient and other appointments
 - support to access independent interpreters.
- 19.3 Service users' health is monitored and potential complications and problems are identified and dealt with at an early stage, including prompt referral to an appropriate specialist.
- 19.4 Service users have minimum annual health checks (including attention to vision and hearing; medication; illness/disability unrelated to primary disability/condition).
- 19.5 Visits to service users from medical/health care practitioners take place in private.

STANDARD 20: MEDICATION

OUTCOME:

Service users, retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.

STANDARD:

- 20.1 The registered person and staff encourage and support service users to retain, administer and control their own medication, within a risk management framework, and comply with the home's policy and procedure for the receipt, recording, storage, handling, administration and disposal of medicines.
- 20.2 Service users' consent to medication is obtained and recorded in the individual Plan.
- 20.3 The service user, following assessment, is able to self-administer medication, has a lockable space in which to store medication, to which suitably trained, designated care staff may have access with the service user's permission.
- 20.4 Records are kept of all medicines received, administered and leaving the home or disposed of to ensure that there is no mishandling.
- 20.5 A record is maintained of current medication for each service user (including those self-administering).
- 20.6 Medicines in the custody of the home are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society, the requirements of the Misuse of Drugs Act 1971 and nursing staff abide by the UKCC Standards for the administration of medicines.
- 20.7 Controlled drugs administered by staff are stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973.
- 20.8 Medicines, including Controlled Drugs, for service users receiving nursing care, are administered by a medical practitioner or registered nurse.
- 20.9 All medicines, including Controlled Drugs (except those for self-administration), are administered by designated and appropriately trained staff. The administration of Controlled Drugs is witnessed by another designated appropriately trained member of staff.

The medicines training for care staff must be accredited and must include:

- basic knowledge of how medicines are used and how to recognise and deal with problems in use
- the principles behind all aspects of the home's policy on medicines handling and records.

20.10 Receipt, administration and disposal of Controlled Drugs are recorded in a Controlled Drugs register.

20.11 The registered person seeks information and advice from a pharmacist regarding medicines policies within the home and medicines dispensed for individuals in the home.

20.12 Staff monitor the condition of the service user on medication and call in the GP if they are concerned about any change in condition that may be a result of medication, and prompt the review of medication on a regular basis.

20.13 In the event of the death of a service user, medicines should be retained until it is clear whether or not there will be a coroner's inquest.

STANDARD 21: AGEING AND DEATH

OUTCOME:

The ageing, illness and death of a service user are handled with respect and as the individual would wish.

STANDARD:

21.1 The registered person and staff deal with the ageing, illness and death of a service user with sensitivity and respect.

21.2 Service users and their family and friends know (as agreed in the individual Plan and regularly reviewed) whether they will be able to remain in the home when they grow older and/or if they require nursing care.

21.3 The service user's wishes concerning terminal care and death are discussed and carried out wherever practicable, including observation of religious and cultural customs.

21.4 The service user's family and friends are involved (if that is what the service user wants) in planning for and dealing with growing older, terminal illness and death.

21.5 Palliative care, practical assistance and advice, and bereavement counselling are provided by trained professionals/specialist agencies if the service user wishes.

- 21.6 Service users are able to receive treatment and care and to die in their own room, if that is that wish, unless there is a medical reason for an alternative setting.
- 21.7 The changing needs of service users with deteriorating conditions or dementia – for personal support or technical aids – are reviewed and met swiftly to ensure the individual retains maximum control.
- 21.8 Other service users (and staff) living in the home are supported to deal with the illness or death of a service user.

SECTION FIVE: STAFFING

STANDARD 22:

OUTCOME:

Service users benefit from clarity of staff roles and responsibilities.

STANDARD:

- 22.1 The registered person ensures that staff have clearly defined job descriptions and understand their own and others' roles and responsibilities.
- 22.2 Staff are encouraged to know and support the main aims and values of the home, understand and implement the home's policies and procedures, and know how their work, and that of other staff (including key workers), promotes the main aims of the home.
- 22.3 Staff job descriptions are linked to achieving service users' individual goals as set out in the Statement of Purpose.
- 22.4 Staff are encouraged to get to know and develop a relationship with the service users they support, and are appropriately matched regarding gender, age, cultural background and personal interests.
- 22.5 Staff are encouraged to be familiar with and comply with standards of conduct and practice set by the Care Council for Wales (CCW); nursing staff and all allied health professionals comply with the standards of conduct and practice established by their professional regulatory bodies.
- 22.6 Staff should be aware of their own knowledge and skill limitations and know when it is appropriate to involve someone else with more specific expertise.
- 22.7 The contribution of volunteers supplements paid staff roles; volunteers do not undertake tasks which are the responsibility of paid staff.

STANDARD 23: QUALITIES AND QUALIFICATIONS

OUTCOME:

Service users are supported by competent and qualified staff.

STANDARD:

23.1 The registered person ensures staff have the competencies and qualities required to meet service users' needs.

23.2 The registered person should seek to ensure that staff have attitudes and characteristics that are important to service users. They should be:

- accessible to, approachable by and comfortable with service users
- good listeners and communicators
- reliable and honest
- interested, motivated and committed.

23.3 Staff have the skills and experience necessary for the tasks they are expected to do, including:

- knowledge of the disabilities and specific conditions of service users
- specialist skills to meet service users' individual needs, including skills in communication and in dealing with anticipated behaviours
- understanding of physical and verbal aggression and self-harm as a way of communicating needs, preferences and frustrations
- understanding of the cultural heritage of each service user
- techniques for rehabilitation including treatment and recovery programmes, the promotion of mobility, continence and self care, and outreach programmes to re-establish community living
- appreciation of and ability to balance the particular and fluctuating needs of individuals and the needs of all service users
- ability to maintain effective professional relationships with e.g. GPs, social workers, nurses, psychiatrists, therapists and staff working in other care homes and community and specialist agencies.

- 23.4 Trainees (including all staff under 18) are registered on a training programme leading to the award of NVQ Level 2 in care or a similar qualification approved by the Care Council for Wales. 17 year old trainees, who are supernumerary, may work on a one-to-one basis with service users only if they are supervised by an adult care worker until they reach the age of 18; they may only be involved in personal care with the agreement of the service user.
- 23.5 50% of care staff, including agency staff, in the home hold NVQ level 2 in care or a similar qualification approved by the Care Council for Wales by 1 April 2005.

STANDARD 24: STAFF TEAM

OUTCOME:

Service users are supported by an effective staff team.

STANDARD:

- 24.1 The home has a strong, settled and cohesive staff team, with sufficient numbers and complementary skills to support service users' assessed needs at all times.
- 24.2 The numbers and skill mix of staff on duty (including domestic staff), day or night, ensure the following activities are carried out effectively and efficiently to meet the individual and collective needs of service users:
- uninterrupted work with individuals
 - administration, organisation and communication
 - day to day running of the home
 - management of emergencies.
- 24.3 There should be, wherever possible, low rates of turnover and sick leave, and low use of agency/bank staff, and appropriate records should be kept about these matters. Where used, there is a core team of agency/bank staff who know the service users and understand the home's way of working.
- 24.4 Where indicated, specialist services are secured from relevant professions to support the assessed needs of service users (including physio- and occupational therapists in homes providing intermediate care/rehabilitation; and trained nurses in homes providing nursing care).
- 24.5 The registered person attempts to match the staff team to the cultural/gender composition of service users.

- 24.6 Regular staff meetings take place (minimum six per year) and are recorded and actioned.
- 24.7 Wherever practicable, there are staff on duty at all times who can communicate with service users in their first language including sign; and have skills in other communication methods relevant to service users' needs (eg block alphabet, braille, finger spelling, moon, personal symbols).
- 24.8 Staff working directly with service users are at least age 18; staff left in charge of the home are at least age 21.
- 24.9 Staffing levels are regularly reviewed to reflect service users' changing needs.

STANDARD 25: RECRUITMENT

OUTCOME:

Service users are supported and protected by the home's recruitment policy and practices.

STANDARD:

- 25.1 The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.
- 25.2 Two written references are obtained before making an appointment and any gaps in the employment record explored.
- 25.3 New staff are confirmed in post only if the information specified under regulation 19 is available (including Criminal Records Bureau certificates when required by that regulation).
- 25.4 Service users are actively supported to be involved in staff selection, and are supported through the processes of joining and departure of staff.
- 25.5 Staff are employed taking account of, and are given copies of, the codes of conduct and practice set by the Care Council for Wales.

- 25.6 All staff receive statements of terms and conditions of employment.
- 25.7 All staff appointments are subject to a minimum three-month probationary period and service users are involved in their review.
- 25.8 The recruitment and selection of volunteers is thorough and requires the information specified under regulation 19 to be available.

STANDARD 26: TRAINING AND DEVELOPMENT

OUTCOME:

Service users' individual and shared needs are met by appropriately trained staff.

STANDARD:

- 26.1 The registered person ensures that there is a staff training and development programme which ensures that staff fulfil the aims of the home and meet the changing needs of service users.
- 26.2 The home has a training and development plan , dedicated training budget, and designated person with responsibility for the training and development programme.
- 26.3 All care staff commence their induction programme on the first day of their employment, and are assessed by the end of their twelfth week in employment. The programme takes account of such guidance on induction as may be published by the Care Council for Wales. It includes training on the principles of care, safe working practices, the organisation and worker role, the experiences and particular needs of the service user group, and the influences and particular requirements of the service setting. Following successfully completing their induction, staff without the qualification referred to in 23.5 are registered for and undertake the appropriate course.
- 26.4 All staff receive equal opportunities training, including disability equality training, race equality and anti-racism training.
- 26.5 Each staff member has an individual training and development assessment and profile by 1 April 2003 , and at least five paid training and development days per year.
- 26.6 A training needs assessment is carried out for the staff team as a whole, and an impact assessment of all staff development is undertaken to identify the benefits for service users and to inform future planning.
- 26.7 Training and development are linked to the home's service aims and to service users' needs and individual Plans; and service users are involved in determining staff training needs and plans.

STANDARD 27: SUPERVISION AND SUPPORT

OUTCOME:

Service users benefit from well supported and supervised staff.

STANDARD:

27.1 The registered person ensures that staff receive the support and supervision they need to carry out their jobs.

CRITERIA:

27.2 There are established arrangements for senior staff to brief other staff, and for senior staff to receive direct feedback from other staff.

27.3 Staff who supervise colleagues are trained, and are supported/supervised by senior staff.

27.4 Staff have regular, recorded supervision meetings at least once every two months with their senior/manager in addition to regular contact on day to day practice (fortnightly supervision where there is no regular contact; pro-rata for part-time staff), covering:

- translation of the home's philosophy and aims into work with individuals
- monitoring of work with individual service users
- support and professional guidance
- identification of training and development needs.

27.5 Staff have access to specialist supervision as indicated by service users' assessed needs.

27.6 Staff have an annual appraisal with their line manager to review performance against job description and agree career development plans.

27.7 Staff have copies of the home's written grievance and disciplinary procedures.

27.8 Procedures are in place for dealing with physical aggression towards staff (see also Standard 36 Protection).

SECTION SIX: CONDUCT AND MANAGEMENT OF THE HOME

STANDARD 28: DAY-TO-DAY OPERATIONS

OUTCOME:

Service users benefit from a well run home.

STANDARD:

- 28.1 The manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.
- 28.2 The manager has at least two years experience in a senior management capacity in a relevant care setting within the past five years;
- **and**, by 1 April 2005, the manager holds NVQ level 4 in care or a similar qualification approved by the Care Council for Wales, or a social work qualifying award, or holds an NVQ level 4 award in the management of care ;
 - **or** the registered manager is a first level registered nurse and by 1 April 2005 holds an NVQ level 4 award in the management of care ;
- 28.3 The manager may manage a second home only if that does not compromise the health and welfare of service users.
- 28.4 The manager undertakes periodic training and development, to maintain and update his/her knowledge, skills and competence to manage the home.

STANDARD 29: ETHOS

OUTCOME:

Service users benefit from the ethos, leadership and management approach of the home.

STANDARD:

- 29.1 The management approach of the home creates an open, positive and inclusive atmosphere.
- 29.2 The manager communicates a clear sense of direction and leadership which staff and service users understand and are able to relate to the aims and purpose of the home.
- 29.3 The registered person has strategies for enabling staff, service users and other stakeholders to voice concerns and to affect the way in

which the service is delivered (see also Standard 35 Concerns and Complaints).

- 29.4 The processes of managing and carrying on the home are open and transparent.
- 29.5 Management planning and practice encourage and reward innovation, creativity, development and change.
- 29.6 A commitment is made to equal opportunities in the home and its management and carrying on.

STANDARD 30: QUALITY ASSURANCE

OUTCOME:

Service users are confident that their views are taken into account in all self-monitoring, review and development by the home.

STANDARD:

- 30.1 Effective quality assurance and quality monitoring systems, that involve consultation with service users, are in place to measure success in achieving the aims, objectives and statement of purpose of the home.
- 30.2 There is an annual development plan for the home, based on a systematic cycle of planning – action – review, reflecting aims and outcomes for service users.
- 30.3 There is continuous self-monitoring that includes service user surveys, using an objective, consistently obtained and reviewed and verifiable method (preferably a professionally recognised quality assurance system) and involving service users; and an internal audit takes place at least annually.
- 30.4 Reviews culminate in reports which are made available to service users and supplied to CSIW.
- 30.5 The registered person seeks to ensure year on year development for each service user, linked to implementation of the individual Plan.
- 30.6 Feedback is actively sought from service users about services provided, through the means most suitable in the home (which might include anonymous user satisfaction questionnaires and individual and group discussion), as well as evidence from records and life plans; and informs all planning and review.
- 30.7 The views of family, friends and advocates and of stakeholders in the community (eg GPs, teachers, chiropodist, voluntary organisation staff) are sought on how the home is achieving goals for service users.

- 30.8 Service users are told about planned CSIW inspections and are given access to inspectors, in private, with interpreters/advocates as required, and the views of service users are made available to CSIW inspectors for inclusion in inspection reports.
- 30.9 Policies, procedures and practices are regularly reviewed in light of changing legislation and of good practice advice from the Assembly, local/health authorities, and specialist/professional organisations.

STANDARD 31: POLICIES AND PROCEDURES

OUTCOME:

Service users' rights and best interests are safeguarded by the home's policies and procedures.

STANDARD:

- 31.1 The home's written policies and procedures comply with current legislation and recognised professional standards, covering the topics set out in Appendix 2.
- 31.2 Policy statements are appropriate to the setting and cover:
- general policy content
 - organisation for carrying out the policy
 - arrangements for carrying out the policy.
- 31.3 Staff understand, have access to up-to-date copies of, and practice all policies, procedures and codes of practice.
- 31.4 Service users have access to relevant policies, procedures and codes of practice, in appropriate formats, and staff explain them to service users.
- 31.5 Staff are fully involved in developing policies and procedures, and service users have opportunities to help in their formulation.
- 31.6 All policies, procedures, codes of practice and records of the home are signed and dated by the registered person and are monitored, reviewed and amended, as necessary.

STANDARD 32: RECORD KEEPING

OUTCOME:

Service users rights and best interests are safeguarded by the home's record keeping policies and procedures.

STANDARD:

- 32.1 Records required by regulation 17 are maintained, up to date and accurate.
- 32.2 Service users have access to their records and information about them held by the home, and opportunities to help maintain their personal records, in accordance with regulation 17.
- 32.3 Individual records and home records are secure, up to date and in good order; and are constructed, maintained and used in accordance with the Data Protection Act 1998 and other legal requirements.

STANDARD 33: SAFE WORKING PRACTICES

OUTCOME:

The health, safety and welfare of service users are promoted and protected.

STANDARD:

- 33.1 The registered person ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.
- 33.2 The registered person ensures safe working practices including:
 - moving and handling: use of techniques for moving people and objects that avoid injury to services users or staff
 - fire safety: understanding and implementation of appropriate fire procedures
 - first aid: knowledge of how to deal with accidents and health emergencies; provision of a first aid box and a qualified first aider at all times; and recording of all cases of its use
 - food hygiene: correct storage and preparation of food to avoid food poisoning
 - infection control: understanding and practice of measures to prevent spread of infection and communicable diseases.

- 33.3 The registered person ensures the health and safety of service users and staff including:
- safe storage and disposal of hazardous substances
 - regular servicing of boilers and central heating systems under contract by competent persons (eg members of Council of Registered Gas Installers (CORGI))
 - maintenance of electrical systems and electrical equipment
 - regulation of water temperature, and design solutions to control risk of Legionella and risk from hot water/surfaces, based on assessment of the capabilities and needs of service users (ie temperature close to 43°C)
 - provision and maintenance of window restrictors, based on assessment of vulnerability of and risk to service users
 - maintenance of a safe environment including kitchen equipment and laundry machinery; outdoor steps and pathways; gardening equipment
 - security of the premises
 - security of service users based on assessment of their vulnerability.
- 33.4 The registered person ensures compliance with relevant legislation including:
- Health and Safety at Work Act 1974;
 - Management of Health and Safety at Work Regulations 1999
 - Workplace (Health, Safety and Welfare) Regulations 1992
 - Provision and Use of Work Equipment Regulations 1992
 - Electricity at Work Regulations 1989
 - Health and Safety (First Aid) Regulations 1981
 - Control of Substances Hazardous to Health Regulations (COSHH) 1988
 - Manual Handling Operations Regulations 1992
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.
- 33.5 The registered person produces a written statement of the policy, organisation and arrangements for maintaining safe working practices.

- 33.6 The registered person ensures that risk assessments are carried out for all safe working practice topics covered in Standards 33.2 and 33.3, and that significant findings of the risk assessment are recorded.
- 33.7 All accidents, injuries and incidents of illness or communicable disease are recorded and reported in accordance with regulation 38.
- 33.8 Safety procedures are displayed, and explained, in formats that are easily understood and take account of service users' special communication needs.
- 33.9 All staff receive induction training and updates taking account of any Care Council for Wales guidance on all safe working practice topics in Standards 33.2 and 33.3 (see Standard 26.3 Staff Training).

STANDARD 34: CONDUCT OF THE SERVICE

OUTCOME:

Service users benefit from competent and accountable management of the service.

STANDARD:

- 34.1 The home (within and external) is carried on to ensure the effectiveness, financial viability and accountability of the home.
- 34.2 There is a business and financial plan for the home and the service, open to inspection and reviewed annually.
- 34.3 Systems are in place to ensure:
- financial planning, budget monitoring and financial control;
 - human resources planning including assurance of financial acumen;
 - selection, training, supervision and appraisal of the manager;
 - quality monitoring.
- 34.4 Insurance cover is put in place against loss or damage to the assets of the business. The level of cover should reflect the full replacement value of buildings, fixture, fittings and equipment.
- 34.5 Insurance cover is provided for business interruption costs, (including loss of earnings) as well as costs to the operator of meeting its contract liabilities. The latter to a minimum of £5 million or such higher amount as is necessary to cover the registered person's legal liabilities to employees, service users and third party persons.

- 34.6 Service users are involved where possible in the business and financial planning and monitoring of the home.
- 34.7 Lines of accountability within the home, and with any external management, are clearly understood by staff and service users.

SECTION SEVEN: CONCERNS, COMPLAINTS AND PROTECTION

STANDARD 35: COMPLAINTS AND CONCERNS

OUTCOME:

Service users feel their views are listened to and acted on.

STANDARD:

- 35.1 The registered person ensures that there is a clear and effective complaints procedure, which includes the stages of and time scales for the process, and that service users know how and to whom to complain.
- 35.2 The registered person and staff listen to and act on service users' views and concerns and encourage discussion and action on issues raised by service users before they develop into problems and formal complaints.
- 35.3 The home's complaints procedure has been given and/or explained to each service user in an appropriate language / format, including information for raising a complaint with the CSIW at any stage should the complainant wish to do so.
- 35.4 All complaints are responded to within 28 days.
- 35.5 Service users, if they wish, can make a complaint one-to-one with a staff member of their choice, and/or are helped to access local independent advocacy, independent interpreters / communication support workers and/or appropriate training.
- 35.6 Service users and their families are assured they will not be victimised for making a complaint.
- 35.7 A record is kept of all issues raised or complaints made by service users, details of any investigation, and action taken; and this record is checked at least three-monthly by a senior staff member who is not based in the home, if there is such a staff member.

STANDARD 36: PROTECTION

OUTCOME:

Service users are protected from abuse, neglect and self-harm.

STANDARD:

- 36.1 The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policy.
- 36.2 Robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) ensure the safety and protection of service users (including passing on concerns to the CSIW), and include information about the Public Interest Disclosure Act 1998.
- 36.3 All allegations and incidents of abuse, and action taken, are recorded.
- 36.4 Staff who may be unsuitable to work with vulnerable adults are referred for consideration to the Secretary of State for inclusion on the Protection of Children and Vulnerable Adults registers in accordance with, respectively, the Protection of Children Act 1999 and the Care Standards Act 2000.
- 36.5 Physical and verbal aggression by a service user is understood and dealt with appropriately, and physical intervention is used only as a last resort by trained staff in accordance with Assembly guidance, protects the rights and best interests of the service user, and is the minimum consistent with safety.
- 36.6 The home's policies and practices regarding service users' money and financial affairs ensure for example service users' access to their personal financial records, safe storage of money and valuables, consultation on finances in private, and advice on personal insurance; and preclude staff involvement in making service users' wills.

SECTION EIGHT: ENVIRONMENT

STANDARD 37: PREMISES

OUTCOME:

Service users live in a homely, comfortable and safe environment.

STANDARD:

- 37.1 The home's premises are suitable for its stated purpose; accessible, safe and well-maintained; meet service users' individual and collective needs in a comfortable and homely way; and have been designed with reference to relevant guidance.
- 37.2 Each service user in existing homes is provided with a minimum total average living space (bedroom and communal space) of 13.4 sq m (16.1 sq m for wheelchair users).
- 37.3 New homes accommodate a maximum of sixteen people with no more than eight people sharing a staff group, a dining area and other common facilities (in specialist colleges, dining rooms are in keeping with similar non-specialist colleges); existing, larger homes are organised into clusters of up to eight people on this basis by 1 April 2007.
- 37.4 For new homes for adults with learning disabilities, the guidance in Welsh Office Circular 1/91 has been taken into account.
- 37.5 Service users on respite/short-term placements (up to three months) or intermediate care/rehabilitation placements do not share the same premises as those in long-term placements unless this benefits both groups; where this does occur, separate communal day space, facilities and equipment are available for each group.
- 37.6 The premises are safe, comfortable, bright, cheerful, airy, clean and free from offensive odours, and provide sufficient and suitable light, heat and ventilation.
- 37.7 The home offers access to local amenities, local transport and relevant support services, to suit the personal and lifestyle needs of service users and the purpose of the home.
- 37.8 The premises are in keeping with the local community and have a style and ambience that reflect the home's purpose.
- 37.9 The premises are fully accessible to all service users; homes accommodating wheelchair users provide level access, and doorways into communal areas, service users' rooms, bathing and toilet facilities and other spaces to which wheelchair users have access, have a clear opening width of 800 mm.

- 37.10 Furnishings and fittings (and adaptations and equipment) are good quality, and are as domestic, unobtrusive and ordinary as is compatible with fulfilling their purpose.
- 37.11 The premises meet the relevant requirements of the local fire service and environmental health department, health and safety and building Acts and Regulations, and Part 3 of the Disability Discrimination Act 1995 from its commencement.
- 37.12 The home has a planned maintenance and renewal programme for the fabric and decoration of the premises, with records kept.
- 37.13 CCTV cameras are restricted to entrance areas for security purposes and do not impinge on the daily life of service users.

STANDARD 38: INDIVIDUAL ROOMS

OUTCOME:

Service users' own rooms suit their needs and lifestyles and promote their independence.

STANDARD:

- 38.1 The registered person provides each service user with a private, lockable bedroom, which has useable floor space, fittings and furnishings sufficient and suitable to meet individual needs and lifestyles.
- 38.2 All service users are offered the option of a single room.
- 38.3 The minimum space standard for single rooms in existing care homes is 100 sq. ft (9.3 sq m).
- 38.4 The minimum space standard for single rooms in new care homes, and extensions to existing homes, for use by residents who because of their severe physical disabilities have to use a wheelchair on a permanent and constant basis, will be 13.5 sq m. This standard is not intended to apply to residents who use wheelchairs occasionally or just for transfer around the home;

The minimum space standard for single rooms in existing homes, for use by residents who because of their severe physical disabilities have to use a wheelchair on a permanent and constant basis will be 12 sq m. This is not intended to apply to residents who use wheelchairs occasionally or just for transfer around the home;

No-one who is assessed as likely to require an assisted transfer around the home involving the use of a wheelchair should be admitted to any room unless a safe and effective transfer is possible which meets their care needs.

- 38.5 Shared rooms are phased out by 1 April 2004 unless the service users currently living there choose to continue sharing.
- 38.6 Rooms which are currently shared have at least 16 sq m usable floor space (excluding en suite) and are occupied by no more than two service users who have made a positive choice to share.
- 38.7 In new build, extensions and all first time registrations, two service users choosing to share are provided with two single rooms to use for example as bedroom and sitting room.
- 38.8 WCs are shared by no more than two people, and bathrooms (hand basin and shower or bath) are shared by no more than three people, where en suite facilities cannot be provided.
- 38.9 WCs and bathrooms are adjacent to service users' bedrooms, culturally appropriate (see Standard 40.5), and lockable.
- 38.10 The minimum space standard for single rooms in new care homes, and extensions to existing homes, will be 12 sq m.
- 38.11 First time registrations that are not existing homes, and extensions intended for placements less than three months provide individual bedrooms with at least 10 sq m usable floor space (excluding en suite).
- 38.12 Service users' own rooms include (unless agreed in the individual Plan with, or in the best interests of, the service user):
- bed, table, chest of drawers and two comfortable chairs
 - wardrobe/cupboard space and lockable storage space
 - wash hand basin (unless en suite facilities provided)
 - space for service users' usual possessions eg computer, music systems, personal electrical appliances, hoists/technical aids
 - 3 double sockets, TV aerial point, and telephone point (or access to a telephone in the room)
 - bedding, curtains and floor covering of good quality and design suitable for the service user

- A window which opens, at a level providing a view when seated; good lighting and ventilation; and individually controlled heating.

38.13 Service users can choose (or are helped to choose) their own furniture and can decorate and personalise their rooms subject to fire and safety requirements.

STANDARD 39: SHARED SPACE

OUTCOME:

Shared spaces complement and supplement service users' individual rooms.

STANDARD:

39.1 The registered person ensures that there is a range of comfortable, safe and fully accessible spaces provided for both shared activities and private use.

39.2 Shared spaces include:

- outdoor space proportionate to number of service users and staff on duty
- kitchen and laundry facilities which are domestic in scale
- baths/showers (lockable) suitable for service users' specialist requirements, if not provided in their own rooms
- communal areas (eg for meals, social activities) of at least 4.1 sq m per service user
- for extensions, new build and new registrations that are not existing homes, the communal areas should provide at least 5.1 sq m per service user with wheelchair/mobility aids
- a private area for eg visitors, consultations or treatment
- a separate smoking area if the home does not have a no-smoking policy.

39.3 Staff are provided with adequate facilities including a safe place to store personal belongings and sleeping facilities when sleeping-in.

STANDARD 40: ADAPTATIONS AND EQUIPMENT

OUTCOME:

Service users have the specialist equipment they require to maximise their independence.

STANDARD:

- 40.1 The registered person ensures the provision of the environmental adaptations and disability equipment necessary to meet its stated purpose and the individually assessed needs of all service users.
- 40.2 Homes offering a service to people with physical disabilities provide specialist equipment as needed for each individual including for example:
- moving equipment / overhead tracking for hoists
 - stair rails, lifts
 - environmental control system
 - right and left handed rooms
 - appropriate bathroom fittings/equipment
 - call alarm systems
 - lowered light switches, work surfaces, window openings
 - storage/recharging facilities for wheelchairs/mobility equipment in a discrete/separate area.
- 40.3 Homes offering a service to people with sensory impairment provide specialist aids and adaptations as needed including for example:
- loops/microphones/minicomms/textphones/videophone
 - additional and/or anti-glare lighting; colour contrasting
 - tactile symbols; varied textural surfaces
 - florescent or padded hazards/obstructions (where they cannot be removed)
 - computer for users' personal use
 - TV with video recorder and subtitling facility/sign language.
- 40.4 Homes offering a service to people referred for intermediate care provide rehabilitation facilities sited in dedicated space, including equipment for therapies and treatment and equipment to promote activities of daily living and mobility.
- 40.5 Homes offering a service to minority ethnic service users provide bathrooms with culturally appropriate fittings / personal care facilities.

- 40.6 Provision of aids, adaptations and equipment follows assessment by, and takes account of the recommendations of, an occupational therapist or other suitably qualified specialist.
- 40.7 Safety systems and equipment are appropriate for people with mobility/sensory problems – eg flashing light fire alarms, magnetic fire doors.
- 40.8 The home makes satisfactory arrangements for the repair and maintenance of equipment in general or individual use, to ensure its continued safety.

STANDARD 41: HYGIENE AND CONTROL OF INFECTION

OUTCOME:

Service users live in a home that is clean and hygienic.

STANDARD:

- 41.1 The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.
- 41.2 Laundry facilities have direct access to an external area and are sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten such carrying does not intrude on service users.
- 41.3 Hand washing facilities are prominently sited in areas where infected material and/or clinical waste are being handled.
- 41.4 The laundry floor finishes are impermeable and these and wall finishes are readily cleanable.
- 41.5 Policies and procedures for control of infection include the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing; hand washing.
- 41.6 All care homes where commodes or bedpans are in use have sufficient provision of commodes and bedpans to minimise risks of cross infection from resident to resident, and have a suitably located sluicing disinfectant or other appropriate disinfection procedures to maintain hygiene standards and infection control.
- 41.7 Foul laundry is washed at appropriate temperatures (minimum 65 degrees Centigrade for not less than ten minutes) to thoroughly clean linen and control risk of infection.

- 41.8 Washing machines have the specified programming ability to meet disinfection standards.
- 41.9 Services and facilities comply with the Water Supply (Water Fittings) Regulations 1999.

APPENDIX 1: GLOSSARY

Abuse

Single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an individual, including physical, emotional, verbal, financial, sexual or racial abuse, and neglect or abuse through the misapplication of drugs.

Assessment

Collection and interpretation of data to determine an individual's need for health, personal and social care and support services, undertaken with the individual, his/her representative and relevant professionals.

Care home

An establishment providing accommodation together with personal or nursing care.

Care Management

A system for organising the management and delivery of care services to vulnerable adults by local authority social services departments, and by CPNs, psychiatrists and other NHS personnel under Care Programme Approach (CPA) for people with mental health problems, involving assessing needs, care planning, organisation of care packages, monitoring and review, and close involvement with users and carers.

Care Programme Approach (CPA)

The formal process (integrated with Care Management) of assessing needs for services for people with mental health problems prior to and after discharge from hospital.

Care Plan

A written statement, regularly updated, setting out the health and social care services that a service user receives through Care Management, and how it is organised and delivered.

Contract

A written agreement between the service user and the home setting out the terms and conditions, and rights and responsibilities, of both parties, and including the Service User Plan.

Independent advocate

An individual who is independent of the home or of any of the statutory agencies involved in the purchasing and provision of care in, or regulation of, the care home, who acts on behalf of and in the interests of a service user who feels unable to represent him / herself when dealing with professionals. Self-advocates are trained and supported to represent their own views.

Intermediate care

A short period (normally no longer than six weeks) of intensive rehabilitation and treatment to enable service users to return home following (or to avoid) hospitalisation, or to prevent admission to long term care.

Keyworker

The person (who may be a designated nurse for people receiving nursing care) responsible for co-ordinating the service user's plan, for monitoring its progress and for staying in regular contact with the service user and everyone involved.

Leaving Care Plan

A plan to help young people make the transition from being looked after to independence.

Local Area Child Protection Committee

A group set up to determine the particular problems and procedures concerning child protection in a given area.

Outcome

The end result of the service provided by a care home to a service user, which can be used to measure the effectiveness of the service.

Passenger Lift

A vertical means of transport between floors. A chair/stair lift is not a passenger lift.

Personal care

Includes assistance with bodily functions where required.

Personal Education Plan

A plan which outlines the support a young person will receive for his/her education.

Physical intervention

A method of responding to violence or aggressive behaviour which involves a degree of direct physical force to limit or restrict movement or mobility.

Policy

An operational statement of intent which helps staff make sound decisions and take actions which are legal, consistent with the aims of the home, and in the best interests of service users.

Procedure

The steps taken to fulfil a policy.

Representative

A person acting on behalf of a service user, who may be a relative or friend.

Service user

Person living in and provided with services by a care home. Includes people who have physical disability, sensory impairment, learning disability, autistic spectrum disorder, mental health problems, substance misuse problems, HIV/AIDS, and / or dual or complex multiple disabilities including people who are deafblind.

Service User Plan

A Plan – generated from the single Care Management assessment where applicable – developed by the home with the service user describing the services and facilities to be provided by the home and how these services will meet assessed needs and achieve personal goals.

Staff

Person working for pay within or from the home, full time, part time, casual or contract.

TOPSS

The National Training Organisation for Social Care. The functions of TOPSS are undertaken in Wales by the Care Council for Wales.

Usable floor space

Space which is accessible to the service user for furniture, possessions and daily living, with attention to eg room shape, positioning of doors, windows or ensuite facilities, and headroom.

Volunteer

People working without pay, or for expenses only, within or from the home.

Wheelchair user

A person whose main source of independent mobility is a wheelchair.

APPENDIX 2. POLICIES AND PROCEDURES

Care homes will develop policies, procedures and / or codes of practice, appropriate to the setting, on the following topics:

- Adult protection and prevention of abuse
- Aggression towards staff
- Communicable diseases and infection control (Public Health Medicine Environmental Group guidelines)
- Concerns and complaints
- Confidentiality and disclosure of information
- Contact with / visits by family and friends
- Control of exposure to hazardous waste (COSHH)
- Control, administration, recording, safekeeping, handling and disposal of medicines including Non-Compliance
- Discharge, including planned discharge, and termination or self-discharge at short notice.
- Emergency admission and detention (Mental Health Act 1983)
- Emergencies and crises
- Equal opportunities and race equality (Race Relations Act 1976; Sex Discrimination Act 1975 & 1986; Disability Discrimination Act 1995)
- Fire safety
- Food safety and nutrition
- Health and safety (Health and Safety at Work Act 1974)
- Hygiene and food safety (Food Safety Act 1990 and Regulations 1995)
- Management of service users' money and financial affairs
- Nursing / treatment /guardianship under Mental Health Act 1983 and Mental Health Act Code of Practice 1983
- Physical intervention
- Racial harassment occurring between service users; between staff; by staff; or by service users on staff
- Record keeping and access to files
- Recruitment and employment including redundancy
- Referral and admission

- Risk assessment and management
- Sexuality and relationships
- Smoking, and use of alcohol and substances by users, visitors and staff
- Staff grievances and disciplinary action
- Whistle blowing
- Working with volunteers

ANNEX 1: SUPPLEMENTARY STANDARDS FOR CARE HOMES ACCOMMODATING YOUNG PEOPLE AGED 16 and 17

Annex to National Minimum Standards for Care Homes for Younger Adults

Notes:

1. The Younger Adults Standards apply to care homes accommodating 16 and 17 year olds.
2. Registrations in respect of care homes that are to take 16 and 17 year olds may be conditional on the homes accommodating 16-25 year olds only.
3. The Annex provides additional / supplementary requirements to the Standards for Younger Adults (numbered sequentially from the Younger Adults Standards).
4. The Annex sets out the key topic headings from the Younger Adults Standards, plus Section heading and first Standard statement where there are additional requirements.

1. CHOICE OF HOME

Information

STANDARD 1

The registered person produces an up-to-date statement of purpose setting out the aims, objectives and philosophy of the home, its services and facilities, and terms and conditions; and provides each prospective service user with a service user's guide to the home.

In addition to the requirements in Standards 1.1 – 1.3, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

The statement of purpose describes what the home sets out to do specifically for young people aged 16 and 17, as required by Schedule 5 of the Care Homes Regulations, and including arrangements for leaving care / the transition to adulthood.

Needs Assessment

STANDARD 2

The registered person ensures that new service users are admitted only on the basis of a full assessment undertaken by people trained to do so, involving the prospective service user using an appropriate communication method.

In addition to the requirements in Standards 2.1 – 2.7, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

1. The registered person admits young people under 18 solely for a specialist [transition] service for young people aged 16-25, unless to do otherwise is the most appropriate way to promote and safeguard the young person's best interests.
2. The registered person ensures that each young person has a placement plan which sets out assessed needs, the objectives of the placement, and how these are to be met by the registered provider on a day to day basis, the contribution to be made by the staff of the home, and how the effectiveness of the placement is to be assessed.

2. INDIVIDUAL NEEDS AND CHOICES

STANDARD 6

The registered person develops and agrees with each service user an individual Plan, which may include treatment and rehabilitation, describing the services and facilities to be provided by the home, and how these services will meet current and changing needs and aspirations and achieve goals.

In addition to the requirements in Standards 6.1 – 6.10, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

1. The registered person contributes effectively to each child's placement review and child in care review and implements the agreed outcome of reviews as necessary.
2. The home contacts placing authorities to request emergency and statutory reviews when due, if the placing authority has not arranged the review; and the results of all statutory reviews are recorded in the service user's individual case record, with individuals responsible for pursuing actions arising from reviews clearly identified.
3. The registered person ensures the the Leaving Care Plan is implemented and is consistent with the placement plan / service user plan, and where applicable the care or pathway plan, for any young person who expects to leave care or move to independent living within the next year. This plan outlines the support and assistance the service user will receive to enable successful transition to adulthood, including arrangements for:
 - education, training and employment
 - securing safe and affordable accommodation
 - financial assistance to enable the young person to set up and maintain independent accommodation if applicable
 - claiming welfare benefits where this is identified as a need
 - general and specialised health education and health care, and other specialist services such as counseling
 - maintaining existing support networks as defined by the young person and creating new networks.

Risk Taking

STANDARD 9

Staff enable service users to take responsible risks, ensuring they have good information on which to base decisions, within the context of the service user's individual Plan and of the home's risk assessment and risk management strategies.

In addition to the requirements in Standards 9.1-9.3, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

1. Any high risk activity provided or arranged is supervised by persons qualified to supervise involvement in the activity concerned (such as the qualification for instructing or supervising children awarded by the recognized national body for the activity concerned).

3. LIFESTYLE

Personal Development

STANDARD 11

The registered person ensures service users have opportunities to maintain and develop social, emotional, communication and independent living skills.

In addition to the requirements in Standards 11.1 – 11.3, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

1. The home helps service users prepare for independence including:
 - i. developing and maintaining social and sexual relationships
 - ii. developing self esteem
 - iii. preparing for the world of work and for coping with unemployment and/or isolation

Education and Occupation

STANDARD 12

The registered person enables service users to find and keep appropriate jobs, continue their education or training, and/or take part in meaningful activities.

In addition to the requirements in Standards 12.1 – 12.6, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

1. Each service user's individual plan contains details of educational history, progress and achievements, and relevant reports (such as the Personal Education Plan).
2. The individual plan explicitly addresses the service user's education (including school, further or higher education) and covers:
 - (i) benefits of attending a particular educational establishment.
 - (ii) promoting school (or college) attendance.
parental/social worker involvement
 - (iv) dates of national examinations such as GCSE, AS, and A levels
 - (v) arrangements for travelling to and from school.
 - (vi) further education, training and employment of each service user over school age.
3. Staff are familiar with the educational histories and the educational needs of young people in the home.

4. Service users are given full access to education facilities, and are provided with facilities that are conducive to study, and are encouraged to do homework and given help if they wish.
5. Staff (usually the key worker) attend parents' meetings and other school events which are normally attended by parents.

Leisure

STANDARD 14

The registered person ensures that service users have access to and choose from a range of appropriate leisure activities.

In addition to the requirements in Standards 14.1 – 14.5, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

1. Birthdays, name days, cultural and religious festivals are celebrated and service users participate in planning these events.
2. Activities provide a balance between free and controlled time, are experiential, and provide a mix of time with and without adults.
3. Service users under the age of 18 do not have access to, or watch videos certified as suitable for over 18s, and systems and policies are in place to safeguard service users when computer networking or on the Internet.
4. Leisure interests and areas in which a service user has talents or abilities are encouraged and financially supported.

Meals

STANDARD 17

The registered person promotes service users' health and wellbeing by ensuring the supply of nutritious, varied, balanced and attractively presented meals in a congenial setting and at flexible times.

In addition to the requirements in Standards 17.1 – 17.8, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

1. The home seeks medical advice if a service user consistently refuses to eat.

4. PERSONAL SUPPORT

Health Care

STANDARD 19

The registered person ensures that the healthcare needs of service users are assessed and recognised and that procedures are in place to address them.

In addition to the requirements in Standards 19.1 – 19.4, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

1. The home provides guidance, advice and support on alcohol and illegal substance abuse, smoking, sex education, HIV infection, hepatitis and sexually transmitted diseases.
2. Staff do not smoke or consume alcohol while on duty.

5. STAFFING

Qualities and Qualifications

STANDARD 23

The registered person ensures that staff have the competencies and qualities required to meet service users' needs.

In addition to the requirements in Standards 23.1 – 23.6, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

1. By 1 April 2005, 80% of care staff working with service users aged 16 and 17 have NVQ level 3 in the Caring for Children and Young People or a similar qualification recognised by the Care Council for Wales..

Staff Team

STANDARD 24

The registered person ensures that the home has a strong, settled and cohesive staff team, with sufficient numbers and complementary skills to support service users' assessed needs at all times.

In addition to the requirements in Standards 24.1 – 24.10, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

1. Staff who have sole responsibility for young people aged 16 and 17 are at least aged 21.

Training and Development

STANDARD 26

The registered person ensures that there is a staff training and development programme which ensures staff fulfil the aims of the home and meet the changing needs of service users.

In addition to the requirements in Standards 26.1 - 26.6, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

1. Induction training for staff who work with service users aged 16 and 17 includes guidance on child protection.

7. CONCERNS, COMPLAINTS AND PROTECTION

Protection

STANDARD 36

The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policy.

In addition to the requirements in Standards 36.1 – 36.6, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

1. There are systems in place to promote the safety and welfare of children and to ensure that children are protected from abuse, which are known and understood by all staff (including junior, ancillary, volunteer and agency staff).
2. A copy of the local Area Child Protection Committee (ACPC) procedures is kept in the home. The registered person ensures that staff have read these, understand and are knowledgeable about them.
3. There are clear procedures which are known, understood and followed by all staff, for responding to allegations or suspicions of abuse, either by staff or by other children in the home, or by others. They include:
 - (i) the requirement that staff or others working at the home who receive an allegation of abuse, or who suspect abuse, should avoid asking leading questions or giving inappropriate guarantees of confidentiality;
 - (ii) the requirement to report to the police any evidence of children becoming involved in prostitution, or of unauthorised persons picking children up, contacting children in the home, or observed trying to make contact with children outside the home;
 - (iii) instructions for staff on action to be taken if an allegation or suspicion of abuse becomes known to them involving the registered manager or person at the time in day to day charge of the home.
4. The child protection procedures are in line with the local policies and procedures agreed by the Area Child Protection Committee (ACPC) relevant to the geographical area where the home is situated. The child protection procedures have been submitted for consideration and comment to the local ACPC, and any comments taken into account.
5. The registered person has liaised with the local Social Services Department's Child Protection Co-ordinator (or other senior officer responsible for child protection matters in that department) to seek advice about local procedures and practice, and has discussed how the practices in the home relate to these regarding keeping children

safe, responding to allegations or suspicions of abuse, methods of control and risk taking. Any conflicts between locally agreed procedures and those of other placing authorities have also been discussed.

6. There is written guidance for staff which makes clear the ways in which the registered person of the home will ensure that members of staff subject to allegations against them will have access to information and support whilst an investigation ensues.
7. Procedural guidance for staff clearly demonstrates the systems required in order to protect children and minimise the risk of abuse whilst the child is living in the home. This includes guidance on:
 - (i) making a full assessment of children's histories and any experience of abuse;
 - (ii) observing contacts between children;
 - (iii) supervision of children;
 - (iv) supervision and support of staff;
 - (v) recognition of possible involvement of children in prostitution;
 - (vi) confidentiality;
 - (vii) physical contact between staff and children;
 - (viii) one to one time alone by staff with children;
 - (ix) intimate care and invasive procedures;
 - (x) administering medication.
8. The registered person provides training for all staff, including ancillary staff, agency staff and volunteers, in the prevention of abuse, recognition of abuse, dealing with disclosures or suspicions of abuse, and the home's child protection procedures. This training is included in induction programmes for new staff, including temporary or agency staff, and is ongoing for the staff group in keeping with the aims and objectives of the home.
9. The registered person and staff have routine links with other agencies concerned with child protection e.g. the placing authority, schools, hospitals, general practitioners, etc., and do not work in isolation from them.
10. The registered person follows any local interagency protocols on prevention and investigation of child prostitution.

Bullying

11. The home has, and follows, a policy on countering bullying, which is known to service users and staff, which includes:
 - (i) a definition of bullying
 - (ii) measures to prevent and respond to bullying
 - (iii) training for staff in awareness of and effective strategies to counter bullying.

12. Service users who are bullied are supported, and those who may bully others are given suitable guidance.

Absence without authority

13. The written procedures of the home identifying action to be taken when a child is absent without authority take account of the Assembly's guidance.

8. ENVIRONMENT

Individual Rooms

STANDARD 38

The registered person provides each service user with a private, lockable bedroom, which has useable floor space, fittings and furnishings sufficient and suitable to meet individual needs and lifestyles.

In addition to the requirements in Standards 38.2 – 38.13, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

1. Service users do not share bedrooms with others of significantly different age (other than, by choice, with siblings following assessment of risk), or with those of the opposite sex.
2. The home provides facilities for children to study, which are quiet, with sufficient seating and desk or table space, adequately lit, with adequate storage for books and study materials, and available when needed for study purposes.

Annex Two: Variations for Care Homes for substance misusers

Service User Plan: standard 6

- 6.5 The Plan describes any limitations on choice and freedom (agreed with the service user) likely to be part of a specialist therapeutic programme for substance misusers.

Daily Routines: standard 16

- 16.2 Staff enter service user's bedrooms and bathrooms normally only with the individual's permission and in their presence. Grounds for exceptions when staff may enter bedrooms without residents' permission or presence should be stated and explained in the Home's Statement of Purpose and included in any contract.
- 16.3 Service users have a key to their own bedroom/bathroom, which can be locked from the inside and outside.
- 16.7 Service users choose when to be alone or in company, and when not to join in an activity, subject to conditions of their service user plan.
- 16.8 Service users have 24 hour access to the home and grounds where this does not impact on therapeutic activities and subject to conditions of service user plans. Visitors have access subject to conditions of service user plans and individual and collective service user consent.

Medication: standard 20

- 20.12 Staff monitor the condition of the service user on medication and call in a Responsible Medical Officer if staff are concerned about any change in condition that may be a result of medication, and prompt the review of medication on a regular basis.

Premises: standard 37

- 37.3 New homes accommodate a maximum of 16 people with no more than eight people sharing a staff group, a dining area and other common facilities. Existing, larger homes are organised into clusters of up to eight people on this basis by 1 April 2007.

Individual rooms: standard 38

- 38.2 Service users are offered the option of a single room where available on the basis of assessed need.
- 38.3 The minimum space standard for single rooms in Homes intended only for short-term rehabilitation services for periods not normally exceeding six months will be 8.0 sq. m.
- 38.3 Shared rooms are phased out by 2004 unless room sharing (including mothers with their children) is agreed within the service user plan(s) as an integral component of the therapeutic process of treatment and care and consistent with the home's Statement of Purpose.
- 38.7 In new build, extensions and all first time registrations, a mixture of single and double rooms may be offered, on the basis of clinical need, for people who misuse substances and consistent with the home's Statement of Purpose.
- 38.7 WCs are shared by no more than four people. Bathrooms (handbasin and shower or bath) are shared by no more than six. From 1 April 2004, bathrooms are shared by no more than four people.
- 38.7 WCs and bathrooms are located on every floor where there are service users' bedrooms, are culturally appropriate and are lockable.
- 38.12 A television is provided within the home. Service users have access to a telephone within the home which they are able to use in private.