

Inspection framework for regulated adoption services

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Introduction

This inspection framework applies to regulated adoption services.

It is based upon the principles set out within the Social Services & Well-being (Wales) Act 2014 (“the 2014 Act”) and the Regulation and Inspection of Social Care (Wales) Act 2016 and specifically created using the Regulated Adoption Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 (“the Regulations”) and the associated statutory guidance.

Rights based approach

This inspection framework takes into account our commitment to promoting and upholding the rights of people who use care and support services. This includes, but is not limited to the rights of people set out in the following legal frameworks:

- The Human Rights Act 1998¹
- The Equality Act 2010²
- The United Nations Convention on the Rights of the Child (UNCRC)³
- The United Nations Convention on the Rights of Persons with Disabilities⁴
- The Mental Capacity Act 2005⁵
- The Deprivation of Liberty Safeguards (DoLS)⁶.
- The Welsh Language Standards⁷

Further information on our commitment to upholding human rights within our regulatory and inspection work is set out on our website⁸. Further information on our rights based approach to inspection is also set out in our Code of Practice for Inspection of Regulated Services⁹.

Well-being and inspection

Our approach to inspection takes account of the principles of the 2014 Act and the legal definition of “well-being”.

¹ www.equalityhumanrights.com/en/human-rights/human-rights-act

² www.gov.uk/guidance/equality-act-2010-guidanc

³ www.gov.uk/government/publications/united-nations-convention-on-the-rights-of-the-child-uncrc-how-legislation-underpins-implementation-in-england

⁴ <https://www.equalityhumanrights.com/en/our-human-rights-work/monitoring-and-promoting-un-treaties/un-convention-rights-persons-disabilities>

⁵ www.legislation.gov.uk/ukpga/2005/9/contents

⁶ [Due to be replaced by Liberty Protection Safeguards](#)

⁷ www.legislation.gov.uk/wsi/2015/996/schedule/1/made

⁸ <https://gweddill.gov.wales/docs/cssiw/general/170309humanrightsen.pdf>

⁹ https://careinspectorate.wales/sites/default/files/2019-02/190211-code-of-practice-1-en_0.pdf

The primary focus of the inspection is consideration of the national well-being outcomes. The framework supports inspectors to consider evidence for how the service is enabling the people it supports to achieve their well-being outcomes

This inspection framework maps the 2019 Regulations and associated statutory guidance under the three themes of 'Care and Support', 'Leadership and Management' and the 'Environment'.

We believe that the extent to which people's well-being outcomes are achieved will be underpinned by the effectiveness of arrangements in place by regulated service providers in the themes of 'Care and Support', 'Leadership and Management' and 'Environment'.

Where outcomes for people are poor we need to explore the reasons that lie behind this through the lines of enquiry in the framework.

Inspectors will undertake their inspections considering and reporting on our inspection themes of 'Well-being', 'Care and Support', 'Leadership and Management', and 'Environment'.

What well-being means

National well-being Outcomes

Line of Enquiry

		C&S	L&M	ENV
1. Securing rights and entitlements	<ul style="list-style-type: none"> I know and understand what care, support and opportunities are available and use these to help me achieve my well-being. I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being. I am treated with dignity and respect and treat others the same. My voice is heard and listened to. My individual circumstances are considered. I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me. 	1-3	4-6 8-10	14
2. Physical and mental health and emotional wellbeing. Also for children: Physical, intellectual, emotional, social and behaviour development	<ul style="list-style-type: none"> I am healthy and active and do things to keep myself healthy. I am happy and do the things that make me happy. I get the right care and support, as early as possible. 	1-3	4-10	
3. Protection from abuse and neglect	<ul style="list-style-type: none"> I am safe and protected from abuse and neglect. I am supported to protect the people that matter to me from abuse and neglect. I am informed about how to make my concerns known. 	1-3	4-8 10-13	14
4. Education, training and recreation	<ul style="list-style-type: none"> I can learn and develop to my full potential. I do the things that matter to me. 	1, 2	4-6 9, 10	
5. Domestic, family and personal relationships	<ul style="list-style-type: none"> I belong. I contribute to and enjoy safe and healthy relationships 	1-3	4-6 8, 10, 11	
6. Contribution made to society	<ul style="list-style-type: none"> I engage and make a contribution to my community. I feel valued in society 	1, 2	10	
7. Social and economic well-being.	<ul style="list-style-type: none"> I contribute towards my social life and can be with the people that I choose. I do not live in poverty. I am supported to work. I get the help I need to grow up and be independent. I get care and support through the Welsh language if I want it. 	1, 2	4-6, 9, 10,	14
8. Overall Environment	<ul style="list-style-type: none"> I live in a home that best supports me to achieve my well-being. 	-	-	-

Care and Support

	Area of Assessment	Line of enquiry	Page Number
1	Suitability of the service	Line of Enquiry 1: The extent to which a service provider considers a wide range of views and information, to confirm that the service is able to support individuals to meet their needs. (Regulation 12)	8-9
2	Standards of Support	Line of Enquiry 2: The extent to which individuals are provided with the quality of support they need through a service designed in consultation with individuals and which considers their personal wishes, aspirations and any risks and specialist needs which inform their needs for support. (Regulation 15-18)	10-12
3	Safeguarding	Line of Enquiry 3: The extent to which service providers have in place the mechanisms to safeguard vulnerable individuals to whom they provide support. (Regulation 19-20)	13

Leadership and Management

	Area of Assessment	Line of enquiry	Page Number
4	Overall governance	Line of Enquiry 4: The extent to which the service provider has governance arrangements in place to support the smooth operation of the service and ensures there is a sound basis for providing high quality support to individuals. <i>(Regulation 4, 7/8, 10)</i>	14-16
5	Statement of purpose	Line of Enquiry 5: The extent to which the service is provided in accordance with the statement of purpose. <i>(Regulation 5)</i>	17
6	Quality assurance	Line of Enquiry 6: The extent to which arrangements are in place for the effective oversight of the service, through ongoing quality assurance processes that review standards of support and compliance with regulations and that information and views obtained are used for the continued development and improvement of the service. <i>(Regulation 6, 35, 42-45, 48-50)</i>	18-22
7	Financial sustainability	Line of Enquiry 7: The extent to which the service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable and supports individuals to meet their needs. <i>(Regulation 9)</i>	23
8	Culture	Line of Enquiry 8: The extent to which the service provider operates a culture of openness, honesty and candour at all levels and ensures potential conflicts of interests are managed in an open way. <i>(Regulation 11, 32, 52)</i>	24
9	Information	Line of Enquiry 9: The extent to which individuals have access to information about the service to enable them to have a clear understanding of service provision and records relating to how the service is delivered are accurate, accessible and available to them and their representatives. <i>(Regulation 13, 14, 30, 47)</i>	25-27
10	Staffing	Line of Enquiry 10: The extent to which individuals are supported by a	28-32

		service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to meet individuals' needs for support, to the required standards. (Regulation 22-27, 36-41)	
11	Whistleblowing	Line of Enquiry 11: The extent to which people working at the service are supported to raise concerns about the service through whistleblowing procedures. (Regulation 34, 51)	33-34
12	Notifications	Line of Enquiry 12: The extent to which relevant regulatory bodies and statutory agencies are notified where there are concerns and significant events affecting individuals. (Regulation 31, 53)	35
13	Complaints	Line of Enquiry 13: The extent to which the service promotes an accessible complaints policy and procedure and demonstrates learning from complaints to improve the service. (Regulation 33, 46)	36-37

Environment

	Area of Assessment	Line of enquiry	Page Number
14	Overall Environment	Line of Enquiry 14: The extent to which service providers ensure that the service is provided in a location and environment suitable for the operation of the service. (<i>Regulation 28-29</i>)	38

Line of Enquiry 1: The extent to which a service provider considers a wide range of views and information, to confirm that the service is able to support individuals to meet their needs. (**Regulation 12**)

What good looks like

Statutory Guidance - Regulation 12 - Suitability of the service

- Service providers have in place a policy and procedures on commencement of the service. This includes but is not limited to:
 - the point of entry to the service considered to constitute the formal commencement of adoption service(s) to an individual, i.e. initial visits / counselling. This should not include initial enquiries or responding to such contact.
 - arrangements for confirming that the service can or cannot provide the support for which an individual has need;
 - who will be consulted as part of the process;
 - the information to be considered;
 - the assessment processes and who will undertake the assessment;
 - the circumstances where a service will not be provided;
 - opportunities to visit the service and the prospective adopter's home (where relevant); and
 - the arrangements for commencing the service.
- A summary of the commencement procedure is included in the statement of purpose and the service provider's written guide to the service.
- Before agreeing to provide a service the service provider makes an informed decision as to whether or not they can meet an individual's need for support. In making this decision the service provider:
 - takes into account the requirements set out within regulation 12(3);
 - consults with the individual and/or their representative to determine what their views are;
 - obtains copies of and gives consideration to any existing care and support plan, adoption support plan or placement plan (where these exist);
 - considers any risks to the individuals or to others using the service and staff; and
 - obtains information relating to the individual's specialist needs and requirements in order to confirm these can be met in line with the statement of purpose.
- Where the service is unable to meet the individual's need for support, the individual is referred to an appropriate service provider.
- Service providers ensure there is relevant information and help for individuals to understand the choices available to them, in a

format accessible to the individual and suitable to their age and level of understanding.

- Information obtained is sufficient to enable smooth transition for the individual to receive the service.
- Where the individual lacks the mental capacity to make specific decisions about their support and no lawful representative is appointed, their best interests should be established and acted upon in accordance with the Mental Capacity Act 2005.
- People making these decisions on behalf of the service provider have sufficient responsibility and authority (within the organisation) to be able to decide whether the service can meet the individual's need for support.
- Where an individual does not have existing assessments and/or care and support plan, adoption support plan or placement plan, an assessment must be undertaken prior to agreeing to provide a service. This assessment includes the individual's need for support and, any specialist support required, for instance to meet communication, emotional, educational, social, cultural, religious and spiritual needs.
- Where support is provided on an emergency basis, every effort should be made to secure as much information as possible (including relevant assessments) prior to provision to ensure that the service can meet the individual's needs.
- Where the service provision involves an adopted adult and their birth relatives, it is the wishes, feelings and the welfare and safety of the adopted adult which take precedence.
- Individuals are made aware that they may be entitled to request an assessment of their needs for adoption support services from their local authority.

Line of Enquiry 2: The extent to which individuals are provided with the quality of support they need through a service designed in consultation with individuals and which considers their personal wishes, aspirations and any risks and specialist needs which inform their needs for support. **(Regulation 15-18)**

What good looks like**Statutory Guidance - Regulation 15 - Standards of support – overarching requirements**

- The service provider's expectations as to standards of support are clearly set out in the statement of purpose.
- Policies and procedures are in line with any current legislation and national guidance; and reflect evidence-based practice.
- Service providers ensure the service is responsive and proactive in identifying and mitigating risks.
- Service providers ensure support is delivered in a dignified and respectful manner, with staff demonstrating a positive and caring attitude towards individuals.
- Service providers ensure support is provided in keeping with any care and support plan, adoption support plan and/or placement plan in respect of the individual, and that it assists individuals to meet their needs for support having regard to their:
 - physical, mental and emotional well-being;
 - cultural, religious, social or spiritual preferences;
 - education, training and recreation needs;
 - family and personal relationships;
 - control over everyday life and where relevant participation in work;
 - intellectual, emotional and behavioural development;
 - rights and entitlements, in particular with regard to the United Nations Convention on the Rights of the Child; and
 - protection from any abuse and neglect.

Examples of this include:

- Children are introduced to their prospective adopters sensitively and with careful and considered planning that promotes attachment. When unplanned circumstances require children to move on from one setting to another, then the welfare and well-being of children remain paramount and agency staff act at all times with this in mind.
- Individuals are given support that assists them to manage their own conflicts and difficult feelings.
- Individuals develop positive relationships with other individuals and staff. There are clear, consistent and appropriate boundaries for children.
- Children have appropriate, carefully assessed, supported contact (direct and/or indirect) with their birth relatives, including their brothers and sisters, and other people who are important to them, such as previous carers, where this is in their best interests.
- Ongoing appropriate support designed to ensure that adopters and prospective adopters continue to understand the potential

impact of abuse and neglect on their adopted child's behaviour as they grow older (including the trauma created by adverse childhood experiences) in order to equip them to provide stable and secure attachments.

- Service providers have arrangements in place to assist individuals to raise concerns where there are difficulties in the provision of support.

Statutory Guidance – Regulation 16 – Information

- Service providers ensure that individuals are able to make decisions about their lives and are helped where necessary to do this.
- Individuals are offered the opportunity and are enabled to contribute their views about the day to day running of the service.
- Service providers put in place arrangements to enable individuals to access relevant advocacy services or self advocacy groups (if they wish) and help with their communication needs to enable them to make decisions about their lives.
- Service providers put in place arrangements to enable individuals to understand the information provided.
- Where information is available about children who need families locally, this is provided promptly and in a clear and accurate way.

Statutory Guidance – Regulation 17 – Language and communication

- Service providers have arrangements in place to assist individuals with their specific communication and language needs in line with the statement of purpose. Where necessary this will include putting in place measures to ensure that individuals can communicate meaningfully. This includes:
 - the individual's language of need and choice; and
 - additional means of communication such as Picture Exchange Communication System (PECS), Treatment and Education of Autistic and Communication related handicapped Children (TEACCH), Makaton and British Sign Language (BSL) where appropriate.
- Service providers identify an individual's communication needs as part of their determination as to whether the service can meet their needs for support.
- Individuals can understand staff when they communicate with them.
- Service providers deliver, or work towards, actively offering a service in the Welsh language to individuals whose first language is Welsh.

Statutory Guidance – Regulation 18 – Respect and sensitivity

- Service providers ensure that individuals are:
 - listened to, and communicated with, in a courteous and respectful manner; and
 - treated with respect and feel valued.
- Service providers ensure that systems are in place to respond promptly to the requests of and work with individuals who have been affected by adoption, at all times being respectful of their ethnic origin, religion, culture, language, sexuality, gender and disability and their experience and understanding of adoption.

Line of Enquiry 3: The extent to which service providers have in place mechanisms to safeguard vulnerable individuals to whom they provide care and support. (*Regulation 19-20*)

What good looks like***Statutory Guidance - Regulation 19 – Safeguarding - overarching requirement***

- When they begin using the service, individuals are given information about safeguarding, how to raise a concern and about what help is available to enable them to do so.
- Staff and individuals can access up to date safeguarding policies and procedures.
- Staff receive training relevant to their role to enable them to understand their responsibility to safeguard and protect vulnerable individuals. This includes both internal and local safeguarding arrangements including how to raise a concern (whistleblowing).
- Staff training is ongoing at regular intervals in line with local safeguarding recommendations.
- Staff are aware of their individual responsibilities for raising concerns to ensure the safety and well-being of individuals.
- Service providers make provision to support staff raising safeguarding concerns (whistleblowing).
- Service providers work in partnership with other relevant professionals and agencies and manage risk to individuals using the service.
- Records of safeguarding referrals and outcomes are maintained to enable oversight and scrutiny of safeguarding within the service. Protection of vulnerable individuals must be overseen by the responsible individual and within the governance structure with arrangements made for oversight at board level.
- Service providers ensure that outcomes arising from any safeguarding referral are communicated to the individual in a method appropriate to their age, level of understanding and which takes into account any specific condition and/or communication needs.

Statutory Guidance – Regulation 20 - Safeguarding policies and procedures

- There is an up to date safeguarding policy and procedures in place.
- Policies and procedures are aligned to current legislation, national guidance and local safeguarding procedures.
- The safeguarding policy and procedures include the individual roles and responsibilities of staff or others working at the service in receiving and reporting allegations of abuse, neglect or improper treatment or suspected abuse, neglect or improper treatment. This will include instruction for staff on actions to be taken and mechanisms for referral to the local authority and other relevant partners and agencies.
- Service providers ensure that service users are informed of their right to independent professional advocacy services.

Line of Enquiry 4: The extent to which the service provider has governance arrangements in place to support the smooth operation of the service and ensures there is a sound basis for providing high quality care and support for individuals using the service in order to enable them to achieve their personal outcomes. **(Regulation 4, 7/8, 10)**

What good looks like

Statutory Guidance - Regulation 4 - Requirements in relation to the provision of the service

- Service providers have clear arrangements for the oversight and governance of their adoption service in order to establish, develop and embed a culture which ensures that the best possible outcomes are achieved for individuals using the adoption service and to meet the requirements of the Regulations. This includes but is not limited to:
 - policies and procedures to achieve the aims of the statement of purpose and place individuals at the centre of the service;
 - systems for assessment, monitoring and review which support evidence-based practice and assist individuals to meet their needs for support;
 - processes to ensure support is delivered consistently and reliably;
 - safe staffing arrangements, underpinned by professional development, to meet the support needs of individuals using the service;
 - quality and audit systems to review progress and inform service development;
 - a proactive approach to equal opportunities and diversity; and
 - suitable and accessible premises.

Statutory Guidance - Regulation 7/8 - Requirements in relation to the responsible individual

- Service providers have systems and processes in place for regular formal discussion with, and support for, the responsible individual.
- Service providers support the responsible individual to undertake training which enables them to carry out their role effectively and to meet the aims of the service as outlined in the statement of purpose and in line with practice guidance recommended by SCW. Training for responsible individuals includes that which covers:
 - legislative framework and requirements;
 - specific duties of a responsible individual;
 - service performance and quality management; and
 - shaping service culture, etc.

- Where a responsible individual has failed to fulfil their role the service provider notifies the service regulator of any action taken and, where relevant, advises on the arrangements to designate a replacement.
- If there is no responsible individual or the responsible individual is unable to fulfil their duties for any reason, for example they are absent from their role due to illness, the service provider ensures that the responsibility for oversight of the management of the service, as set out in Parts 11 to 15 of the Regulations, is still being met under alternative arrangements.
- *[Where the service provider is an individual.]* The responsible individual undertakes training which enables them to carry out their role effectively and to meet the aims of the service as outlined in the statement of purpose and in line with practice guidance recommended by SCW. Training includes that which covers:
 - legislative framework and requirements;
 - specific duties of a responsible individual;
 - service performance and quality management; and
 - shaping service culture, etc
- If the responsible individual is unable to fulfil their duties for any reason, for example they are absent from their role due to illness, the responsible individual ensures alternative arrangements are put in place to ensure the requirements in regulation 8(3) are met.

Statutory Guidance - Regulation 10 - Requirements to provide the service in accordance with policies and procedures

- Service providers have the policies and procedures in place as required by the Regulations.
- Policies and procedures are proportionate to the service being provided in accordance with the statement of purpose.
- Policies and procedures:
 - are aligned to any current legislation and national guidance;
 - set out how they relate to any regional service, including the regional framework and any agreements, where appropriate;
 - provide guidance for staff to ensure that services are provided in line with the statement of purpose; and
 - set out requirements to inform individuals about how the service is provided.
- Policies, procedures and practices are reviewed and updated in light of changes to practice, changing legislation and best practice recommendations.
- Staff and individuals using the service have the opportunity to be involved in developing policies and procedures.
- Where changes are made to the statement of purpose the policies and procedures are reviewed and updated to reflect the changes.
- Service providers ensure staff have access to, and knowledge and understanding of, the policies and procedures which

support them in their role in meeting the individual's need for support.

- All policies and procedures are available on request to the individuals who use the service and their representatives.
- Policies and procedures are in a format accessible to the individual and they receive assistance as is necessary to enable them to understand the information provided.
- Systems for monitoring and improvement include those which ensure the service is being run in accordance with the policies and procedures.

Line of Enquiry 5: The extent to which the service is provided in accordance with the statement of purpose. (*Regulation 5,53*)

What good looks like

Statutory Guidance - Regulation 5 - Statement of Purpose

- The statement of purpose is fundamental to adoption services. It should:
 - accurately describe the services provided;
 - state where and how these services will be provided; and
 - state the arrangements to support the delivery of the services.
- It must include the information set out in The Regulated Services (Registration) (Wales) Regulations 2017⁽¹⁰⁾.
- In preparing a statement of purpose, service providers take account of any statement of purpose guidance provided by the service regulator.
- Service providers review and update the statement of purpose at least annually or earlier if changes are being made to the service provided.
- Where there is an intention to change the service being provided, the statement of purpose is updated to reflect the change. Service providers notify those persons set out in regulation 5(6) at least 28 days prior to the changes being made. Examples of this include:
 - provision of additional specialist services;
 - changes to the normal staffing arrangements or levels as set out in the existing statement of purpose.
- Where there is an intention to change the service being provided with immediate effect, i.e. within the 28 days notification period (see regulation 5(4) and (5)), the service provider:
 - notifies the persons listed in regulation 5(6) immediately (and where practicable, prior to implementing the change); and
 - updates the statement of purpose to reflect the change without delay and provides a copy to the service regulator.
- Where a change to the statement of purpose is proposed, the service provider provides the service regulator with additional information it may need to satisfy itself that they can provide the services proposed.
- Where the statement of purpose is updated a record is kept of the version and date of amendment.
- A copy of the statement of purpose is readily available to those listed in regulation 5(6).

¹⁰ <http://www.legislation.gov.uk/wsi/2017/1098/contents/made> Amended by The Regulated Services (Annual Returns and Registration) (Wales) (Amendment) Regulations 2019 <http://www.legislation.gov.uk/wsi/2019/233/made>

Line of Enquiry 6: The extent to which arrangements are in place for the effective oversight of the service, through ongoing quality assurance processes that review standards of care and compliance with regulations and that information and views obtained are used for the continued development and improvement of the service. (**Regulation 6, 35, 42-45, 48-50**)

What good looks like

Statutory Guidance - Regulation 6 - Requirements in relation to monitoring and improvement

- Service providers have systems and processes in place to monitor, review and improve the quality of the service. This will include identifying:
 - who is responsible for ensuring this is done;
 - how this will be done;
 - how often this takes place; and
 - arrangements for the responsible individual to report to the service provider.
- The outcome of any review is analysed and reviewed by people with the appropriate knowledge, skills and competence to understand its significance and take action to secure improvement. Service providers seek professional/expert advice as needed and in a timely manner to help secure improvements.
- Service providers can demonstrate how they have:
 - analysed and responded to the information gathered; and
 - used the information to make improvements.
- Service providers monitor progress against plans to improve the quality and safety of services, and take appropriate action immediately where progress is not achieved as expected.
- The systems and processes are continually reviewed to make sure they enable the service provider to identify where quality and/or safety of services are being, or may be, compromised and to enable an appropriate timely response.
- As part of the quality review process, service providers:
 - encourage feedback;
 - regularly seek the views of individuals about the quality of the service; and
 - are able to demonstrate they have done this and provide an analysis of the feedback they have received.
- The methods used to engage with and gain the views of those listed in regulation 6(2) using the service are appropriate to their age, level of understanding and take into account any specific condition and/or communication needs.
- Information collated through quality and audit systems is used to develop the quality of service report in line with regulation 49(4).

Statutory Guidance - Regulation 35 - Supervision of the management of the service

- The responsible individual follows the service provider's prescribed systems and processes to enable proper oversight of the management, quality, safety and effectiveness of the service. This includes, but is not limited to, ensuring the service:
 - focuses on individuals' need for support;
 - listens to individuals;
 - responds positively to any concerns or complaints;
 - does not place individuals at unnecessary risk;
 - fulfils the statement of purpose;
 - has sufficient numbers of staff who are trained, competent and skilled to undertake their role; and
 - has sufficient resources, facilities and equipment.
- The responsible individual has systems in place to review and assess the way in which the manager implements actions from the findings of internal quality assurance and external inspection reports, within required timescales.
- There are clear lines of accountability, delegation and responsibility set out in writing between the responsible individual and the manager (unless the manager is also the responsible individual).
- Arrangements are in place for the manager to have direct access to the responsible individual in addition to the opportunity to meet formally as part of the responsible individual's quality reviews (unless the manager is also the responsible individual).
- Arrangements are in place to ensure that the manager is supported by supervision and training, and has opportunities to gain skills for professional development that will support them in their role.

Statutory Guidance - Regulation 42 - Visits

- The responsible individual visits the service in person to monitor the performance of the service in relation to its statement of purpose and to inform the quality of service review. The visit includes the following:
 - talking to, with consent and in private, a sample of individuals using the service and their representatives (if applicable) and staff; and
 - inspecting the premises of the service, a selection of records of events and any complaints records.
- The responsible individual ensures systems are in place to provide evidence that visits are logged and documented.

Statutory Guidance - Regulation 43 - Oversight of adequate resources

- The responsible individual ensures that systems and processes are in place which enable them to collate information about the service and any areas that may need closer observation/consideration and/or improvement. This includes, but is not limited to:

- staff turnover;
- staff sickness levels;
- complaints;
- safeguarding issues;
- inspection reports by the service regulator; and
- inspection outcomes and or reports from other relevant agencies i.e. Health and Safety Executive (HSE) and fire service.
- The responsible individual has suitable arrangements in place to alert the service provider immediately where the service is:
 - not complying with policies and procedures;
 - failing or unable to meet or address issues raised in inspection reports; and
 - being provided in a way which is contrary to the statement of purpose.

Statutory Guidance - Regulation 44 - Other reports to the service provider

- The responsible individual ensures suitable arrangements are in place to report to the service provider in line with the requirements of regulations 44 and 49(4).
- The responsible individual has a system in place to submit reports to the service provider that accurately reflect overall service quality and performance. This includes arrangements for the responsible individual to feed back and communicate any urgent matters requiring immediate action. This includes, but is not limited to:
 - sudden or unexplained death of children using the service;
 - natural disaster;
 - financial irregularities;
 - significant concerns raised by the service regulator or area authority; and
 - any event that affects staff availability.

Statutory Guidance - Regulation 45 - Engagement with individuals and others

- The responsible individual has suitable arrangements in place to enable feedback on all aspects of service provision and ensure that these arrangements are accessible to, and take into account the views of, all those listed under regulation 45(1).
- The responsible individual ensures the methods used to engage with and gain the views of individuals using the service are appropriate to their age, level of understanding and take into account any specific condition and/or communication needs.
- The responsible individual has positive relationships with, and is accessible to, people outside the service. This includes but is not limited to:
 - Families or nominated representatives;

- area authority;
- placing agency;
- regulators; and
- professional bodies.

Statutory Guidance - Regulation 48 - Duty to ensure policies and procedures are up to date

- The responsible individual ensures suitable arrangements are in place to review policies and procedures in line with regulation 10 and 48.
- The responsible individual ensures suitable arrangements are in place to ensure staff have access to, and knowledge and understanding of, the policies and procedures which support them in their role in achieving the best possible outcomes for individuals.

Statutory Guidance - Regulation 49 - Quality of service review

- The responsible individual has suitable arrangements in place to assess, monitor and improve the quality of the service. This includes, but is not limited to:
 - the collation and analysis of feedback from those listed under regulation 45(1);
 - issues and lessons learned in the analysis of complaints and safeguarding matters;
 - patterns and trends identified through the analysis of notifications, safeguarding matters, whistleblowing concerns and complaints;
 - the outcome of any inspection reports from the service regulator;
 - the outcome of visits to monitor the service by the responsible individual; and
 - audits of records.
- The responsible individual ensures that the audit systems and processes for monitoring and reviewing the service give assurance that a high quality service is provided.
- The responsible individual has suitable arrangements in place to ensure systems and processes are continually reviewed to enable the responsible individual to identify where the quality of services is being, or may be, compromised, and to respond appropriately without delay.
- The responsible individual has suitable arrangements in place to ensure all feedback is acknowledged, recorded and responded to as appropriate.
- The responsible individual has suitable arrangements in place to ensure areas of learning from complaints, safeguarding and whistleblowing are shared with staff to improve the service and encourage safe, compassionate care practices.
- The responsible individual ensures information is analysed and that recommendations are made to the service provider as to

how and where the quality and safety of the service can be improved. The report, which includes the information that has informed it (relating to those areas set out above) will inform or form part of the statement of compliance to be included in the service provider's annual return.

Statutory Guidance - Regulation 50 - Statement of compliance with the requirements as to standards of support

- The responsible individual has prepared and is accountable for the quality and accuracy of the information provided in the statement of compliance and service provider's annual return.

Line of Enquiry 7: The extent to which the service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable and supports people to be safe and achieve their personal outcomes. (*Regulation 9,53*)

What good looks like

Statutory Guidance - Regulation 9 - Requirements in relation to the financial sustainability of the service

- Systems are in place to ensure financial planning, budget monitoring and financial control is carried out effectively.
- Systems are in place to ensure financial stability and consumer protection in line with any national guidance and financial regulations.
- Service providers have the financial resources needed to provide, and continue to provide, the services described in the statement of purpose and in order to meet the requirements of the Regulations.
- Service providers have appropriate insurance and suitable indemnity arrangements in place to cover potential liabilities arising from death, injury, or other causes, loss or damage to property, and other financial risks.
- Where audited accounts are not available, annual accounts are completed by a qualified accountant for the purpose of regulation and inspection.
- The accounts demonstrate that the service is financially viable and likely to have sufficient funding to continue to fulfil service delivery as set out in its statement of purpose.

Line of Enquiry 8: The extent to which the service provider operates a culture of openness, honesty and candour at all levels and ensures potential conflicts of interests are managed in an open way. (**Regulation 11, 32, 52**)

What good looks like

Statutory Guidance - Regulation 11 - Duty of candour

- Service providers have policies and procedures in place to support a culture of openness and transparency, and ensure that all staff are aware of and follow them. These policies and procedures are in line with, and take account of, SCW guidance on the professional duty of candour for social care professionals registered with SCW.
- Service providers promote a culture of candour that includes:
 - being open and honest when engaging with those listed in regulation 11 (a) and (b);
 - providing information about incidents which happen and the outcome of any investigations that take place; and
 - offering an apology for what has happened, where it is appropriate to do so.
- Service providers take action to prevent and appropriately address bullying, victimisation and/or harassment in relation to the duty of candour, and investigate any instances where a board member, responsible individual, or member of staff may have obstructed another in exercising their duty of candour.
- Service providers have a system in place to identify and deal with possible breaches of the duty of candour by staff who are professionally registered, including the obstruction of another in their duty of candour. Action taken to address such breaches includes, where appropriate, a referral to the professional regulator or other relevant body.

Statutory Guidance - Regulation 32 - Conflicts of interest

- Service providers maintain appropriate systems and take all reasonable steps to make sure actual or perceived conflicts of interests are identified, prevented, and recorded in an open way.

Statutory Guidance - Regulation 52 - Duty of candour

- The responsible individual acts in an open and transparent way, also ensuring suitable arrangements are in place to ensure compliance with the requirements of regulation 52.

Line of Enquiry 9: The extent to which individuals have access to information about the service to enable them to have a clear understanding of service provision and records relating to how the service is delivered are accurate, accessible and available to people and their representative. **(Regulation 13, 14, 30, 47)**

What good looks like

Statutory Guidance - Regulation 13 - Information about the service

- A written guide is available to those listed in regulation 13(2)(c), and 13(2)(d) if appropriate, which provides information about the service.
- The guide is in plain language and in a format that reflects the needs, age and level of understanding of those for whom the service is intended. The guide is made available in formats and media accessible and appropriate to the audience. For example, preferred and appropriate language, large print, audio, computerised or visual aids. When required it is explained in the individual's preferred method of communication.
- Where required, individuals are assisted to understand the contents of the guide and what it means for them.
- The guide sets out the areas required by regulation 13(3) and in addition includes the following:
 - arrangements for welcoming and supporting individuals;
 - the ethos, culture and priorities of the service including summary of the statement of purpose;
 - information on any support processes and related timescales, where relevant;
 - information on the process for seeking support, where appropriate;
 - information about foster to adopt;
 - how to access the most recent inspection report completed by the service regulator;
 - key staff who will be assisting the individual;
 - how to contact the responsible individual;
 - an individual's right to make representations and the help available if needed;
 - the complaints procedure and how to make a complaint;
 - contact details and role of the Public Service Ombudsman for Wales, the service regulator, the Children's Commissioner for Wales (as appropriate);
 - information about the entitlement for looked after children to access independent advocacy services and the assistance available to children to help them to access such services;
 - arrangements for contributing views on the running of the service;
 - fees – range, any additional fees or costs payable by the individual, method of payment, notice of increase;
 - terms and conditions including circumstances in which the service may cease to be provided and notice periods; and

- how individuals can access their own records.

Statutory Guidance - Regulation 14 - Service agreement

- Individuals using the service are given a copy of any agreement with, where appropriate:
 - information about the costs payable by the individual, for example medicals, mileage/travel costs relating to assessment, training and panel attendance; application fees, legal costs, etc; other costs covered by the placing authority; and terms and conditions of the service including termination of contracts and notice period, so that they can make decisions about their support; and
 - the information which details the individual service to be provided.
- Service providers give individuals, or their representative, a written estimate of any costs of support payable by the individual, in a format accessible to the individual and suitable to their age and level of understanding. This includes details of any likely additional costs.

Statutory Guidance - Regulation 30 - Records

- There is a policy and procedures for the recording and management of records. This includes, but is not limited to:
 - the purpose, format, confidentiality and contents of files, including secure storage and access to case files in line with regulations;
 - arrangements for authorising access to the adoption case records, and for authorising the disclosure of adoption information;
 - the circumstances where it might wish to make records or information available, both within and outside the adoption service, for the purposes of its functions as an adoption service;
 - how staff should deal with requests for such access or disclosure and who is empowered to authorise them; and
 - the requirement that before the service provider may make case records or information available, a written agreement is obtained from the person to whom the service provider wishes to disclose the case records or information that they will keep them confidential. This requirement does not cover the child or adopter but does cover the service provider's own members and employees, and members of its adoption panel.
- Staff are aware of the policy and have a clear understanding of the procedures for recording and managing records. This includes training in information security and action to be taken where personal information is compromised.
- Service providers maintain all the records required for the protection of individuals and the effective running of the service as specified by Schedule 2 of the Regulations.
- All records are secure, up to date and in good order. They are prepared, maintained and used in accordance with data protection legislation and other statutory requirements and are kept for the required length of time as set out in regulation

30(2)(e) to (g).

- Records are stored securely including electronic records which are password protected.
- Individuals and staff are given access to any records and information about them held by service providers in accordance with current legal requirements.
- The service provider provides all relevant information from its case files, in a timely way, to other regulated adoption services and local authority adoption services with whom it is working to effect the provision of support for a child.

Statutory Guidance - Regulation 47 - Duty to ensure there are systems in place for keeping of records

- Where records are stored electronically, they are secure and staff have individual access codes which provide a clear audit trail which shows who has made any entries and amendments.

Line of Enquiry 10: The extent to which individuals are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable the individual to achieve their personal outcomes. *(Regulation 22-27, 36-41)*

What good looks like

Statutory Guidance - Regulation 22 - Staffing - overarching requirements

- Service providers have a demonstrable, measurable and systematic approach to determining the number of staff and range of skills/qualifications required to reliably meet individuals' needs for support. This considers, but is not limited to:
 - the statement of purpose; and
 - the individual's needs for support.
- Staffing levels and skill mix are reviewed continuously and adapted to respond to the changing needs of the service.
- Arrangements are in place to cover staff sickness or absence to ensure individuals' needs for support are met.

Statutory Guidance - Regulation 23 - Fitness of staff

- Service providers have rigorous selection and vetting systems in place to enable them to make a decision on the appointment or rejection of all staff and volunteer applicants. This includes the information set out in Schedule 1 of the Regulations. This also includes checking the veracity of references and past employment records.
- Where agency staff are deployed service providers ensure that they are subject by the agency to the same checks as permanently employed staff and have evidence to demonstrate that the checks have been undertaken. This may include confirmation and checklists supplied by any agency, where sufficiently reliable and robust.
- Service providers have a process in place to check that staff have appropriate and current registration with a professional regulator where required or, where applicable, an accredited voluntary register.
- Having considered all the information available service providers will determine whether the person has the necessary skills, qualifications and good character to undertake the role for which they are employed/deployed.
- Where staff (including volunteers) no longer meet the required fitness criteria set out in regulation 23(2), service providers take appropriate and timely action. For example, this may include:
 - coaching and mentoring;
 - providing additional training and supervision; and
 - the use of disciplinary or capability procedures.
- Service providers ensure staff comply with the requirements of their professional codes of practice and, where appropriate,

providers make referrals to the relevant professional bodies for staff whose fitness to practise is brought into question.

- Where there are concerns that a member of staff has abused an individual or placed an individual at risk of abuse, the Disclosure and Barring Service and any relevant professional registration body are notified by the service provider without delay.

Statutory Guidance - Regulation 24 - Supporting and developing staff

- Service providers ensure they have an induction programme that equips all new staff (including volunteers) to be confident in their roles and practice. Staff and volunteers understand their roles and responsibilities.
- Social care workers complete the relevant induction programme required by SCW within the defined timescales alongside any service-specific induction programmes.
- Staff have access to copies of any relevant codes of practice and practice guidance, including any issued by SCW. The standards specified in these codes and practice guidance are actively promoted.
- Where agency staff are deployed an introduction to the service is provided which includes, but is not limited to:
 - the statement of purpose;
 - core policies and procedures; and
 - management and supervision arrangements.
- Staff receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained. This includes feedback about their performance from individuals using the service.
- Staff meet for one to one supervision or group supervision (where appropriate) with their line manager or equivalent officer, or a more senior member of staff, no less than quarterly.
- All staff have an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role.
- Additional training, learning and development needs of individual staff members are identified within the first month of employment and reviewed through the supervision and appraisal process.
- Staff are supported to undertake training, learning and development to enable them to fulfil the requirements of their role and meet the needs of individuals using the service.
- Service providers undertake an annual (or more frequently if required) training needs analysis to ensure that staff have the relevant skills and competence to meet the needs of individuals in accordance with the statement of purpose for the service.
- Service providers maintain a written record of all training and supervision undertaken or to be undertaken by staff.
- Service providers support all staff to complete, where appropriate:
 - core training;

- necessary qualifications that would enable them to continue to perform their role;
- training and activities required for continuing professional development;
- other training deemed appropriate by the service provider; and
- core and specialist training identified for their role by SCW.

Statutory Guidance - Regulation 25 - Compliance with code of practice

- Service providers have a clear understanding of their role and responsibilities in relation to the Code of Practice for Employers of Social Care Staff (SCW publication) and/or other codes of practice applicable to employers which may be issued by SCW from time to time.

Statutory Guidance - Regulation 26 - Information for staff

- Service providers compile and make available information for staff in line with the statement of purpose. This includes information about the following matters:
 - ethos and culture of the service;
 - the conduct expected of staff and other workers;
 - the roles and responsibilities of staff and others working at the service;
 - the policies and procedures of the service;
 - record keeping requirements;
 - confidentiality and data protection requirements;
 - disciplinary procedures;
 - arrangements for reporting concerns; and
 - arrangements for lone working.
- Service providers ensure staff have access to and understand up-to-date copies of all relevant policies, procedures and codes of practice. They ensure staff have read these during the induction period and test staff members' ongoing understanding through supervision and performance reviews.
- Service providers ensure staff undertake their duties in line with the requirements of the policies and procedures.
- All staff are provided with a written job description which states clearly their responsibilities, the duties currently expected of them and their line of accountability.
- Regular staff meetings (a minimum of six meetings per year) take place, the issues discussed are recorded and appropriate actions are taken as a result.

Statutory Guidance - Regulation 27 - Disciplinary procedures

- Service providers have a disciplinary procedure, in line with employment law, to deal with employee performance and conduct. This includes:
 - information about what is acceptable and unacceptable behaviour and what action will be taken if there are concerns about staff behaviour; and
 - the arrangements for a member of staff to be suspended (or transferred to other duties) pending consideration or investigation of any allegations of abuse or serious concerns relating to the safety or well-being of individuals.
- Where the provider is undertaking disciplinary action against any employee and the employee leaves prior to the completion of the disciplinary process, consideration is given to whether a referral to the police, Disclosure and Barring Service, SCW or any other professional body is appropriate.
- Where a volunteer's fitness to practise is in question, due to any alleged misconduct/lack of capability of a concerning nature, the service provider takes appropriate and timely action. For example this may include:
 - providing additional training and supervision;
 - termination of the volunteer arrangements; and
 - referral to the Disclosure and Barring Service or police, where appropriate.
- Service providers ensure staff are aware of and understand the relevant disciplinary procedures and grievance procedures.
- A written report of any disciplinary investigations and action taken is kept on the employee's file in line with employment and data protection legislation.

Statutory Guidance - Regulation 36 - Duty to appoint a manager

- The responsible individual ensures a manager who is registered with SCW (subject to regulation 36(6)), is appointed and in place to manage the delivery of the service on a day to day basis.
- The responsible individual takes responsibility and accountability for the appointment of the manager regardless of whether they are directly involved in the recruitment process.
- The responsible individual is assured that the person appointed as the manager for the service has the appropriate knowledge, skills and competence to manage the service safely and in accordance with the requirements of the Regulations.
- The responsible individual demonstrates that the appointment of the manager has been undertaken with due diligence and in line with the requirements of regulation 23 (fitness of staff).
- Where a manager is absent for a period more than three months, the service provider ensures there is an appropriately qualified, experienced and competent manager, registered with SCW in place to manage the service.

Statutory Guidance - Regulation 37 - Fitness requirements for appointment of manager

- The responsible individual has suitable arrangements in place to ensure the manager is fit and is capable of running the service in line with its statement of purpose. This includes ensuring:
 - the manager is appropriately qualified;
 - the manager is registered with SCW (subject to regulation 36(6));
 - the manager is experienced in managing care and support services and in the provision of the type of support being provided; and
 - the vetting of prospective managers includes the relevant checks required by regulations to assure the responsible individual that the person is fit and able to work with vulnerable individuals.

Statutory Guidance - Regulation 38 - Restrictions on appointing a manager for more than one service

- Where a manager is appointed to manage more than one service, this is agreed in advance with the service regulator.

Statutory Guidance - Regulation 39/40 - Duty to report the appointment of manager to service provider and SCW and the service regulator

- The responsible individual has suitable arrangements in place to:
 - inform the service provider of the details of the appointment of the manager;
 - provide the information specified by the Regulations concerning the individual; and
 - notify the service regulator and Social Care Wales when a new manager is appointed.

Statutory Guidance - Regulation 41 - Arrangements when manager is absent

- The responsible individual has structures in place which ensure that where the manager is not available or is absent for any reason there is an effective and competent deputising system to provide leadership on a day-to-day basis which:
 - continues to assist individuals to meet their need for support;
 - maintains the safety, quality and effectiveness of the service;
 - ensures minimal disruption to individuals receiving the service;
 - ensures compliance with the Regulations; and
 - maintains staff professional development.
- Where the manager, registered with SCW (subject to regulation 36(6)), is unavailable or absent for any reason for more than 28 days the responsible individual will inform the service regulator in writing and without delay of the reason for the absence and the arrangements for cover.

Line of Enquiry 11: The extent to which people working at the service are supported to raise concerns about the service through whistleblowing procedures. (*Regulation 34, 51*)

What good looks like

Statutory Guidance - Regulation 34 - Whistleblowing

- There is an accessible whistleblowing policy in place. This includes:
 - the procedure for raising a concern;
 - the safeguards in place for staff who raise a concern; and
 - how concerns will be investigated.
- Staff are aware of, and have had training in, how to raise concerns and there are mechanisms and support available to enable them to do this.
- Wherever practicable consent should be gained to the disclosure of the details of a concern, where necessary, to enable an effective investigation to take place.
- Confidentiality is maintained during the investigation process unless there are professional or statutory obligations which would not make this possible, such as those in relation to safeguarding.
- Individuals do not suffer victimisation or any other disadvantage as a result of making their concerns known.
- All allegations and incidents of abuse are followed up promptly in line with the service provider's safeguarding policy and procedures and local safeguarding arrangements.
- Systems are in place to make sure that all concerns are considered without delay in line with the service provider's safeguarding policy and procedures. This includes:
 - undertaking a review to establish the level of investigation and immediate action required, including referral to appropriate authorities for investigation. This may include seeking advice from the service regulator or local authority safeguarding staff.
 - where areas for improvement or service failures are identified, acting upon these without delay; and
 - ensuring staff and others involved in the investigation understand the processes relating to safeguarding and responding to concerns.
- Records of concerns are maintained and monitored to identify trends and areas of risk which may require pre-emptive action. Actions taken as a response to whistleblowing are subject to reporting within governance arrangements.

Statutory Guidance - Regulation 51 - Support for staff raising concerns

- The responsible individual ensures suitable arrangements are in place for:
 - staff and individuals to be aware of and understand the whistleblowing policy;
 - staff to understand there is zero tolerance for poor care or failure to safeguard the well-being of individuals
 - ensuring staff are encouraged and supported to report issues; and
 - ensuring staff understand that concerns are welcomed and sought out, not ignored.

Line of Enquiry 12: The extent to which relevant regulatory bodies and statutory agencies are notified where there are concerns and significant events affecting individuals. *(Regulation 31, 53)*

What good looks like

Statutory Guidance - Regulation 31 – Notifications (Service Provider)

- Service providers have appropriate arrangements in place for the notification of the events listed in Schedule 3 of the Regulations to be made to the relevant authority.
- Notifications are made without delay, usually within 24 hours of the event occurring.
- The following applies in relation to Schedule 3. Service providers notify the relevant authorities of any incident of child sexual or criminal exploitation or suspected child sexual or criminal exploitation. This includes but is not limited to:
 - Where a child identified as at risk of child sexual or criminal exploitation goes missing;
 - where a child reports an incident that indicates they may be a victim of child sexual or criminal exploitation, or
 - where there is reason to believe a child may be subject to child sexual or criminal exploitation.

Statutory Guidance - Regulation 53 – Notifications (Responsible Individual)

- The responsible individual has suitable arrangements in place to notify the service regulator of events specified in Schedule 4 of the Regulations.

Line of Enquiry 13: The extent to which the service promotes an accessible complaints policy and procedure and demonstrates learning from complaints to improve the service. (*Regulation 33, 46*)

What good looks like

Statutory Guidance - Regulation 33 - Complaints policy and procedure

- There is a complaints policy in place. This includes the details of procedures as set out in regulation 33.
- Service providers have an accessible complaints policy which includes an informal resolution stage and explains –
 - who can make a complaint and in relation to what
 - who to approach to discuss a concern/complaint
 - how individuals can be assisted to make a complaint
 - information about accessing independent advocacy, where available
 - how complaints will be dealt with; and
 - the stages and timescales for the process.
- The policy and procedures are in an easy to read format, well publicised, readily available and accessible to individuals using the service, their families, significant others, visitors, staff and others working at the service.
- Information about other avenues for complaint is included to assist complainants if they are not satisfied with the service provider's action. For example, information about the complaints procedure of the placing agency or area authority, the Children's Commissioner for Wales and/or the Public Services Ombudsman for Wales.
- Individuals are able to make their complaint in writing or verbally to staff and these should be acknowledged unless complaints are made anonymously.
- Staff are aware of the complaints policy and understand how to respond appropriately to complaints.
- Service providers ensure any representation or complaint is acknowledged, addressed promptly and the complainant is kept informed of progress.
- A written report is provided to the complainant setting out the outcome of the complaint and any action to be taken.
- Consent should be gained (where practicable) to the disclosure of the details of a complaint where necessary to enable an effective investigation to take place, and confidentiality maintained during the complaints process unless there are professional or statutory obligations which would not make this possible, such as those in relation to safeguarding.
- Individuals do not suffer discrimination, disadvantage, or the withdrawal or reduction of a service as a result of making representations or complaints.
- Systems are in place to make sure that all complaints are investigated in accordance with the timescales set out in the service provider's complaints policy. This includes the following:

- undertaking a review to establish the level of investigation and immediate action required, including whether there is a requirement for a referral to appropriate authorities for investigation. This may include the service regulator or local authority safeguarding teams; and
- where areas for improvement or service failures are identified, acting upon these immediately.
- Staff and others involved in the investigation of complaints have the right level of knowledge and skill to do this. They understand the service provider's complaints process and are knowledgeable about any current related guidance.
- Records of complaints are maintained and monitored to identify trends and areas of risk which may require pre-emptive action.
- Actions taken in response to complaints are reported on as part of the governance arrangements for the service.

Statutory Guidance - Regulation 46 - Duty to ensure there are systems in place to record incidents and complaints

- The responsible individual ensures there are suitable arrangements in place for the recording of the matters set out in regulation 46.
- The responsible individual has systems and processes in place to ensure that any records made are legible, accurate and kept securely.

Environment – Overall Environment

Related Regulation: 28, 29

Line of Enquiry 14: The extent to which service providers ensure that the service is provided in a location and environment suitable for the operation of the service. (*Regulation 28-29*)

What good looks like

Statutory Guidance - Regulation 28 – Overarching requirement

- The location, design and size of the premises are suitable for the service described in the statement of purpose.

Statutory Guidance - Regulation 29 - Adequacy of premises

- Service providers have a suitable space within the premises, such as a shared meeting room, to provide privacy for the supervision of staff.
- Records are stored securely in line with legislative requirements.